



Sex, violence, and drugs among Latin American and Caribbean adolescents: Do engaged parents make a difference?

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ABSTRACT

This paper uses data from the Global School-based Student Health Survey to investigate the prevalence of health risk behaviors—in particular, substance use, risky sexual behavior, and violence—among adolescents in 15 Latin American and Caribbean countries. Using logit regressions and meta-analysis, we find that having parents engaged in raising their children is associated with significantly reduced problem behaviors in adolescents. That said, in the Caribbean the prevalence of health risk behaviors in adolescents is higher and engaged parents is lower than in Latin America, and the correlation between engaged parenting and reduced risk behaviors is generally weaker. Nonetheless, for both subgroups of countries, engaged parents do appear to make a difference.

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1. Introduction

Adolescence is a time of many developmental challenges related to identity, autonomy, and sexuality. This period includes experimentation with perceived facets of adulthood. Many adolescents experiment with risk behaviors, such as delinquent, antisocial, and high-risk sexual behaviors. Adolescence is also a period in which these problem behaviors can become established patterns, thereby affecting well-being later in life. During this time, there is also a transformation in the parent-adolescent relationship. Many studies in developed countries indicate that parental involvement at this crucial juncture can mediate the adoption of risk behaviors.

However, is this existing body of work on parental involvement and risky behavior applicable in low and middle-income countries — like those of the LAC region — where levels of poverty and violence are often higher? Can parenting still make a difference in these contexts? Furthermore, are there any differences between the Caribbean and Latin American countries, given some of the strong differences (colonization, culture, religion, language, etc.) between the two sub-regions? There is a need to substantiate the nature of these associations in other cultures and regions in order to assess the generalizability or uniqueness of research findings.

This study investigates whether parental engagement can be a significant predictor of risk behaviors of adolescents in Latin America and the Caribbean (LAC), as has been indicated in many studies in developed countries. The paper explores the association between adolescents' health risk behaviors and parental engagement in 15 Caribbean and

Latin American countries. The relation is examined through logit regressions and the overall effect is estimated through meta-analysis.

The paper is divided into five sections. Section 2 presents a brief literature review on the adolescent-parent relationship and its influence on adolescent health risk behaviors. In Section 3, we describe the data, variables of interest, and research methods. In Section 4, we present the results and we end with a discussion of the findings in Section 5.

2. Background

An extensive body of research exists on how adolescent risk behaviors (such as abuse of alcohol and drugs, delinquency, early sexual activity, and violence) contribute to the morbidity and mortality of youth worldwide. This research suggests that decreasing certain risk factors and increasing protective factors can help prevent problem behaviors and their negative consequences. While more research is being conducted in Latin American countries, only a handful of studies have been conducted in the Caribbean. Moreover, few studies have been able to analyze the effect of the same risk and protective factors across multiple countries in the Latin America and the Caribbean region.

The most widely recognized risk and protection factors found in the literature are based on the social development model, which outlines four domains thought to influence adolescent problem behaviors: community, school, family, and peer/individual (Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002). The most commonly examined risk and protective factors include adolescents': disadvantaged socioeconomic backgrounds, relationships with their parents and their schools, individual characteristics (such as self-esteem and religiosity), family influences (such as substance abuse or domestic violence in the household), and peer and community influences (Jackson et al., 2012). While

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many studies analyze a single problem behavior, others have found a confluence or ‘clustering’ of adolescent problematic behaviors (e.g., Jessor et al., 2003; Ohene, Ireland, & Blum, 2005; Wu, Witkiewitz, McMahon, & Dodge, 2010). For example, in the Caribbean, Ohene et al. (2005) find that initiation of sexual activity is positively associated with gang involvement and weapon-carrying in young adolescents and even more risk behaviors in older adolescents.

Low levels of parental knowledge about youth activities have been associated with high levels of adolescent problem behaviors (Borawski, levers-Landis, Lovegreen, & Trapl, 2013; Newman et al., 2008; Crouter & Head, 2002). Stattin and Kerr (2000) categorized potential sources of parents' knowledge of adolescent's activities as including youth disclosure, parental solicitation, and parental control. Parents can play an important role in preventing risky behavior by providing positive parental monitoring and communication (Coley, Votruba-Drzal, & Schindler, 2009; Hayes, Hudson, & Matthews, 2007; Kerr, Stattin, & Burk, 2010; Wang et al., 2013). Specifically regarding parental monitoring, numerous studies find a correlation with reduced delinquency (Jacobson & Crockett, 2000; Laird, Pettit, Bates, & Dodge, 2003; Kerr et al., 2010; Wang et al., 2013), substance use (Barnes, Reifman, Farrell, & Dintcheff, 2000; Fletcher, Steinberg, & Williams-Wheeler, 2004; Wang et al., 2013), and risky sexual behaviors (Coley et al., 2009; Crosby et al., 2002). In addition, the parenting practices of establishing unclear behavioral expectations, exposing children to adults who exhibit antisocial behaviors, and tolerating misbehavior are also associated with adolescents' health risk behaviors (Dishion, Nelson, & Bullock, 2004; Maguire, 2012). Finally, there is complementary evidence that family interventions can be even more effective than individual ones for reducing substance abuse in risk-taking adolescents (Feldstein & Miller, 2006).

