World Health Organization

# Helping parents in developing countries improve adolescents' health

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Cover: Tamari (Nomsa Mlambo) with her mother Ketiwe (Peligia Viaji). Video still from "Everyone's Child," a movie about orphaned children (© 1992 Media for Development International, Courtesy of Photoshare).

Page 9: Thandi is consoled by her mother after a long talk about teenagers and condoms in the film "More Time," a movie set in Zimbabwe about adolescent love, sexuality, and the danger of AIDS. In this scene, Thandi's mother talks with her daughter after finding condoms in Thandi's bedroom drawer (© 1993 Media for Development International, Courtesy of Photoshare).

Page 13: An adolescent Kikuyu girl in Nairobi, Kenya (© 2001 Sammy Ndwiga, Courtesy of Photoshare).

Page 24, 28: Source: 'Good Parenting Calendar' produced by JA-STYLE, Jamaica's Solution to Youth Lifestyle and Empowerment (USAID Contract No. 532-C-00-05-00029-00), managed by University Research Co., LLC (URC) with subcontractor, Advocates for Youth.

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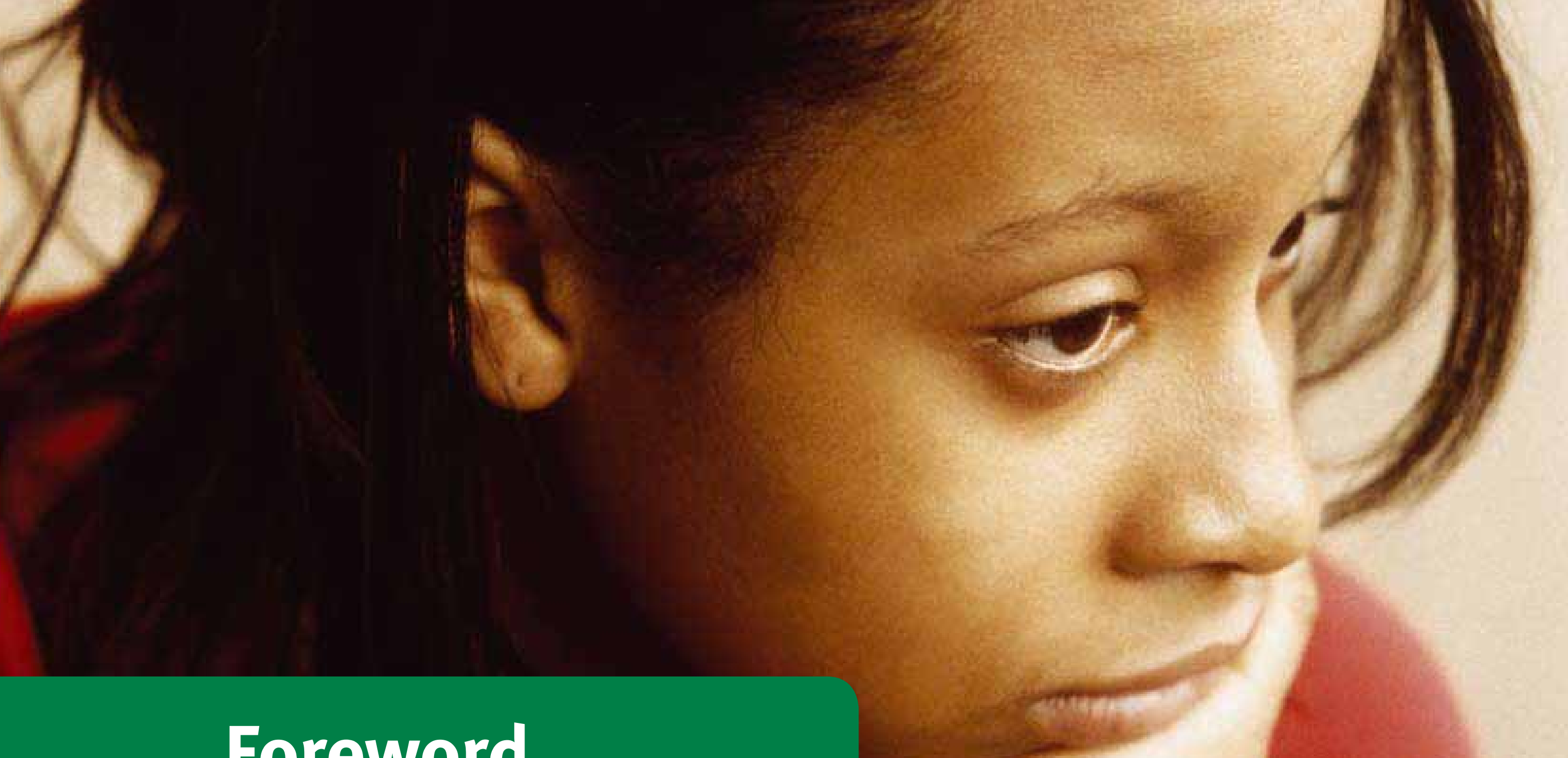


# Foreword

Throughout the developing world, the lives of adolescents are being compromised and cut short by ill-health due to HIV/AIDS, depression and substance use. The transition to healthy adulthood is dependent on the social environment in which adolescents live, learn and earn. Parents and families are a crucial part of this social environment. Projects are springing up to engage parents in efforts to prevent adolescent health risk behaviours and promote healthy development. However, planners of such projects are faced with critical questions. What contributions do parents make to adolescent health and development? What kinds of parent-focused interventions are effective in improving adolescent health outcomes?

The World Health Organization (WHO) has gathered and analyzed significant information from research and programming experience to address these questions. This document captures the key findings, including the:

- articulation of the key roles parents play in relation to adolescents' health and development, based on recent research, to provide a framework for understanding programming efforts;
- implications for programmatic action, with illustrative examples;
- recommendations for programmers and researchers to guide future efforts.

Taken as a whole, these findings affirm the critical importance of programming for parents as part of a comprehensive strategy for preventing adolescent health risk behaviours, while offering insights into programming approaches for those committed to capitalizing on the influence of parents to improve the health and development of adolescents in the developing world.

# Introduction

## Adolescence and health

One fifth of the world's population – a total of 1.2 billion people – are adolescents, and 85% of them are in the developing world. Adolescence is a time of unprecedented promise – and peril. During the second decade of life, young people can encounter a rapidly widening world of opportunities, as they gradually take on adult characteristics in size, sexual characteristics, thinking skills, identity and economic and social roles.

Too often, however, the widening world also exposes adolescents to serious risks before they have adequate information, skills and experience to avoid or counteract them. Their level of maturity and social status is no match for some challenges, unless they are provided with support, information and access to resources.

Without help, the consequences of health risk behaviours in adolescence can be life-threatening and life-long. Nearly two thirds of premature deaths and one third of the total disease burden in adults can be associated with conditions or behaviours that begin in youth.[1]

To protect and preserve our subsequent generations, no better investment can be made in the developing world than to foster promotion of adolescent development and prevention of health risk behaviours among adolescents.

## Evolution of thinking about programmes for adolescent health

In 1997, a Study Group on Programming for Adolescent Health jointly convened by WHO, the United Nations Population Fund (UNFPA), and the United Nations Children's Fund (UNICEF) issued a technical report, *Programming for adolescent health and development*[2] that proposed a framework with five major intervention areas to promote healthy development

and prevent and respond to health problems:

- creating a safe and supportive environment
- providing accurate information
- building skills
- providing counselling
- improving health services.

The framework cites "home" as the first intervention setting and "family" as key players for intervention delivery. The importance of the family environment was clearly affirmed as central to healthy adolescent development and to the prevention and treatment of health problems. The report notes that the family:

- provides support and love;
- promotes moral development and a sense of responsibility;
- provides role models and education about culture;
- sets expectations;
- negotiates for services and opportunities;
- filters out or counteracts harmful or inconsistent influences from the social environment.

## Relevance of parenting for adolescent health outcomes

Work was initiated to define the aspects of the social environment of adolescents that either protect them from negative health outcomes or put them at greater risk for such outcomes. These are referred to as *protective* or *risk* factors: Factors underlying a behaviour that are associated with reducing negative outcomes and mitigating their consequences, are *protective*; while factors that are associated with an increased likelihood of experiencing a negative health outcome are *risks*. The emphasis on protective factors is significant as it identifies positive influences in the environment that can be supported through programming efforts.

