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Parenting Practices, Parents' Underestimation of Daughters' Risks and Alcohol and Sexual Behaviors of Urban Girls

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Abstract

Purpose—In urban economically distressed communities, high rates of early sexual initiation combined with alcohol use place adolescent girls at risk of myriad negative health consequences. This paper reports on extent to which parents of young teens underestimate both the risks their daughters are exposed to and the considerable influence they have over their children's decisions and behaviors.

Methods—Surveys were conducted with over 700 6th grade girls and their parents recruited from 7 New York City schools serving low-income families. Bivariate and multivariate analyses examined relationships among parents' practices and perceptions of daughters' risks, girls' reports of parenting, and outcomes of girls' alcohol use, media and peer conduct, and heterosexual romantic and social behaviors that typically precede sexual intercourse.

Results—22% of girls reported drinking in the past year, but only 4 parents thought daughters had used alcohol. About 5% of parents thought daughters had hugged and kissed a boy for a long time or hung out with older boys; 38% of girls reported these behaviors. Parents' underestimation of risk was correlated with lower reports of positive parenting practices by daughters. In multivariate analyses, girls' reports of parental oversight, rules, and disapproval of risk are associated with all three behavioral outcomes. Adult reports of parenting practices are associated with girls' conduct and heterosexual behaviors, but not alcohol use.

Conclusion—Creating greater awareness of the early onset of risk behaviors among urban adolescent girls is important for fostering positive parenting practices which, in turn, may help parents support their daughters' healthier choices.

Keywords

sexual initiation; adolescent alcohol use; minority health; females; parent education

Young adolescent girls who reside in urban communities with disproportionately high prevalences of HIV and other sexually transmitted infections are at considerable risk for initiating sex and alcohol use not only before they reach high school, but even before the age of 13. Unlike their counterparts in communities where alcohol initiation may precede sexual initiation by several years, this population is likely to initiate sex both early and close to the time they first use alcohol, thus compounding the consequences of early substance use with

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sexual initiation.¹ Despite the need to address these risk behaviors, underestimation of girls' risks on the part of both parents and professionals creates barriers to prevention. As a result, interventions to delay risk behaviors are often delivered too late, especially in communities where early initiation is prevalent.

During early adolescence, maintaining parental involvement is especially important as peer pressures increase and family relations may become strained. Parents may underestimate not only the risks their daughters are exposed to, but also the considerable influence they still have over what choices their children make.²³⁴⁵⁶ In this paper, we use data from the *Especially for Daughters* study of 6th grade girls and their parents to examine how parents' perceptions of daughters' risks and their parenting practices are related to young adolescent girls' behaviors.

National studies have consistently documented lower prevalences of current alcohol use and binge drinking among adolescent females who are African American or Latina than among whites. However, this pattern does not hold for early drinking. In the 2005 Youth Risk Behavior Survey, about 24% of African American and Latina girls reported having their first drink before the age of 13, compared with 20% of whites. In New York City, rates of early alcohol use are even higher: about 30% of African American girls and Latinas reported early drinking. Further, rates of early sexual initiation, as well as recent intercourse and number of lifetime sexual partners, are substantially higher among minority females. For example, 7% of African American females report having sex before the age of 13, compared with 4% of Latinas, and 3% of whites.⁷

As Cooper and others point out, the relationship between alcohol use and sexual risk taking is complex, circumscribed, and more potent in new and casual relationships.⁸ Drinking during adolescence and young adulthood has been related to decisions to have sex, having multiple partners, having sex with casual partners and, within some types of relationships, not using condoms.⁹¹⁰ In Santelli et al.'s analysis of YRBSS data, failure to use a condom is strongly associated with age at initiation of alcohol.¹¹ Moreover, preparing young females to address the drinking of their boyfriends and potential sex partners is also important. Alcohol use on the part of males has been shown to influence whether a couple has sexual intercourse on their first "date."¹² Most often, this literature has focused on high school and college youth, with less attention to the combined risks of alcohol and early sexual behaviors prior to middle school and, especially, among girls.

