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GAPS AND DEFICIENCIES IN THE RESEARCH



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A number of gaps and deficiencies in the research base were evident. These included the issues addressed, methodological weaknesses, and inconsistencies in findings. The most notable gaps and deficiencies are now briefly described.

Incomplete research coverage

One aim of this review was to explore whether specific parenting factors might be associated with different types and patterns of adolescent alcohol use, for example moderate compared with risky use. Overall, no such trends were found. However, it is difficult to draw definite conclusions because research is lacking on many of the aspects of parenting reviewed and their association with differing types of adolescent alcohol use.

Table 9 provides a summary of the studies reviewed for this report that have addressed parenting influences on adolescent alcohol use. A tick (3) indicates that this aspect of parenting and this type of adolescent alcohol use have been

Table 9. Aspects of parenting and types of adolescent alcohol use which have been investigated

	Initiation	Use	Levels of use	Escalating pattern	Decreasing pattern	Risky use	Misuse
<i>Aspect of parenting</i>							
Parental monitoring	3	3	3	3		3	3
Parental awareness of adolescent alcohol use		3	3				
Parental behaviour management		3	3			3	
Parental permissiveness		3					
Parental authority		3					
Parenting style		3					
Parental supply of alcohol	3	3	3				
Relationship quality		3		3	3	3	3
Parental attitudes towards adolescent alcohol use		3	3				
Parental approval/ disapproval	3	3	3	3		3	
Parental concern about adolescent alcohol use			3				
<i>Parental/family aspect</i>							
Parental alcohol consumption		3	3			3	
Parental alcohol dependence		3					3
Family structure						3	
Family socio-economic background		3					
3 = these associations have been investigated							

investigated, while a gap means that these connections do not seem to have been investigated as yet, although it should be recalled that this was a targeted, rather than a comprehensive, review. However, this categorisation was made difficult by the considerable variation in definitions of adolescent alcohol use employed across the studies, with there being no single, agreed-upon definitions of different types of use. Thus, the classifications in Table 9 are approximate.

As Table 9 shows, the parenting characteristics that have received most attention in relation to adolescent alcohol use are parental monitoring, relationship quality, and parental approval/ disapproval, while the areas of alcohol use that have been most studied are use, levels of use and risky use. Clearly, there are many gaps, with research investigating parenting influences on the initiation of alcohol use particularly lacking. Thus, the Australian and international database pertaining to parenting influences on adolescent alcohol use is not comprehensive, limiting the conclusions that can be drawn concerning the influence and contribution of parenting and parental/family factors to adolescent alcohol use.

The lack of Australian data

There is a critical lack of Australian data on this issue, and a clear need for more Australian research to be conducted. Very few large, rigorous, cross-sectional or longitudinal Australian studies were located and, as well, the number of smaller-scale or clinical studies with pertinent data was quite small. After an extensive search, only 34 relevant Australian studies could be located. Thus, the international research, particularly United States research, was relied upon to a large extent. Yet there are important differences which may dilute the transferability of the international research to the Australian context. Two major considerations apply: how similar are parenting influences across Australia and the United States; and the effects of differing cultural norms and attitudes concerning adolescent alcohol use.

With regard to the mechanisms of parenting influence, there appears to be a high degree of similarity between Anglo-Australian and Anglo-American parenting. The general body of knowledge on parenting has shown there are similar associations between parent-adolescent relationships and parental behaviour management practices across the two countries. The findings of Beyers et al. (2004), who compared three large student samples from the state of Victoria in Australia and the American states of Maine and Oregon, are relevant. The Victorian component of this survey (known as the Health and Wellbeing Survey, HWBS) measured 25 risk factors and ten protective factors that had been identified in the United States and other longitudinal research as predictors of youth outcomes such as alcohol and drug use, antisocial behaviour and mental health. Preliminary analyses revealed that the items which made up each of the risk and protective factors were similar across the Australian and United States samples, suggesting that the variables and constructs were transferable across the two settings (Beyers et al. (2004).

Further evidence of fundamental similarities in parenting practices across cultures can be seen with the successful dissemination of Australian parenting programs into the United States, Europe and the United Kingdom (for example, the Triple P parenting program). Based on the above observations, it seems reasonable to assume that parenting research conducted in similar countries will produce comparable findings when considering relationship aspects and parenting behaviours in the Australian context.

Australian and American parenting appears to differ primarily on social and cultural norms, rather than parent–adolescent relationships, or parenting practices. The research of Beyers et al. (2004) indicated that there are more tolerant attitudes and norms towards adolescent alcohol use in the Australian context, with Australian parents and the broader Australian society appearing to be more accepting of youth alcohol use. Hence, the key differences are social and cultural, and it appears that young Australians perceive parents and the broader community to be more tolerant towards youth alcohol use, and there is more social pressure on young people to consume alcohol. These culturally influenced, alcohol-specific attitudes are part of a broader constellation of values and norms which differ across countries and may impact on usage patterns.