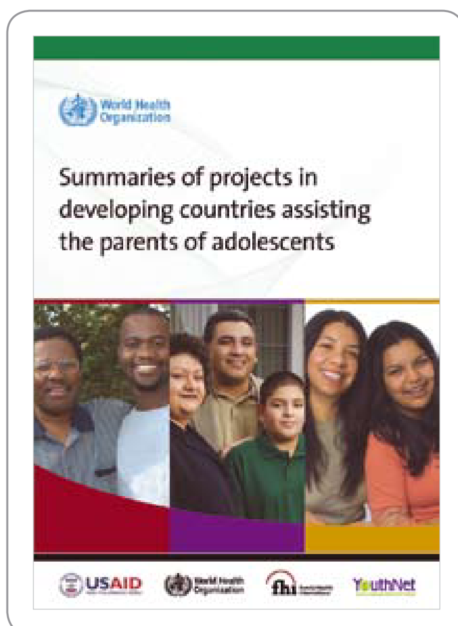
In 2001, analysis of data from six different cross-national studies (representing 53 different countries and regions of the world) was undertaken by WHO, in order to assess the effect of risk and protective factors on three adolescent health behaviours /conditions: sexual initiation, substance use and depression. The conclusions demonstrated that peers, families, schools and communities play essential roles in determining individual adolescent health outcomes, including the association between relationships with parents and all three health issues under consideration. As the report put it, "Families matter."[3]

## Dimensions of parenting

In 2005, a literature review was launched to capture more recent research on parenting of adolescents* in developing countries and in particular to examine the evidence for specific parenting roles that programmes could aim to promote and improve. Given the importance of parents in adolescents' worlds, what are the specific ways that they influence adolescent health? In addition, how can we translate that knowledge into actions?

The review focused on three roles in parenting that have been the subject of cross-cultural research and that are amenable to programming interventions: (1) advocating for needed resources, (2) behaviour control, and (3) connectedness between parents and adolescents. Over 100 studies were identified, many of which were cross-cultural or cross-national. While most of the research projects had originated in developed countries, a number had gathered significant samples from developing countries.

Entitled *Knowing the ABCs about parenting: How parents influence adolescent health across cultures*, the review found strong evidence for all three roles across cultures and countries, with variations in the ways they are carried out. The authors noted, "How parents express their love, provide behavioural control, and advocate for needed resources is variable; what is most critical is that they do."[4]




***Cover:*** *Summaries of projects in developing countries assisting the parents of adolescents*

At the same time, an effort was made to identify, describe, and analyze current projects in developing countries that assist parents of adolescents in promoting healthy adolescent development and preventing health risks. Ultimately, this effort identified 34 projects around the world, by means of searching computerized databases, reviews of the internet, materials such as newsletters, reports, government documents, bulletins, conference proceedings, and interviews with individuals and organizations in both developed and developing countries working in fields related to adolescent health. Descriptions of these projects were compiled based on interviews with project staff as well as available materials, and prepared as a document entitled *Summaries of projects in developing countries assisting the parents of adolescents.*[5]

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* Definitions: *Parents* are defined to encompass "all those who provide significant and/or primary care for adolescents, over a significant period of the adolescent's life, without being paid as an employee," including biological parents, foster parents, adoptive parents, grandparents, other relatives and fictive kin such as godparents. In times of pandemic, war, genocide and natural disasters, families are often headed by surviving children.
*Adolescence* is defined as ages 10 to 19 years, although, in some areas of the world, selected adolescent health interventions may need to start even sooner than age 10 years in order to help children feel connected. The main focus of this document is early adolescence, reaching young adolescents and their families before it is too late to prevent early sexual activity, substance use and other behaviours that potentially compromise health and well-being.
*Roles* of parenting encompass attributes as well as functions.

A few projects had been in existence for a number of years, but their numbers were found to be increasing, and awareness of parents' critical roles came into sharper focus. These projects had been operating largely in isolation, unknown to each other, and to global efforts on behalf of adolescent health.

Of the 34 projects that were identified, 13 were in the WHO African Region, 5 in the Region of the Americas, 5 in the South-East Asian Region, 2 in the European Region (Eastern Europe), 1 in the Eastern Mediterranean Region, and 8 in the Western Pacific Region. A total of 15 projects had been discontinued at the time of the review, with the remainder still ongoing. Sustainability issues included funding, institutional capacity and government support.

The portrait that emerges is one of a rich diversity of projects in all regions of the developing world, from Kenya to Colombia, Bhutan to Lithuania, and Viet Nam to Jamaica. They share a common recognition of the importance of parenting, and a commitment to support parents as one component of a plan for reducing adolescent health risk behaviours.

## Melding research and programming

WHO convened a meeting† with researchers and representatives from some of the projects to discuss the literature review and the project summaries. Discussions during the meeting identified two additional parental roles: respect for individuality and modelling appropriate behaviour. The meeting also generated additions to the project summaries, as well as recommendations and an articulation of the challenges commonly faced by such projects.

A summary of the discussions in the meeting follows and highlights the importance of parents in preventing adolescent health risk behaviours, the ways in which parents influence these behaviours, and their implications for programmes aiming to improve adolescent health.

### Parents' roles can be organized into five dimensions, each of which has specific influences on adolescent health outcomes:

1. **connection – *love***
2. **behaviour control – *limit***
3. **respect for individuality – *respect***
4. **modelling of appropriate behaviour – *model***
5. **provision and protection – *provide*.**

These parenting roles, building on those earlier in childhood, are played out in daily interactions with adolescents. Parents are usually unconscious of the individual roles and of their potential consequences on health and development.

Each of the five roles is described below, including its contribution to adolescent health and the corresponding evidence base. Also outlined, where available knowledge exists,

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† The "Meeting to Review Interventions to Support the Parents of Adolescents" was held in Switzerland in October 2006. See list of participants in Annex 1.

are its implications for programmes, including activities that can be delivered to parents to enhance each role and examples of projects currently engaged in activities that address that role.

1

## *Connection*

**Description:** A positive, stable, emotional bond between parents and adolescents is an important protective factor for adolescent heath and development. Connection is made up of behaviours that convey to adolescents that they are loved and accepted. It is a dimension of the parent-adolescent relationship that is otherwise called warmth, affection, care, comfort, concern, nurturance, support or love. It is also important to consider the adolescent's contribution to the bond.

**Evidence:** Connection between a parent and a child does not begin in adolescence. It is likely that the strongest adolescent-parent connections have their roots in early childhood. There has been recent evidence (in the field of neuroscience) demonstrating that the connection formed between a caregiver and an infant – even in the first year of life – affects not only the long-term psychological well-being of the child, but also how the infant's brain develops physically.[6]

Cross-culturally (e.g., in Africa; Asia; the Balkans; the Caribbean; the Middle East; Europe; North, Central, and South America), adolescents who perceive themselves to be accepted by their primary caregivers are less likely to engage in a wide range of health-risk behaviours, and less likely to experience depression or mood disorders. The picture is very different for adolescents who perceive themselves to be rejected by primary caregivers, or who experience psychologically hurtful behaviours, such as behaviours that are cold and unaffectionate, or hostile and aggressive, or indifferent and neglecting. Low levels of connection are associated in adolescents with increased hostility and aggression, increased dependency, decreased self-esteem and self-adequacy, and increased emotional instability. Moreover, the presence of a stable connection with parents is associated with higher levels of social competence in adolescence.[7, 8, 9, 10]

Specifically, the empirical evidence from every culture studied shows that this sense of connectedness to the primary caregiver is vital to successful adolescent development. In the United States, adolescents who report feeling connected to their parents were less likely to consider or attempt suicide, be involved with interpersonal violence, smoke

cigarettes, use alcohol or have sexual intercourse at a young age. These conclusions were repeated again in the Caribbean where adolescents aged 13–15 years who were connected to a parent were less likely to have had sexual intercourse, to experience rage or to be involved with interpersonal violence. Up until the age of 18 years, those who were connected to parents reported less depression and fewer suicide attempts.[8]

Adolescent's perceptions of feeling loved, and of feeling supported, are very important. Frequently conceptualized as "warmth", this relates to the quality of the affective bond between parents and children and includes physical, verbal and symbolic behaviours parents use to express these feelings. One end of the continuum of "warmth" is represented by parental acceptance. The other end is marked by parental rejection, which can refer to the absence or significant withdrawal of these feelings or behaviours. Parental rejection can be: (1) cold and unaffectionate, (2) hostile and aggressive, (3) indifferent and neglecting, and (4) undifferentiated rejection, which refers to an adolescent's perception that the parent does not really care about him or her, regardless of clear behavioural indicators to this end. These components of connection have been studied in the United States since the 1930s, and are well supported by a recent online bibliography.[11]

The flexibility in the definition of connection allows for the translation of the connection concept across cultures. The theory of *Parental Acceptance-Rejection* (PAR) has been extensively studied within the context of socialization. One such study was a meta-analysis of 43 studies in 4 American ethnic groups and 10 countries to test whether PAR was related to psychological adjustment among children and adolescents. Results showed that there was a strong relationship between psychological adjustment and parental acceptance. These findings strongly suggest that the importance of connection is universal.[12]

**Further research needed:** Another aspect of connection involves the physical availability of the parent. Frequently studied in relation to absent fathers, the evidence on this point remains inconclusive. One study in Kenya, for example, found that the presence of the father significantly reduced the likelihood that young females would engage in sex and have an unwanted pregnancy.[13] However, other research indicates that the quality of the father-adolescent relationship is much more significant than the amount of time.[14] Further research is needed to understand how physical availability affects parents' abilities to establish and maintain the bond between parents and adolescents.