In our prior longitudinal research with a large sample of urban African American and Latino youth followed from 7th grade through young adulthood, we have documented both the prevalence and negative consequences of early sexual initiation and its relation to alcohol use. At 7th grade, over 30% of males and 8% of females reported sexual initiation. By 10th grade, these figures were 66% and 52%, respectively. Among females, recent intercourse tripled from fall of 7th to 8th grade (5% to 15%); 42% reported recent sex and 12% had been pregnant by grade 10. Early initiators were more likely to have had multiple sex partners, been pregnant, had frequent intercourse and had sex while drunk or high. Early alcohol use is related to sexual initiation by 10th grade and recent sex among females, as well as subsequent alcohol problems, unprotected sex, multiple partners, being drunk or high during sex, and teen pregnancy.¹³ Following participants into young adulthood, we have found that the consequences of early initiation persist. By the ages of 18 and 19, those who initiated sex in middle school were more likely to have been involved in intimate partner violence. Early initiating females were more likely to report intimate partner victimization, more lifetime partners, having been pregnant, and contracting an STI.¹⁴

Parent education is a developmentally appropriate and viable approach for tackling sensitive issues such as sexuality and alcohol use that may be difficult for schools and other agencies to

address in a timely way. Yet relatively little is known about how parents of daughters in high-risk environments perceive the risks their preteen daughters are exposed to and how they prepare them to make healthy choices.

Consistent with the Social Development Model,¹⁵ research has shown that parents can play a key role in helping youths stay sexually abstinent. In a study with African American adolescents living in high-poverty urban settings, Romer et al. found that greater parental communication is negatively related to multiple youth sexual risk behaviors and that children who report higher levels of parental monitoring are less likely to report early initiation.¹⁶ Other studies, mostly conducted with older teens, have documented the positive influence that parents can have on delaying sex and reducing other risky behaviors associated with early initiation, including alcohol and other drug use.^{17 18 19 20 21 22 23} Here, we extend this work by concentrating on girls on the brink of adolescence and by using data from a large sample of parents and daughters. We examine parents' perceptions of their daughters' behaviors and parenting practices, including oversight of children's activities, rule-setting, communication, and disapproval of risk, which are hypothesized to reduce risky behaviors related to early alcohol use and sexual initiation. We explore relationships between parents' and daughters' reports of youth behaviors. We then ask the question: Are parents' and girls' reports of positive parenting practices independent protective factors for early adolescent risk taking?

METHODS

During two years (2005 and 2006), over 700 6th grade girls and their parents were surveyed. Data were collected for the baseline assessment for the *Especially for Daughters* study, which was funded by NIAAA to address early alcohol and sexual initiation that places minority urban young women at elevated risk for HIV. The sample was recruited from 7 public schools in New York City serving economically disadvantaged African American and Latino families. Across schools, the proportion of students whose families met Title 1 low-income requirements ranged from 72% to 96%. To be eligible, families had to have a daughter enrolled in a 6th grade general education classroom, have one parent who could speak English, not currently be planning to move during the school year, and have a telephone number and address for contact. Language and contact eligibility criteria were designed to carry out a field trial of parent education materials planned subsequent to baseline assessments.

A total of 1344 girls were registered as 6th graders at the participating schools; 1106 families met eligibility requirements (82%). The majority of ineligibles were due to language, followed by lack of a telephone contact number. Of the 1106 girls who were eligible, 779 completed baseline pencil-paper surveys administered at school. Eight siblings were removed from the sample because families had more than one daughter at the grade level; the girl retained was randomly selected. The remaining 771 girls represent 70% of all eligible families.

Youth surveys were conducted first; once these surveys were completed, telephone surveys began with parents. Interviewers, supervised by senior staff, asked to speak with each 6th grade girl's primary caretaker, saying: "Mothers, fathers, grandparents, and other adults have primary responsibility for taking care of children in various families. We would like to speak with the person who is [girl's name] primary caretaker." When the caretaker was identified, she or he was asked if it was possible to conduct the interview right away or schedule a subsequent appointment. Parents of 709 girls (92%) participated in surveys. Achieving this participation rate required multiple calls and updating of contact information. Because one of the *Especially for Daughters* interventions to be evaluated required audio-CDs, a portable CD player was mailed to homes as an incentive at the completion of parent and girls surveys, at a cost of about \$25 per family. All study procedures were approved by the Institutional Review Boards of Education Development Center, Inc. and the New York City Public schools.