3. Methods

3.1. Data: Global School-based Student Health Survey

The data used in this study are from the Global School-based Student Health Survey (GSHS), developed by the World Health Organization and the Centers for Disease Control and Prevention. The GSHS is a self-administered questionnaire given primarily to students ages 13–17 years during one regular class period. The survey uses a standardized scientific sample selection process² as well as common school-based methodology, and it features core questionnaire modules, core-expanded questions, and country-specific questions. The 10 core questionnaire modules address the leading causes of morbidity and mortality among children and adults worldwide: alcohol use; dietary behaviors; drug use; hygiene; mental health; physical activity; protective factors; sexual behaviors that contribute to HIV infection, other sexually transmitted infections, and unintended pregnancy; tobacco use; and violence and unintentional injury.

The countries covered in this study, the year of the survey, and the response rates are given in Table 1. We cover 15 countries from Latin America and the Caribbean. The Caribbean countries are Antigua and Barbuda, Barbados, Grenada, Guyana, Jamaica, St. Lucia, Suriname, Trinidad and Tobago, and St. Vincent and the Grenadines. The remaining six countries are classified as Latin American for the purpose of this study.³ The average number of observations per country is 2051. The average overall response rate was 79% (for schools and students, the response rate was 97% and 82%, respectively).

² A two-stage probability sample is followed for in all GSHS rounds. The first stage is a selection (done by the Centers for Disease Control and Prevention) of schools with probability proportional to size and with grades that 13–17-year-olds attend. The second stage is an in-country random selection of classrooms.

³ While some countries have collected GSHS data for two rounds (i.e., Uruguay for 2006 and 2012), the selected countries in the sample correspond to those for which all of the model's core variables were asked. Furthermore, countries that would have made the Latin American sample richer were left out of the study because of missing data for the underlying parenting index variables (Colombia) or because of limited representativeness (Venezuela, as data is only available from Barinas and Lara).

Table 1
Data description.

Country code	Country	No. of obs.	Survey year	School response rate	Student response rate	Overall response rate
AR	Argentina	1980	2007	0.940	0.820	0.770
ATG	Antigua and Barbuda	1186	2009	0.950	0.710	0.670
BA	Barbados	1629	2011	0.870	0.840	0.730
CH	Chile (Metropolitan)	2111	2004	1.000	0.850	0.850
CR	Costa Rica	2679	2009	1.000	0.720	0.720
EC	Ecuador (Quito)	2215	2007	0.920	0.930	0.860
GRD	Grenada	1542	2008	0.950	0.820	0.780
GY	Guyana	2392	2010	0.970	0.780	0.760
JA	Jamaica	1623	2010	1.000	0.720	0.720
LCA	St. Lucia	1276	2007	1.000	0.820	0.820
PE	Peru	2882	2010	1.000	0.850	0.850
SU	Suriname	1698	2009	1.000	0.890	0.890
TT	Trinidad and Tobago	2811	2011	0.970	0.930	0.900
UR	Uruguay	3406	2006	0.950	0.750	0.710
VCT	St. Vincent and the Grenadines	1333	2007	1.000	0.840	0.840

3.2. Variables

We used the GSHS to measure five health risk behaviors across the 15 countries. These risk behaviors are treated as the outcome variables and outlined in Table A1. Given our hypothesis—that engaged parents serve as a protective factor against risk behaviors—engaged parenting was the independent variable measured through an Engaged Parenting Index.⁴ While the literature is replete with different instruments and scales designed to measure parenting,⁵ this study was limited to the few questions on the GSHS (only those asked in all countries selected) regarding parental involvement as perceived by the student respondent. The items included were (referring to the last 30 days): 1) how often parents or guardians checked to see if homework was done, 2) how often parents understood problems and worries and 3) how often parents really knew what you were doing with your free time (for more details see Table A1 in the Appendix).

To isolate the relation between parenting and problem behaviors, the study controlled for five additional risk/protective factors associated with risk behaviors. We chose control variables on the basis of previous studies from the Caribbean that found certain behaviors to be associated with the outcome behaviors of interest. Being male has been found to be an important predictor of the likelihood of adolescents to engage in violent behavior, substance abuse, and early sexual activity (Blum & Ireland, 2004; Kurtz, Douglas, & Lugo, 2005; Maharaj, Nunes, & Renwick, 2009; Meeks Gardner, 2003; Ohene et al., 2005; Pilgrim and Blum, 2012). Having good relationships and interactions with prosocial peers has been negatively associated with adolescent problem behaviors (Katz & Fox, 2010; Maguire, Wells, & Katz, 2011). Skipping school has been associated with early sexual initiation, substance abuse, and violence (Blum & Ireland, 2004; Ohene et al., 2005; Pilgrim and Blum, 2012). Finally, recent depression or attempted suicide has been correlated with sexually risky behavior (Blum & Ireland, 2004; Kurtz et al., 2005; Maharaj et al., 2009).

3.3. Data analysis

To estimate the effect of engaged parents on risky adolescent behaviors, first, a standard logit regression was used for each country. Then, the individual country-level regressions were combined in a meta-analysis to obtain a summary effect. Finally, a Q-test was used to determine the difference in effect size between the two subgroups—Caribbean countries and Latin American countries.

⁴ See Fig. A1 for a graphical representation of the components of the parenting index, by country.

⁵ See, for example, the Communities That Care (CTC) family risk and protective scales of the CTC Youth Survey used commonly throughout the United States and other developed nations. <http://www.pccd.pa.gov/Juvenile-Justice/Documents/Risk%20and%20Protective%20Factor%20Scale.pdf>.

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