Additionally, cross-cultural research is needed to understand how connection is manifested within each culture. Again, it is ultimately through perceptions of the adolescent that the connection exists, but some parents might not understand how to create that bond. This is a crucial factor for programming to consider, in order to assist parents in fostering connection.

**Programme implications:** While many aspects of adolescents' lives benefit from a positive, stable emotional connection with parents, it appears to be their sense of self-esteem and social competence that are particularly affected by connection. Communication between parents and adolescents is a critical feature of both connection and respect for individuality. Therefore, programmes that aim to protect or enhance the mental health of adolescents and/or foster their social competence, should give particular attention to connection.

**Project example:** *Expressions* (India)
The Child Development and Adolescent Health Centre (CDAHC) in New Delhi, India, has created a school-based programme called *Expressions: The Comprehensive Life Skills and School Mental Health Programme*, which aims at improving communication between parents and adolescents in order to promote a healthier and more supportive relationship. For the parenting intervention, separate workshops are held for parents that help them to understand various types of communication patterns with their adolescents. Specifically, parents are provided with practical solutions and tips for improving communication with their adolescent children, such as how to manage adolescents' argumentativeness and defiance. By targeting parents' communication skills that focus on connection and respect for individuality, the programme has already shown positive results. For example, parents have stated that they are now better equipped to recognize mental health problems among their adolescent children and to manage effectively their adolescents' behavioural problems.

***Book:*** *Expressions: The Comprehensive Life Skills and School Mental Health Programme (India)*

## Behaviour control

**Description:** Behaviour control, otherwise referred to as regulation, monitoring, structure, limit-setting, encompasses parents' actions aimed at shaping or restricting adolescents' behaviours. These actions include supervising and monitoring adolescents' activities, establishing behavioural rules and consequences for misbehaviour, and conveying clear expectations for behaviour.

Although the importance of behavioural control extends across cultures, there are many factors relevant in differing circumstances that determine the amount of control that is optimal. Thus, for example, if an adolescent lives in circumstances of high violence – as a result of war, genocide, gang activity, organized crime, or other forces, for example – parents need to be particularly vigilant with behavioural control in order to maximize the adolescents' chances of safety and survival. Furthermore, at different stages of adolescence, the amount of control and the ability a young person has to negotiate rules and consequences varies.

**Evidence:** This area has been thoroughly studied in industrialized cultures, but also recently in cross-cultural studies (e.g., in Africa; Asia; the Balkans; Europe; the Middle East; North, Central and South America). Throughout this work, the associations between behavioural control and adolescent outcomes are clear. For example, parents attending to (and tracking) a child's whereabouts and activities has been most extensively researched. Parental monitoring/knowledge is associated with a decreased risk of drug and alcohol use, decreased sexual activity, later age of pregnancy, decreased depression, decreased school problems, decreased victimization and delinquency, and decreased negative peer influences. [7, 15, 16, 17, 18, 19, 20, 21]

In one study, conducted among 11 cultural groups (in Bangladesh, Bosnia and Herzegovina, China, Columbia, Germany, India, Palestine and South Africa) monitoring (as measured by the amount of knowledge parents have of their youth's activities outside of the home; e.g., how they spend time and money, friends, etc.) was significantly predictive of lower antisocial behaviour in all 11 cultural groups.[7] The measurement of monitoring was enhanced in another study of multiple cultures to integrate how much parents *both try to know and succeed in knowing* about their youths' out-of-home activities. In that study of youth in Costa Rica, three ethnic groups in South Africa, and in Thailand, successful parental monitoring was consistently related to lower levels of antisocial behaviour (e.g., interpersonal violence, alcohol use, etc.), and particularly to lower levels of sexual behaviour (e.g., intercourse, number of sexual partners).[36] These findings for sexual behaviour are consistent with those made in studies of eastern and western European youth.[17] One such study of 5000 Scottish adolescents used an extended measurement of parental behavioural control that included monitoring and limit-setting, as well as predicting early sexual activity, number of sexual partners, condom use and contraception.[18]

Establishing and enforcing consequences is complicated. Consequences can take the form of losing privileges, of being assigned tasks to "pay" for breaking the rules, or physical punishment. With regard to physical punishment, one study conducted in 6 countries (China, India, Italy, Kenya, the Philippines and Thailand) examined the impact of physical punishment on adolescent behaviours. Results demonstrated that high levels of physical punishment are universally associated with more aggression and anxiety. Another study (from the United States) indicated that while physical punishment might promote short-term conformity, it is strongly correlated with long-term behavioural deviance.[19]

**Further research needed:** Behavioural control consists of several components: parental knowledge about adolescent behaviour and attitudes, ongoing monitoring and supervision of adolescents' activities and in the case of misbehaviour, subsequent imposing of discipline or consequences. However, few studies examine all three aspects of this role together. Further research is needed to better understand the interrelated effects of these concepts, how they function across cultures, and how programming might address them comprehensively in order to affect adolescent outcomes.

Additionally, given the multi-dimensional nature of the process of parental monitoring and behavioural control, especially across cultures, there is scope for additional research to explain the mechanism by which parental monitoring actions result in adolescent behavioural outcomes.

**Programme implications:** Programming aimed at reducing risk-related sexual behaviour, substance use and delinquency would benefit from attention to assisting parents to improve their ability to play the *behaviour control* role. Programmes can assist parents to establish rules, communicate expectations, and learn to exercise consistent and effective monitoring of adolescents behaviours.

**Project example:** *Love and Limits* (El Salvador)
*Love and Limits* is a family orientation programme to prevent risk behaviours among youth aged from 10 to 14 years in Latin America and the Caribbean (including El Salvador). The objective of working with parents is to prevent risk behaviours by strengthening parents' capacity to express love for their adolescent children and to establish clear limits. It also assists parents in learning how to develop consistent discipline and to know how to provide support to their children. It is based on the notion that the family environment can provide opportunities for experimentation, set expectations of and limits on behaviours, and offers guidance. Positive and stable emotional relations foster social skills. Consistent rules and values make it easier for adolescents to adjust to the world outside.

Evaluation of the *Love and Limits* project has demonstrated effects on the parents and adolescents. Parents from the intervention group learn to communicate clear expectations and limits, and to express affection, while laying down clear rules of behaviour; and to keep their anger in check in their relations with their adolescents. Adolescents learn to solve problems and plan with the possible consequences in mind, resist peer pressure and improve behaviour in school.

3

## *Respect for individuality*

**Description:** Respect for individuality involves allowing the adolescent to develop a healthy sense of self, apart from his or her parents. Acknowledging and permitting this sense of individual worth and identity is important for all adolescents, regardless of whether cultural expectations will ultimately put more emphasis on being part of a collective, as in parts of Asia, Africa and Latin America, or on establishing personal autonomy, as in parts of the Europe and North America.[20, 21, 22] This notion is reflected in the UN Convention on the Rights for the Child, which explicitly acknowledges the evolving capacity of children.

Cross-cultural research has demonstrated that adolescents who feel that parents have consistently violated their individuality through disrespectful, controlling, manipulative or intrusive behaviours (referred to in the research literature as “psychological control”) have significantly higher rates of problem behaviours.[7] Critically, unlike the other parental roles that require parents *to do* certain things to fulfil the role, in this case parents need to *avoid* behaving in ways or having expectations of adolescents that are overly constraining, manipulative or intrusive to their natural development of self and identity.[23] Specifically, parents need to guard against being excessively critical of adolescents, invalidating their feelings, constraining their self-expression, and using guilt or withdrawal of love to manipulate compliance.[24] See Table 1 for further examples.

Parents can foster adolescents’ sense of worth and individuality by respecting what the adolescent has to say, seeking his or her opinion on important family matters, trusting him or her to complete responsibilities assigned and fostering dreams and goals.