Daughter and Parent Measures

Girls provided two types of information. First, they were asked whether in the last year they had more than a few sips of alcohol or been drunk (*alcohol use*); whether they had engaged in peer and media-related behaviors (*conduct*) their parents would not approve of (e.g., hanging out with boys, with older boys, or with girls; watching or listening to music or television not approved of); or had engaged in heterosexual romantic or social behaviors (*heterosexual behaviors*) that typically proceed sexual intercourse (e.g., kissed and hugged a boy for a long time).²⁴ The two questions on alcohol use were combined into one dichotomized measure (yes, used alcohol or been drunk; no). The other two outcome measures had a greater range of responses and items were summed to create scales.

Second, girls provided information on their families' parenting practices. Four scales were created from items assessing parental *oversight* (e.g., how often does a parent know what you're doing after school; know your friends); *household rules* (e.g., in your house, are there rules about where you can go after school); parental *disapproval of risk behavior* (e.g., how much would your parent disapprove if they found out you were drinking alcohol); and parent-child *communication* about sex and alcohol risk prevention (e.g., in the past 12 months, how often has a parent talked to you about why you shouldn't drink alcohol). Internal reliability was good, ranging from a Cronbach's alpha of .67 for the 3-item oversight scale to .95 for the 10-item communication scale. Table 3 provides additional information on scales. Items were recoded so that a high score indicates a positive parenting practice.

In addition to girls' reports, two parent measures are used in these analyses: parents' reports of their parenting practices and perceptions of daughters' risk behaviors. *Adult parenting reports* were assessed by creating a composite scale across four parenting dimensions that parallel girls' reports. The composite scale takes into account the smaller spread of parent responses to individual items; that is, parent were more likely than daughters to rate their parenting practices highly. Scores within each dimension were divided into three categories: high (about 50–60% of the sample), medium and low, and summed to form a 5-point scale (mean=3.49, SD 1.16). *Parent perceptions* of daughters' risk behaviors were measured by items that paralleled daughters' reports of alcohol, conduct, and heterosexual behaviors. Since virtually no parents overestimated daughters' risks, parents' scores for each item were recoded as underestimation (1) or not (0) and summed, resulting in an 11-point scale, with a range from 0–10, mean=3.20, sd 2.40, Cronbach's alpha=.71. Higher scores indicate greater underestimation.

Analyses

Descriptive analyses were conducted to examine whether there were differences between girls' reports of alcohol use, conduct, and heterosexual behaviors, and parents' perceptions of daughters' risks (McNemar's test). Next, we examined correlations between parents' underestimation of risk and parenting practices as reported by girls and adults. Correlations were examined for the whole sample and for the subset of girls who scored above the mean level of risk on any of the three behavioral outcomes. Linear (for heterosexual behaviors; peer and media conduct) and logistic (for alcohol use) regressions were performed to assess the influence of hypothesized parenting practices on girls' behaviors. A two-step procedure was used. In model 1, parent practices were entered into the equation. In model 2, girls' reports of oversight, household rules, parental disapproval of risk, and parent-child communication were added. Regression analyses control for demographics (age of daughter; two-parent household or not; older siblings present in household or not; Hispanic or not) and are adjusted for school, year of enrollment, and gender of parent respondent.

RESULTS

Table 1 provides sociodemographic characteristics of the samples of girls and adults. Over 90% of the girls were 12 or younger; 75.1% identified themselves as African American or Black; 32.9% as Latino. Over a third (36.9%) lived with both a mother and father and over 60% of the girls had older siblings. Not shown, most girls (88.6%) lived with their mothers most or all of the time; the rest lived with their mothers some (4.6%) or none (6.8%) of the time. Less than half lived with a father for some or most of the time.

Of the 709 self-identified primary caregivers completing surveys, 89.3% identified themselves as mothers or “like a mother,” 6.2% as fathers or “like a father” (for a total of 44 men) and 4.5% as grandparents or others. Half the parents were between 30 and 40 years of age; 11.4% were under 30. English was the primary language spoken at home in 85% of households, 9.7% spoke both English and Spanish, 3.1% Spanish; and 3.1% another language. All but 10% had lived in their neighborhood for at least a year, and about 40% for more than 10 years. Almost half (46.5%) of parents were not born in the mainland US; most not born in the US were from the Caribbean. About 30% of parents reported they had not completed high school.