Much of the research reviewed for this report was based on samples from the mainstream of society. Yet Australia, in particular, is a multicultural country. A lack of research on Indigenous youth was especially evident. While the findings thus far suggest that Indigenous youth use alcohol less frequently than other Australian adolescents, those who consume alcohol tend to do so at riskier levels, and alcohol-related problems are reported to be more prevalent among Indigenous communities (Loxley, Toumbourou, Stockwell, Haines, Scott, Godfrey et al. 2004). It would appear crucial for this issue to be given more detailed attention.

There has also been little research on differing cultural sub-groups, whose religious and social attitudes and behaviours may vary substantially from those of mainstream society, with unknown effects on the alcohol use or associated harms among adolescents from these sub-groups. Conversely, studies involving communities or religious and cultural sub-groups in which adolescent alcohol use is less prevalent or non-existent (as demonstrated by the New South Wales study conducted by Chen, Bauman, Rissel, Tang, Forero and Flaherty 1999) could provide valuable information such as: How do these adolescents respond to or ignore broader societal pressures to consume alcohol? How do their parents successfully transmit attitudes and values concerning adolescent alcohol use? One likely difference is that the peer groups of such adolescents may include a substantial number of individuals from the same community or cultural group, and thus peer influences and values may be consistent with parental values. However, this remains to be established. All in all, there is an urgent need for more Australian research to be undertaken on these complex issues.

Reliance on adolescent report

The summaries provided in Tables 4 and 5 make it clear that most research has relied on adolescent respondents, with few studies gathering information from parents or other informants. At least two limitations result from this trend. First, employing the same reporter to inform on predictors (in this case, parenting) and outcomes (alcohol use) may produce inflated estimates of associations due to shared method variance, or “eye of the beholder” effects. Second, as noted earlier, adolescents tend to have more negative views of parent–child interactions and relationships. This trend may be exacerbated among problematic adolescents who may not accurately portray parental behaviour or relationships with parents.

Thus, the findings regarding parenting influences on adolescent alcohol use, which are to a large extent based on adolescents’ views, need to be corroborated by parental or other data. Ideally, the reports of adolescents and parents, and potentially other informants, should be obtained.

Inconsistent findings

On almost all aspects reviewed, very consistent findings emerged from the various studies. However, some inconsistency was evident in the area of parental supply of alcohol. Thus, one study found that adolescents consumed less alcohol if they had obtained their alcohol from parents, both at home, and at parties or other social venues. Another study showed that abstinence was much higher among adolescents whose parents who did not permit them to drink at home, or provide them with alcohol to take to parties or social events, and that the later such permission was delayed, the less likely adolescents were to consume alcohol.

Similarly, parental disapproval of adolescent alcohol use was found to be associated with lower use, while permissiveness towards alcohol use was related to higher levels of use. As parental supply of alcohol use is a common practice, particularly for older adolescents who are nearing the legal age for independent access, the effectiveness of this parental strategy needs to be clarified.

Gender differences

In general, the research revealed few gender differences. However, many studies did not directly investigate gender differences, and this appears to be an understudied area. Other Australian research with younger children shows that parenting behaviours and parental characteristics can have differing impacts on girls and boys (Prior et al. 1993; Prior et al. 1999). Hence the parenting influences reported here cannot be assumed to apply equally to male and female adolescents. Similarly, rates of adolescent problems which commonly co-occur with substance use, such as antisocial behaviour and depression, differ markedly across the sexes, perhaps suggesting the pathways to adolescent alcohol use may vary somewhat for male and female adolescents, as was found by Smart et al. (2001) in relation to multi-substance use.

Summary

The research base currently has a number of gaps and deficiencies. First, the research coverage is incomplete, with many areas of parenting and types of adolescent alcohol use understudied at present.

Second, there is scant Australian data on this issue, and international research was relied upon to a large extent. While research into parenting conducted in other countries reveals findings similar to Australian research when considering parent–adolescent relationships and parenting behaviours, there are key social and cultural differences that may influence parenting in the differing contexts.

Third, much of the research has involved adolescent respondents only, and the findings regarding parenting behaviour and parent–adolescent relationships need to be confirmed by parental or other informants' data.

Fourth, while there was considerable consistency in the findings, on one important area – parental supply of alcohol – inconsistent findings were found.

Finally, the possibility of gender differences has often been overlooked.