**Evidence:** The research evidence is both abundant and clear that adolescents (and younger children) who perceive their parents to be psychologically controlling (i.e. disrespectful of their individuality) have higher rates of internalized problems (e.g., depression, eating disorders) as well as externalized problems (e.g. risky sexual behaviour, substance use). This evidence comes from studies on adolescents conducted in individual cultures (e.g., China[25], various European countries[26, 27, 28], Greece[29], India[30] and Romania[31]) as well as among ethnic groups within a given country (e.g., USA[32]). The evidence also comes from major cross-national studies conducted in Asia (Bangladesh, China, India and Thailand); the Balkans; the Middle East; Europe; and North, Central, and South America.[7, 36]

**Further research needed:** Research is needed to develop interventions to assist parents to understand the importance of respecting the individuality of adolescents and avoiding intrusive parenting behaviours.

**Programme implications:** Programming, training and intervention efforts aimed at addressing issues of mental health should focus on parents respecting the individuality of their adolescents. Avoiding the intrusive behaviours of parental psychological control also appears critical for intervention efforts focused on antisocial behaviours.

**Project example:** *Guria Adolescent Health Project* (Georgia)
This project, implemented in the Guria region of Georgia, enables parents to effectively communicate and collaborate with adolescents to design and implement a programme on sexual and reproductive health of adolescents. The project works with parents on ways to gain and maintain mutual respect and in doing so, acknowledges the abilities of adolescents.

**Table 1: Measures of connection, behaviour control and respect for individuality**[33]

These are indicative parental behaviours to encourage or discourage in order to promote adolescent health and development.

| Behaviours to encourage | Behaviours to discourage |
|---|---|
| **Connection**<br>Father/mother:<br>1. supports and encourages me<br>2. gives me attention and listens to me<br>3. shows me affection<br>4. praises me<br>5. comforts me<br>6. respects my sense of freedom<br>7. understands me<br>8. trusts me<br>9. gives me advice and guidance<br>10. provides for my necessities<br>11. gives me money<br>12. buys me things<br>13. has open communication with me<br>14. spends time with me<br>15. supports me in my school work.<br><br>**Behavioural control**<br>Mother/father tries to know/knows:<br>1. who my friends are<br>2. where I go at night<br>3. how I spend my money<br>4. what I do with my free time<br>5. where I am most afternoons after school. | **Psychological control**<br>Mother/father:<br>1. ridicules me or puts me down (e.g., saying I am stupid, useless, etc.);<br>2. embarrasses me in public (e.g., in front of my friends);<br>3. doesn't respect me as a person (e.g., not letting me talk, favouring others over me, etc.);<br>4. violates my privacy (e.g., entering my room, going through my things, etc.);<br>5. tries to make me feel guilty for something I've done or something s/he thinks I should do;<br>6. expects too much of me (e.g., to do better in school, to be a better person, etc.);<br>7. often unfairly compares me to someone else (e.g., to my brother or sister, to her/himself);<br>8. often ignores me (e.g., walking away from me, not paying attention to me). |

4

## *Modelling of appropriate behaviour*

**Description:** In theories of behaviour change and social epidemiology, there is much discussion on the concept of "social norms" – a set of idealized attitudes and behaviours that are considered acceptable in a culture or society. For adolescents, there are various sets of norms that influence their actions, depending on the social domain. For example, there may be one set of norms at school, another related to religious affiliations, and another set among friends. Most importantly, there are norms that exist at home. As individuals with enormous influence in all aspects of development, parents establish these norms within the household by their own behaviour and attitudes as well as interpreting the norms of the larger society.

From infancy, children identify with their parents, particularly the same sex parent. They come to share parents' perceptions of the world, absorb their values and try to emulate their behaviours. This continues into adolescence, and yet parents frequently may not realize that what they say, how they react and, most importantly, what they do, have an influence on their adolescent. Adolescents consciously or subconsciously follow or adapt themselves to the behaviour and attitudes the parent has established within the home. Parents become role models – their behaviours and attitudes providing examples of how to behave in relation to many areas of daily life, including health.

**Evidence:** To date, most of the research on role modelling has been done in industrialized country contexts. Research from the United States demonstrates unequivocally that having parents who make healthy choices themselves is linked to better skills and attitudes around academic achievement, employment, health habits, relationships, communication, coping and conflict resolution.[34, 35, 36, 37] Parents' attitudes have been demonstrated to influence their adolescents' attitudes towards the same subjects. The evidence is particularly strong to indicate that, when it comes to major issues involving morality, adolescents are likely to hold opinions and attitudes similar to their parents.[34, 38]

Much of the research relevant to parents' attitudes and behaviours influencing subsequent behaviour by adolescents focuses on substance use. A high correlation has been repeatedly documented between substance-abusing parents and adolescent substance use. It has been demonstrated that adolescents are increasingly more likely to use alcohol as the number of people in their lives, including their parents, who do increases. Further, the research has also provided evidence that non-using parents mediated the effect of peer

influence almost to the point of negation, indicating that parental expectation and attitudes towards adolescent alcohol use had a larger influence on adolescent alcohol use than any other factor in the study, including peer influence.[39, 40] Similar results have been found for cigarette smoking explicitly in both the United States as well as the Netherlands.[41, 42]

The one limitation of these studies is that they do not directly measure whether it is the parent's behaviour that the adolescents imitate or whether having parents who use alcohol or cigarettes increases a young person's access to the substances, and thus, the likelihood of use. Additional research will be required to explore this nuance and determine the true contribution of the parental behaviour.

A significant body of literature also exists on cyclical interpersonal violence and the likelihood that an adolescent who is raised with violence will be more likely to engage in or tolerate that same kind of violence as an adult. Gender issues are prominent in this discussion, as interpersonal violence frequently arises as a result of the power imbalance between men and women, and boys and girls, as well as the different socialization of boys and girls.[43] For both sexes, however, living in a home where violence is frequent, results in a desensitization to it and consideration of it as appropriate or acceptable behaviour.[44]

Further, for both girls and boys, the evidence from primarily Latin America and the United States conclusively demonstrates that with increasing levels of violence in the household, a child from as young as 18 months up to 18 years of age is more likely to exhibit problem behaviours, including destroying his or her own possessions, getting into fights and skipping school, as well as problems with drugs and alcohol, depression and general aggression.[45, 46, 47, 48]

**Further research needed:** Despite the research that has been conducted, large gaps remain in the body of knowledge on this parental role. Further investigation needs to be conducted to better understand the various impacts of parental behaviour (versus parental attitudes) on an adolescent's behaviour. Additionally, it is not clear if parental modelling exerts a stronger influence for certain behaviours than for others and little research has taken place cross-culturally to demonstrate the various ways modelling mechanisms can occur. Lastly, for behaviours that are less deviant and more normative, such as early pregnancy rates in sub-Saharan Africa, little to no research has been done on the potential for parents' own behaviour or attitude to counteract societal pressures and/or norms.

**Programme implications:** The influence of social norms on parents' attitudes and behaviours is a key notion to assist parents to understand. The subsequent effects of their attitudes and behaviours on adolescents follow. Programmes can aim to encourage parents to adopt attitudes and behaviours that are supportive of health (e.g. non-smoking) and also reflect prevailing social norms. Attempting to modify behaviours in ways that are contrary to prevailing social norms is considerably more difficult.

**Project example:** *Entre Amigas* (Nicaragua)
This project aims to promote the reproductive health of adolescents girls aged from 10 to 14 years. The mothers of the adolescent girls are targeted to support their daughters and

reinforce the interventions provided to the girls. A key aspect of approaching mothers for participation in the programme is appealing to them in terms of their roles as women. As part of the programming for mothers, staff work with the group in order to build on the idea of adult women as role models for young girls. The project aims to provide mothers with the skills, self-knowledge, and confidence to be a confidant and direct source of reproductive health and developmental information to their daughters. They encourage the mothers who participate in the project to act as promoters, helping their sisters, grandmothers, aunts and neighbours create positive role models for girls. The results include the creation of a network of alternative communication channels for their daughters.

This message is reinforced by a media-based communication strategy. Project staff work with a weekly television series (soap opera) called *Sexto Sentido*, to develop a 13 year-old character called Claudia and her family. Thirty episodes of the show have contained key project themes. As part of the script development, a scriptwriter met with girls and facilitators to discuss a selected theme or situation (related to the project). The series provides role models for different kinds of mother-daughter relationships and raises awareness among the project mothers and other adults about the difficulties faced by young adolescent girls.

## 5 *Provision and protection*

Parents cannot meet all the needs of a growing adolescent. Sometimes, especially in the developing world, they cannot even provide the basic nutrition, shelter, clothing, education and health care, or at least doing so is often a daunting challenge. Whatever their circumstances, parents cannot provide all the mentoring, guidance, opportunities for education, employment and life experience that fosters full maturity. Parents play an important role in assisting adolescents to access other resources in the community, outside the family unit.