Table 2 presents girls' reports of behaviors they engaged in over the past 12 months, along with parents' perceptions of daughters' behaviors. Less than 1% of parents reported girls had used alcohol, but 22.3% of girls said they had a drink once or more; 8% reported having been drunk in the past year. Accounts of watching movies or television or listening to music parents didn't approve of were somewhat more consistent across generations, as were the percentages of girls reporting they had hung out with girls their parents didn't approve of. The gap widens with regard to behaviors with the opposite sex. About 38% of girls reported they had hung out with boys and older boys their parents did not approve of; by contrast, 17% of parent perceived their daughters hung out with boys they didn't approve, and only 5.1% perceived this was with boys who were at least two years older. The number of men who participated in the survey was relatively small and on only one item did a gender difference approach significance: 20.9% of men, compared to 10.8% of women reported daughters had held hands with a boy ($p < .10$).

Over-reporting of risk by parents was very low; for example, only two girls who reported not using alcohol had parents who reported that they did. In matched pair analyses, on all but one item (listening to music), there were significant differences between parents' perceptions and daughters' reports of behavior (McNemars test, $p < .05$).

Parents' underestimation of risk was negatively correlated with daughters' reports of rules ($r = -.285$, $p < .001$), disapproval of risk ($r = -.322$, $p < .001$), monitoring ($r = -.261$, $p < .001$), and communication ($r = -.109$, $p < .01$). Underestimation of risk was not correlated with adult reports of parenting ($r = .005$, ns). To examine underestimation of risk and parenting practices in those families where girls are, indeed, engaging in risk-related behaviors, a subgroup analysis was performed including the 444 girls who scored above average on at least one of the behavioral outcomes. This excludes those families where girls were not engaged in risks and thus situations in which parental underestimation is not a factor. Among these girls, parent underestimation was again negatively correlated with girls' reports of rules ($r = -.128$, $p < .01$); monitoring ($r = -.123$, $p < .01$), and disapproval ($r = -.157$, $p < .001$), but only at a trend level for communication ($r = -.084$, $p < .10$). By contrast with the whole sample, however, parent underestimation was positively related to parents' reports of parenting practices ($r = .170$, $p < .001$). That is, in families where girls were most likely to be engaging in risk behaviors, parents who underestimated these risks scored themselves higher on parenting practices.

Table 3 reports scale distributions for parents' and girls' measures used in regression analyses. Differences by parents' gender in reports of practices and perceptions of daughters' risks are not significant, perhaps because of the relatively small number of men completing surveys.

Table 4 provides results of regressions for each outcome of girls' behavior. In Model 1, adults' reports of parenting practices are significantly related to heterosexual behaviors and conduct, but not alcohol use, controlling for sociodemographic factors. Older girls are more likely to report the first two risks, and living in a two-parent household is protective for engaging in heterosexual behaviors that lead to early initiation. Model 2 adds girls' reports of parenting. Girls who report greater parental oversight, higher parents' disapproval of risk, and more household rules are less likely to engage in risks, including alcohol use. Parent-child communication is not significantly related to any outcome. In addition, parents' reports are no longer significantly associated with outcomes. For heterosexual behaviors, the regression coefficient for adults' reports decreases from $-.289$ in Model 1 to $-.222$ in Model 2; for conduct, there is a similar decrease, from $-.484$ in Model 1 to $-.390$ in Model 2. This suggests that parents' practices influence daughters' outcomes in part by increasing daughters' awareness of oversight, rules, and parental disapproval.

DISCUSSION

Despite the fact that most research addressing the links between alcohol and sex focus on older youth, it is clear that substantial proportions of pre-teen girls in the communities where this study took place are engaging in alcohol use and other behaviors that typically precede early sexual initiation. Perhaps equally, if not more striking, is the extent to which parents are unaware of what their daughters are doing. Parents substantially underestimated the risk behaviors of their daughters, and the extent to which 6th graders were doing things that were not parentally approved. The discrepancy is most evident in the three- to five-fold differences between daughters' and parents' reports of activities with males and alcohol use.