The provision and protection role of parenting refers to parents' provision of the resources that they can, and seeking out resources when they cannot. It entails efforts by parents to seek out relationships and opportunities within the community that can supplement what the family is able to provide. New research indicates that adolescents from developing countries associate this parental role with being loved.[49] Examples include participating in school functions, and identifying opportunities for their adolescent to develop the

competencies necessary for adulthood, that could contribute to eventual income earning and/or civic functions. Sometimes this role is akin to creating "social capital,"[50, 51, 52] enlisting the support of other caring adults, such as teachers, extended family members, village elders and coaches, who can supplement what parents provide in the way of support, guidance, information and opportunities that adolescents need to fulfil adult roles.

This role is perhaps the most fundamental and challenging because it relies on material resources. Parents themselves must have resources to survive as well as have voices and choices in how adolescents develop.

**Evidence:** Research linking this role to adolescent behaviours and/or health outcomes is limited. An exception is the area of parental academic involvement, such as helping children with homework and participating in school activities, which, in the United States, has been shown to increase adolescents' academic aspirations, and, in affluent families, also achievement.[53, 54] Further work has found that parents of poor families were less likely to be involved in their child's academic activities due to the cost of transportation and difficulty in rearranging work schedules.[55]

Another aspect of the protection and provision role is how closely a family is linked with outside institutions. As many countries are in the midst of rapid urbanization, the traditional bonds that existed in rural societies based on historical connections are breaking down.[56]

**Further research needed:** No research has been found on the effects of parents' efforts to assist their adolescents in accessing opportunities, skills and resources that could contribute to adolescent development and health in developing countries. As mentioned, adolescents perceive parents who provide for them as loving them, but more exploration is needed on the mechanism of how provision and protection is understood by adolescents as love.[49] Additionally, given the limits of provision and protection in many cases, research is needed to understand how this role can better be fulfilled in resource-limited settings.

**Programme implications:** From a policy perspective, advocating that a parent in a poor setting should provide for and protect their child means that parents must be enabled to fulfil the role. Recalling that the United Nations Convention on the Rights of the Child stipulates that ultimate responsibility for the provision and protection of all children rests with the state, then poverty reduction and income security programmes are required to help parents find the resources they need to adequately support their children. Community level programmes can assist parents to identify their adolescents' needs, and resources outside of the family that could help to meet them.

**Project example:** *Modern Senga* (Uganda)
Parents in rural Uganda do not traditionally provide information on sexual matters to their adolescents – individuals called *sengas* did this in the past, although this role has now disappeared. The *Modern Senga* project aims to improve reproductive and sexual health among young people by revitalizing the traditional *senga* role and encouraging people to go for sex education and counselling.

In the two project villages, girls and women choose female volunteers to take on the *senga* role. The groups suggest the names of permanent residents of the villages whom they trust and, "who would be able to effectively take up the sex counselling role." This approach facilitates the participation of girls and women, producing a sense of ownership, and improved acceptability.

*Sengas* provide information on sexually-transmitted infections (STI); referrals and follow-up with adolescents on whether they sought/completed treatment; identify/analyze the risks adolescents take, why they take them and how to avoid them; provide condoms; supplement knowledge about sex (to what school was offering) and offer additional opportunities to discuss sex.

Those girls who participate in the *Modern Senga* intervention have higher knowledge of HIV, report more consistent condom use and increased use of family planning services. The percentage of girls reporting STI symptoms decreased, and the sexually-active girls report more open attitudes with regard to discussing sexual issues. Some community members report that males should also have male counsellors to assist with their information needs. *Sengas* report that there is a greater need for attention to the roles and responsibilities of men in order to effectively promote sexual health.

### The five roles of parents share characteristics that have important implications for programme planning

Clearly, if programmes are to be efficient and effective, the content of their parenting interventions, including the relative emphasis on specific parenting roles, will differ according to the intended outcome(s) on adolescents. For example, for positive social development as a target outcome, **connection** should be emphasized; for prevention of risky behaviours, **behaviour control**; for prevention of depression and depressive symptoms, **respect for individuality** is key.

These parental roles are interconnected in that parents perform them all, simultaneously, to one degree or another. However, given limited time, funds and parental willingness or ability to participate in programming efforts, it is sensible to focus on the key roles that have been identified in the research findings as they relate to specific domains of adolescent health and development. Given that positive or negative parenting behaviours

tend to occur together, it is likely that enhancement of the parenting role of focus in a programme will also "spill over" into other domains of positive parenting.

### The limits of programming

Many contextual factors influence the ability of parents to carry out these roles, and the ways in which they do so. Examples include:

- characteristics of parents, such as abuse and neglect in their own childhoods, age, substance use, mental illness and social isolation;
- characteristics of families, such as conflict or violence in the adult relationships in the home;
- characteristics of the adolescents, including sex and age, personality, special needs and health;
- traumatic family events, such as displacement, death, injury, and severe or chronic mental or physical illness;
- cultural traditions and norms, including expectations regarding parenting roles and milestones of successful adulthood.

Underlying these factors is the availability (or lack) of basic resources: food, shelter, schooling, health care, safety from violence, economic opportunity, and connection to other adults who can offer assistance with education, employment, and other opportunities. Faced with malnutrition or starvation, homelessness or displacement, inadequate access to health care, lack of financial resources, or social isolation, families struggling for survival cannot be expected to be able to give attention and continuity to the task of carrying out other parenting roles.

### Current projects in developing countries are not always explicitly aiming to enhance these roles, but their interventions reflect a recognition of the importance of these roles in achieving adolescent outcomes

Projects differ significantly in the extent to which their work with parents is designed to improve outcomes for parents themselves and hence indirectly for adolescents, as opposed to the extent to which their work with parents is designed primarily as a vehicle for improving outcomes for adolescents.

Parent-focused projects are designed to meet the needs of parents that prevent them from assuming their parenting roles. The *Ebgan* programme, based in Baguio City in the northern Philippines, for example, aims to assist women who are parents and the victims/survivors of domestic violence, so that they may function in their parental role. Individual counselling is provided as well as referrals for other types of assistance including housing and health care to the mothers. Once the women are stabilized, *Ebgan* offers various workshops and trainings including sessions concerning parenting.

Adolescent-focused projects are designed to engage parents in meeting the needs of adolescents, such as for sex education, behavioural limits, and/or health services. For example, in the *Participatory Approach to Adolescent Reproductive Health Programmes* in

Nepal, parents have been targeted for intervention based on the observation that Nepali youth are embedded in a culture with a strong age-based hierarchy, and that adult approval and behaviour change are essential for achieving youth participation and behaviour change around reproductive health issues.

The majority of the activities included in the review of developing country projects assisting parents of adolescents[5] are adolescent-focused rather than parent-focused in nature. Regardless of focus, they tend to incorporate the concept of parent roles indirectly, but they lack knowledge of the relationship between particular parenting roles and adolescent outcomes. Almost all projects implicitly acknowledge the importance of *provision and protection*, most (26 of 34) address issues of *connection*, about one quarter (8 of 34) include skills for *behaviour control*, a few (3) specifically identify the influence of *modelling of appropriate behaviour*, and another 3 projects explicitly consider the fostering of *respect for individuality* in their activities.

Whether parent- or adolescent-focused, the overall objective of most projects is the reduction of one particular adolescent health risk. The problem areas most commonly addressed are:

- *Sexual and reproductive health, including HIV*: The largest number of projects aims to reduce the risks associated with early onset of sexual activity and/or unprotected sex. Of the 34 projects identified, 28 included this as one of their areas of focus. For example, the parenting component of the *Youth Intervention Programme* in rural Nyanza Province of Kenya was developed with the objective of delaying sexual debut and sexual risk behaviours of pre-teens and teens in the region, especially to prevent HIV transmission.

- *Substance use*: Several programmes take as their primary objective the reduction of alcohol and substance use among adolescents. Of the 34 projects, 13 named substance use as one of their areas of focus. For example, *Mentor Colombia* provides programming for parents as part of a multi-level intervention to prevent the misuse of legal and illegal substances and to promote young people's health and well-being.

*Society for the Care of Adolescents (SCAN) Parents Meeting (India)*

- *Mental health*: Promotion of healthy development and reduction in risks of depression and suicide is the main focus of one project, but is also addressed in another four. *Society for the Care of Adolescents (SCAN)* aims to assist parents in India to improve the physical and mental health of their adolescents. *SCAN* staff run seminars for parents during which developmental milestones of the adolescent period and the associated problems are discussed (e.g., it is normal to have moodiness, day dreaming, disturbed sleep and dietary habits, and wanting to be with friends). Parents' concerns that "something is wrong" are allayed and information is provided about relatively rare psychological disturbances to be aware of.

- *Violent behaviours*: Prevention of violent behaviours is a focus of 9 projects, sometimes with an emphasis on gender-based violence and family violence, sometimes sexual assault and rape, sometimes general conflict resolution skills. For example, the parenting curriculum used in the *Jamaica Adolescent Reproductive Health Project* includes sections on the myths and realities of domestic violence, gender-based violence, rape and sexual abuse.

- *Others*: Educational development of the adolescent is a focus of 6 projects, with adolescents' economic skills the focus of a further 3. For example, the *Ishraq* programme in Egypt includes parent groups among its intervention targets, with the goal of improving educational outcomes for young adolescent girls in rural villages. India's *Development Initiative on Supporting Healthy Adolescents* (DISHA), in Bihar and Jharkhand, seeks to provide youth with alternatives to early marriage through enhanced livelihood skills and options, including by means of events and meetings with parents.

## Current projects are undertaking a wide range of interventions with parents[5]

Projects design and provide varying parenting interventions, adapted to fit their objectives, resources, population characteristics and community culture. They conduct a broad range of activities that include:

- Classes or workshops: Most projects hold group meetings for parents, facilitated by a trained facilitator.
- Events: Many projects incorporate musical performances, street theatre, appearances by local celebrities, video screenings, and other educational entertainment activities to engage parents and to incorporate project content.
- Support groups: A few projects focus on meetings of parents with a trained facilitator where the emphasis is on group support rather than imparting particular information.
- Home visits: Several projects seek out parents in their homes, either to gather planning data, to offer information, or both.
- Parent-child clubs: A few projects offer parent activities structured within parent-adolescent – or specifically mother-daughter/father-son – clubs that meet regularly and hold activities related to the project's goals for parent education and/or parent-child dialogue.

- Mass media campaigns: Occasionally, projects focus strictly on mass distribution of basic information via available media, such as radio, television, newspapers and newsletters.

In roughly half of the projects, activities are delivered to parents and adolescents separately. Other projects organize activities for parents and adolescents separately and together.

The settings where activities take place also vary significantly, reflecting the inventiveness of planners in stretching resources and goals to embed activities in existing community life. A number of projects conduct activities in schools, in collaboration with school systems; others use project facilities, buildings in community and faith-based organizations, as well as family homes.

### All projects regard parents as one component of a larger, multi-pronged set of interventions

*Good Parenting Calendar (Jamaica)*

This typically includes activities directed to adolescents themselves, and sometimes for school personnel, community leaders, health workers, and media organizations. All projects place a priority on engaging the local community in their parenting interventions. Some hold community meetings or focus groups, or work with village communities or local technical committees. Some incorporate a parenting curriculum into pre-existing groups, while others create their own groups and offer them in community spaces. Some projects mobilize community leaders as teachers or mentors. For example, the *Friends of Youth* project in Kenya, works within the traditional *Kikuyu* system called *Atiri*, in which certain community members are designated as mentors and are trained to provide information on sexual and reproductive health to parents and youth.

In identifying group leaders or counsellors, some projects draw on staff from within their organizations or on local professionals, such as paediatricians or teachers, while others use (parent) peers or community leaders. Whether professionals or peers, counsellors or group leaders receive specific training to carry out the activities directed to parents.

### Content offered to parents includes:

- *Information*: Projects typically provide parents with some information related to the project's overall objective, such as information on sexual and reproductive health, signs of substance use, or the availability of community resources. Some also offer general information on adolescent development, with the aim of assisting parents

to have reasonable expectations of their adolescents. Some are flexible about topics, tapping issues of parents' immediate concern. For example, India's *SCAN* project found that depression and suicidal thoughts in young people spiked after national exams, and so incorporated this issue into the parent activities.

- *Skills*: Almost as commonly, skills are also enhanced, especially communication skills, such as talking with adolescents about sex, listening to adolescents' concerns, or talking without shouting.

- *Support*: several parenting projects emphasize parents' need for emotional and/or logistical support, either providing or referring parents to community organizations/individuals for support.

### Parent-child communication and sexual behaviour

Evidence on the relationship between parent-child communication and adolescent sexual behaviour suggest that it is complex and contradictory.[57] This is due, at least in part, to methodological difficulties in research. It is clear, however, that parents consciously or unconsciously transmit important values and expectations about sexuality. A review [58] of projects in the United States aimed to improve parent-child communication about sexuality did not show evidence of any reductions in sexual behaviours of adolescents. The objectives of these projects remain noteworthy: improve parents' knowledge (e.g., about sexual behaviours, consequences etc); help parents clarify values they wish to convey; improve communication skills; increase parents' comfort in discussing sexuality; and provide structured opportunities for parents and adolescents to discuss sexuality.

## Monitoring and evaluation

Monitoring and evaluation of project activities is generally weak. Most projects are not designed or implemented with an explicit understanding of the outcomes the activities are intended to result in, *vis-a-vis* parents and their adolescents. Logical frameworks are not evident in discussions with project staff. In addition, projects typically have difficulty accessing relevant expertise to conduct appropriate evaluation, and the costs of adequate evaluation are sometimes not covered by project funding. Evaluation methods vary widely, and generally have not separated out results for the parenting component from other interventions. Not withstanding these weaknesses, some projects have demonstrated promising results.

Outcomes for parents have been observed in six areas:

- **Skills development, especially communication skills.** For example, in Senegal (*Parents as Partners*) fewer parents indicated that they did not want to discuss reproductive health with their adolescents after the intervention.

*Parents as Partners (Senegal)*

The evaluation of *Strong Families* in El Salvador measured and found changes in the frequency that parents established rules and reminded youth about those rules without criticizing them.

- **Knowledge about adolescent issues, such as adolescent development or reproductive health.** For example, the evaluation of the *Kenya Adolescent Reproductive Health Project* showed that participating parents of both sexes were more knowledgeable about ways to avoid HIV infection or other STIs than those in project sites that did not have activities for parents. In Bhutan, qualitative evidence demonstrated that parents who took part in the *School-Based Parents Education and Awareness Project* had a better understanding of adolescent development and other challenges facing young people. This improved awareness and ability to understand their children were believed to help them to be better parents.

- **Attitudes toward adolescent issues, such as approval of their access to programmes.** In Senegal, parents' support for the provision of reproductive health information and services increased significantly after their involvement in the *Parents as Partners* project.

- **Support of community activities for adolescents.** Parents who participated in the project *Improving the Outlook of Adolescent Girls and Boys of Mongolia*, became involved in the support and development of out-of-school adolescent groups/clubs.

- **Personal emotional/mental health, such as self-esteem and coping with parental stress.** In Lithuania, parents of adolescents with substance use problems attended the self-help group as part of the *Parents in Partnership* project and began to seek help and advice on a consistent basis from other professionals.

- **Connectedness to other parents and access to networks and services.** Parents involved in the Bhutan *School-based Parents Education and Awareness (SPEA)* project were surprised by the openness with which they could discuss the commonality of problems with their adolescents, and also appreciated the opportunity to commiserate and share solutions together. Parents' relationships with their children's school improved. More regular interaction with teachers as a result of *SPEA* led many parents to feel closer to their children's schools, increased their involvement in school activities and helped parents to better monitor and support their children's school performance and behaviour. Evaluation from the Lithuanian project found that parents had become more engaged, critical and connected to the community by advocating for improved primary health, and mental health services for their adolescents and families of substance users.

Outcomes for adolescents included some specifically related to their parents, such as improved communication with parents. For example, the adolescents in Burkina Faso became more comfortable discussing sexuality with their parents after their parents were involved in the project. Most of the adolescents whose parents had been exposed to the *Cool Parents Guide* in Malawi indicated that they had noticed a change in the way their parents talked to them: parents shouted less and seemed more understanding.

In addition, other outcomes were documented for adolescents involved in these projects such as knowledge, attitudes and behaviour change regarding specific health issues, such as reproductive health or substance use. However, adolescents often benefited from other activities and thus these outcomes cannot be credited only to the activities aimed at parents.

### Implementation challenges commonly faced by projects include a range of financial, logistical and environmental factors.

Parenting projects in the developing world evidently have a number of common challenges.

- **Cultural expectations:** Strong traditions often govern parenting roles, especially related to gender norms and topics considered appropriate for discussion with adolescent children. Addressing taboos regarding domestic violence, the *Ebgan* project in the Philippines collaborates with other organizations to help uncover cases and deal with them together. To overcome taboos related to discussing sexuality, projects sometimes start parenting workshops with more general topics of adolescent development, gradually introducing adolescent sexuality.

- **Recruiting parents:** Many projects struggle to interest parents to become involved in activities. Special efforts are needed for hard-to-reach populations, such as incarcerated parents and parents of adolescents with special needs. Nearly half of the projects use mass media (radio, television, and newspapers) to communicate key messages and advertise activities for parents. Other strategies include engaging community and/or school leaders; providing entertainment events such as a concert or the appearance of a local celebrity; offering incentives such as coupons, seeds for planting, T-shirts, or certificates of completion; and/or providing assistance with child care, transportation or other needs. Flexibility about the hours and location of project activities appears to be important, as does accommodating parents' wishes for repeating of missed sessions.

- **Involving fathers:** Recruiting men is particularly challenging for many projects. Women's social networks are easier to access, and fathers' roles are often defined traditionally in ways that do not emphasize the importance of parenting. Some projects are having success by approaching organizations where men typically gather, such as faith-based organizations and football clubs. It was suggested that fathers' workplaces could be explored. Some projects have found that they need to offer different interventions for fathers and mothers, and for daughters and sons. In the Viet Nam project (*Reproductive Health Initiative for Youth in Asia*), for example, the original plan of creating parent clubs was revised to creating separate clubs for fathers and sons and for mothers and daughters, because of difficulties talking about sex in mixed sex groups.

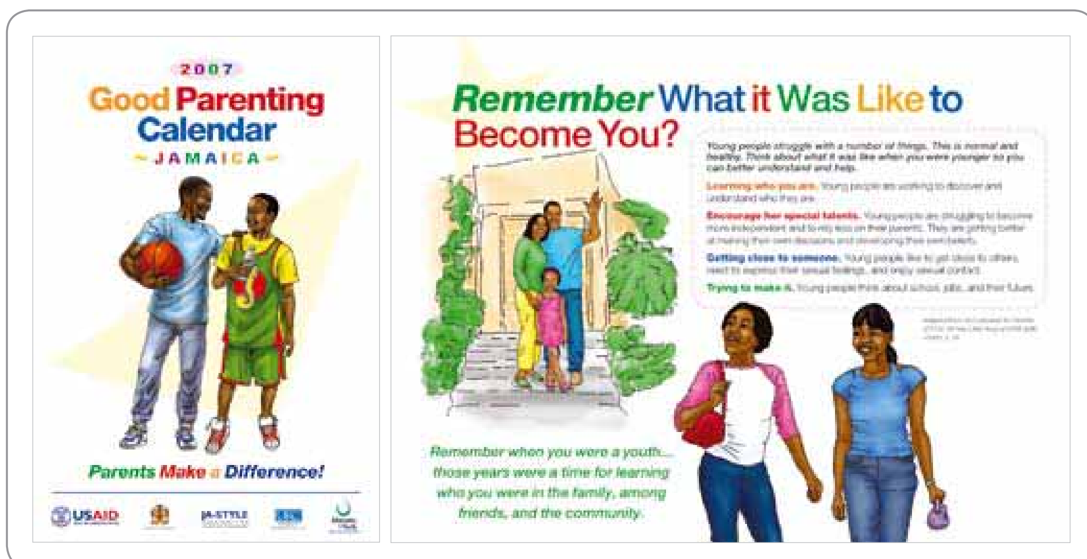
- **Applying theory and research:** Research and theoretical knowledge comes from a wide range of disciplines and cultures, with different vocabularies and approaches. It is difficult to locate the knowledge, to find common ground among disparate findings, and identify appropriate applications. Projects have tapped a number

of conceptual models, theories and bodies of research. However, most projects are unaware of the concept of roles in parenting, and of the importance of emphasizing particular roles in achieving particular outcomes. Most strikingly, some programmes with target outcomes, including changing risky sexual behaviour, have typically not focused their parenting interventions on behavioural control.

- **Designing curricula:** Existing curricula often do not fit a given project's target population and culture, and creating a new curriculum is time-consuming. Also, parents with low literacy pose added challenges. Some programmes are solving this problem by adapting existing curricula, sometimes blending parts of 2 or 3 curricula. The *Youth Intervention Programme* in Kenya, targeting sexual and reproductive health in adolescents, adapted a US-based curriculum (the *Parents Matter! Programme*) for its parent component, as well as two US-based curricula for its adolescent-focused materials (*Making a Difference and Making Proud Choices*). Of the 34 projects identified in 2006, 21 projects had developed their own curricula or guides, and 6 had adapted pre-existing materials, either from other developing countries or from the United States.

- **Poverty, famine, homelessness, domestic violence and war:** Desperate conditions require parents to turn their attention to survival needs, and often prevent them from focusing on adolescents' behaviour. Also, the psychological impact of trauma and neglect is passed from generation to generation. When parents have not experienced, for example, connection and safety in their own childhoods, it is difficult for projects to foster it with one-off activities.

- **Sustainability and scale:** Most projects are donor-driven, and funding patterns tend to encourage projects that are biased toward prevention of immediate, short-term negative outcomes rather than promotion of long-term protective factors. Lack of resources, including funds and technical knowledge, also prevent programmes from conducting the kinds of evaluation that are needed for long-term sustainability.




Good Parenting Calendar

# The Way Forward

Ultimately, the most urgent need of parents and families is relief from conditions that cripple their efforts to support their adolescents: such as poverty, conflict, ethnic and racial discrimination, and lack of access to education and health care. These conditions create environments that are inherently unstable and deprived, compromising parental functioning and the health and development of their children and adolescents. In most of the developing and developed world, what is most critically missing is the political will to support families, particularly families of adolescents, in these fundamental ways.

## Overall recommendations

- **Support activities for parents as an important component of programmes for adolescent health.** If there is one consistent message – from research and from programmatic experience – it is that parents are important for promoting adolescent health. Assisting parents to assume their roles is feasible and leads to results in developing countries.

- **Fund research that identifies the kinds of interventions that are effective in working with parents**, especially studies that specify which parental roles are most effective for addressing particular health outcomes, and specifically what activities influence parents' abilities to assume each role.

- **Encourage and support project evaluation** that includes careful design and is supported by research, theory, local needs assessment, and access to technical expertise.

- **Promote sustainability**, by supporting activities that are culturally relevant, integrated with community traditions, and organizations, such as religious bodies, and seek sponsorship by well-established organizations.

- **Disseminate the key research and programme findings from this document** at the regional and local levels, using the document as a working paper, and allowing for exchange of ideas, identification of local resources, and application of the information to regional circumstances and culture.

## Recommendations for programmes

- **Focus on parent- as well as adolescent-focused outcomes**. In the challenging adolescent years, parents need support, information, skills and resources in order to function effectively. Particularly important areas include: information about normal adolescent development, facts about specialized topics like HIV and substance use, communication skills, information about local resources, and support for food and shelter to meet basic needs. Target special parent populations, such as those dealing with special needs, domestic violence, abuse, drugs, trafficking, or incarceration.

- **Specify the assumptions behind working with parents to influence adolescent health**. Think about how activities with parents will result in outcomes in parents and adolescents. Consider the five parenting roles and how they interact.

- **Plan and design interventions carefully**. Base them on appropriate theory, research, knowledge of local culture and customs, and data about local needs. Adapt theoretical and research knowledge, as well as existing curricula, to local circumstances and demographics, including cultural traditions and age of parents and adolescents. Include pre-testing and evaluation to guide next steps.

- **Tap knowledge of local organizations, networks and traditions to reach parents.** Use multiple channels of communication. Consider home visits, working with existing institutions such as schools and faith-based organizations, and special efforts to reach men. Be creative and strategic in offering incentives, such as waiving school fees, offering entertainment or buying seeds for farmers.

- **Offer a balance of information, skills, support and resources.** Parents generally need information about normal adolescent development, and often about specific issues such as sexual and reproductive health, but they also need to know how to use this information, where to go for help, and how to balance parenting with the other demands of their lives.

- **Conduct evaluation and share experiences among parenting projects** to build a base of knowledge, to avoid duplication of efforts, and to work towards a common language, and also on practices to be avoided, tapping lessons learned from existing projects in both the developed and developing world.

## Recommendations for research

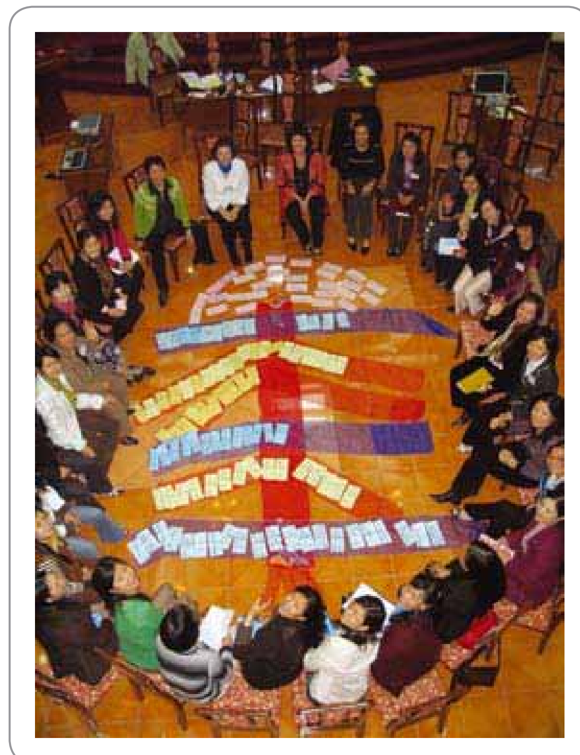
- **Clarify what interventions are effective, and under what circumstances.** Most urgently, there is a need to know which interventions to choose to foster each of the roles, and for what outcomes, both in parents and adolescents.

- **Consolidate and generate research to fill gaps in the knowledge on *modelling appropriate behaviour* and on *provision and protection*.** Research, particularly regarding and from the developing world remains limited.

- **Create resources that consolidate and disseminate research findings in clear, practical ways.** Materials are needed that identify common ground among the diversity of sites and disciplines involved in research, and offer ideas for applying the findings in programmatic terms.

- **Expand and disseminate knowledge on skills and information needed by parents,** such as the key stages of adolescent development, communication skills and setting limits. In particular, flesh out gender issues, including differences in roles for mothers and fathers, expectations for adolescents at various ages, and their interaction.

- **Develop guidelines for monitoring and evaluating interventions,** to assist projects in selecting and adapting existing programme support materials to meet parents' needs, taking into account varying outcome objectives, demographics, cultural traditions, circumstances and available resources.



*Viet Nam Two Day Exploratory Workshop*

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## Annex 1

Technical Consultation to Review Interventions to Support the Parents of Adolescents
16–19 October 2006, Chavannes de Bogis, Geneva, Switzerland

### List of Participants


**Gracy Andrew**
Sanagth Centre, 841/1
Behind electricity dept.
Alto-Porvorim, Goa 403521
India
gracean@sancharnet.in

**Tran Anh Vinh**
Vice Director of RaFH
The Center for Reproductive and
Family Health (RaFH)
No 63, Lane 35, Cat Linh , Dong Da, Hanoi
Viet Nam
rafh@hn.vnn.vn

**Carey Francis Ayuka**
Program Officer
Population Council
General Accident House,
Ralph Bunche Road
PO Box 17643, 00500 Enterprise Road
Nairobi
Kenya
fayuka@pcnairobi.org

**Brian Barber**
Department of Child and Family Studies
115 JHB
The University of Tennessee
Knoxville, TN 37996-1900
USA
bkbarber@utk.edu

**Jenny Bernstein**
Johns Hopkins Bloomberg School of
Public Health
Department of Population and
Family Health Sciences
615 N Wolfe Street, Room 4620
Baltimore, MD 21205-2179
USA
jbernste@jhsph.edu

**Swati Y Bhave**
Pediatrician & Adolescent specialist
CII/44 Shahjahan Road
New Delhi 110 003
India
sybhave@yahoo.com

**Robert W Blum**
William H Gates Sr Professor and Chair
Department of Population and
Family Health Sciences
Johns Hopkins Bloomberg School of
Public Health
615 N Wolfe Street, Suite E4527
Baltimore MD 21205-2179
USA
rblum@jhsph.edu

**Dorjte Braeken**
International Planned Parenthood Federation
4 Newhams Row
London SE1 3UZ
United Kingdom
dbraeken@ippf.org

**Giovanna Campello**
UNODC Prevention, Treatment & Rehabilitation
United Nations Office on Drugs and Crime
Vienna International Centre
Wagramer Strasse 5
A-1400 Vienna
Austria
giovanna.campello@unodc.org

**Mathews Hotstix Chavunya**
HIV/AIDS Officer
School Health and Nutrition
Save the Children – US
PO Box 609
Mangochi
Malawi
mchavunya@mw.savechildren.org

**Diana Cerón Otoya**
Executive Director
Mentor Colombia
Carrera 13 nº 50, 78 Piso 2
Bogotá
Colombia
dianaceron@mentorcolombia.org

**Shanti R Conly**
Senior Technical Advisor
Office of HIV/AIDS
Global Health Bureau
U.S. Agency for International Development
Rm . 5.10.72
1300 Pennsylvania Avenue, NW
Washington DC 20523
USA
sconly@usaid.gov

**Carol Ann Cortese**
Project Manager
People in Partnership
Gaustadveien 8C
0372 Oslo
Norway
pipcon@online.no

**Alioune Diagne**
Program Officer
Population Council
143 Sotrac Mermoz
Dakar Fann
Senegal
aldiagne@pcdakar.org

**Cate Lane**
Sr Advisor, Youth Health
Extending Service Delivery Projet
1201 Connecticut Avenue 501
Washington, DC 20036
USA
Clane@esdproj.org

**Lynn B Madalang**
Executive Director
Ebgan Inc.
Room 314 Laperal Building, Session Road
2600 Baguio City
Philippines
048ebgan@mozcom.com

**Mahua Mandal**
Reproductive Health Technical Advisor
USAID
Office of Population & Reproductive Health
Bureau for Global Health
1300 Pennsylvania Avenue NW
Washington, DC 20523
USA
mmandal@usaid.gov

**Kristin N Mmari**
Johns Hopkins University
Bloomberg School of Public Health
Department of Population and Family Health Sciences
615 N Wolfe Street
Baltimore, MD 21205-2179
USA
kmmari@jhsph.edu

**Shirley Miller**
6 Calumet Court
Dix Hills
New York 11746
USA
shirlmiler@aol.com

**Lucy Njoroge**
Senior Trainer in HIV & AIDS
World Relief Africa
PO Box 3-00502
Karen, Nairobi
Kenya
lnjoroge@wr.org

**A Bame Nsamenang**
Director, Human Development
Resource Centre (HDRC)
& Associate Professor of Psychology & Learning
Sciences
Yaounde University
Bamenda, NW Province
Cameroon
bame51@yahoo.com

**Tonya Nyagiro**
Director, YouthNet
Family Health International
Institute for Family Health
2101 Wilson Blvd, Suite 700
Arlington, VA 22201
USA
tnyagiro@fhi.org

**Rick Olson***
Team Leader
HIV Prevention with and for Adolescents
UNICEF HQ
3 UN Plaza, H-10B
NY, NY, 10017
USA
rolson@unicef.org

* Unable to attend

**Pauline A Russell-Brown**
Director
Youth Incorporated
2A Mannings Hill Road
Kingston 8
Jamaica
Tel: 876-926-1641
paulinerb@jamweb.net

**Jerome M Shongwe**
Family Life Association of Swaziland
Mbhabha Street, Manzini
PO BOX 1051
Manzini
Swaziland
Jshongwe@flas.org.sz

**A Rae Simpson**
Program Director, Parenting Education and Research
Center for Work, Family & Personal Life
Massachusetts Institute of Technology
77 Massachusetts Avenue, Room 16-151
Cambridge, MA 02139
USA
rsimpson@mit.edu

**Mario Ernesto Soriano Lima**
Medical Doctor
Adolescent Health Department
Ministry of Health and Welfare
Calle Arce 827, San Salvador
El Salvador
netosoriano@yahoo.com

**Nguyen Thi Hoai Duc**
Director
The Center for Reproductive and Family Health (RaFH)
No 63, Lane 35, Cat Linh, Dong Da, Hanoi
Viet Nam
rafh@hn.vnn.vn

**Hilde Vandenhoudt**
Institute of Tropical Medicine
Clinical Research Center, KEMRI/CDC Research Station
PO.Box 3345
40100 Kisumu
Kenya
HVandenhoudt@ke.cdc.gov

**Daniel Wight**
MRC Social and Public Health Sciences Unit
4 Lilybank Gardens
Glasgow G12 8RZ
United Kingdom
danny@msoc.mrc.gla.ac.uk
WHO Staff

**Krishna Bose**
Department of Child and Adolescent Health and Development
World Health Organization
Geneva
Switzerland
bosek@who.int

**Paul Bloem**
Department of Child and Adolescent Health and Development
World Health Organization
Geneva
Switzerland
bloemp@who.int

**Meena Cabral**
Department of Child and Adolescent Health and Development
World Health Organization
Geneva
Switzerland
cabralm@who.int

**Jane Ferguson**
Department of Child and Adolescent Health and Development
World Health Organization
Geneva
Switzerland
fergusonj@who.int

**Matilde Maddaleno**
Regional Adviser
Adolescent Health and Development
World Health Organization
Regional Office for the Americas
Pan American Sanitary Bureau
525, 23rd Street, NW
Washington DC 20037
USA
maddalem@paho.org

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