We purposely assessed a wide range of girls' behaviors. These included not only drinking, but other behaviors, such as holding hands with a boy, having a boyfriend, or listening to music or watching television that parents may disapprove of. Some of these may be developmentally appropriate and, by themselves, not worrisome. Others, such as hanging out with older boys or kissing and hugging for a long time, have been more directly related to early sexual and alcohol initiation, and should raise red flags for parents and other concerned adults. The extent of risk across behavioral domains, coupled with the low levels of parental awareness, is troubling and indicates the need for parent education and other early prevention. Clearly, parents are more aware of, and perhaps more comfortable, acknowledging and addressing some issues rather than others. One possible explanation may be that girls more successfully "hide" behaviors that they think may meet with greater parental disapproval. It may also be more socially acceptable (and easier) for parents to acknowledge certain relatively common activities, such as saying your child has watched movies or television without your approval. By contrast, reporting that your 12-year old daughter has been drinking or hugging and kissing older boys is more sensitive and potentially stigmatizing—to both girls and parents.

This study provides evidence that parents who engage more positive parenting practices do, indeed, support daughters' healthy choices and behaviors. However, underestimation of daughters' risks influences parenting practices, especially as they are perceived by girls. When parents underestimate risks, daughters report there are fewer rules, less parental oversight, less parent-child communication, and less disapproval of risk. Moreover, among girls engaging in the most risky behaviors, parents who underestimated these risks rated themselves more favorably (and perhaps more optimistically) on parenting practices—counter to their daughters' assessments. A social desirability bias is also possible, in that parents in this higher-risk subgroup may be more sensitive to perceptions that outsiders are judging their parenting as well as their daughters' behaviors. Whatever the reason, findings underscore the need for parent education that not only raises awareness about girls' risks, but also supports parents by non-judgmentally reinforcing parenting skills consonant with girls' realities.

In general, girls who report their parents oversee their activities, set rules, and communicate disapproval of risky behavior are less likely to engage in alcohol use, disapproved conduct, and early heterosexual behaviors related to early sexual initiation. As measured by the total number of topics talked about, parent-child communication is not directly related to the outcomes. What appears to matter more is whether parents effectively convey messages and rules about appropriate and inappropriate behaviors and whether they monitor whether those behaviors occur.²⁵ Results of our regression analyses show that while parents' reports of positive practices are protective, especially for conduct and sex-related behaviors, what is most important is that girls know there are limits and that parents are watching. That is, parents' reports are partially mediated by girls' experiences of parenting. The heightened awareness of girls that their parents are monitoring, setting rules, and communicating values and standards is protective.

Given the importance of parenting practices, addressing the gap between what girls do and what parents (or other adults) know about is critical, especially at the transition from childhood to adolescence, when there is still opportunity to shape attitudes and intentions as well as behaviors. There is the potential to address discordance between parents' perceptions of what risks their pre-teens daughters face and what adolescents themselves report through empirically and theoretically informed parent and community education. Greater clarity and attention to problem of early alcohol and sexual initiation among urban young adolescent girls is critical.

Our findings provide evidence that the dual risks of early alcohol use and early sexual initiation can be potentially addressed through similar mechanisms; that is, by enhancing positive parenting practices. In economically disadvantaged African American and Latino communities, greater attention has been paid, by both parents and professionals, to early sexual initiation and sexual risk taking, with their clear links to sexually transmitted infections, HIV, and unintended pregnancies. By contrast, early alcohol use has been relatively overlooked, and it is striking how few parents in our sample felt daughters might have had a drink. It is notable that parents' reports of parenting practices were not significantly related to girls' alcohol use; virtually no parents were attuned to this risk.

These findings add to the literature by extending downward, to very young adolescents and their parents, the focus on early alcohol and sexual initiation. A major strength is the large sample, recruited from multiple school sites, of both parents and daughters. Given difficulties of obtaining written informed consent from parents in the types of communities where we are working and reaching parents for telephone surveys, representation by about 70% of eligible families is notable. Caution, however, must be used in generalizing results to other populations, especially where early risk taking is not as prevalent. One limitation—and one reason why many studies of drinking and sex do not include pre-teens (or even those under 14) — is that we were not allowed to ask directly whether girls had engaged in sexual intercourse. However, from our other research, in which we have collected this information from youth at entry to 7th grade (who are about a year older than this sample), we have found that few girls report intercourse prior to the end of 7th grade. For this reason, we focus on heterosexual behaviors that typically occur early in the trajectory to intercourse, and other conduct that may place girls of this age at risk. With regard to these behaviors, the clear message is that what parents do can make a difference. The remaining challenge is to better prepare parents to support their daughters, in part by providing them with accurate information on what risks their daughters face and in part by reinforcing the importance of positive parenting practices, including monitoring, setting rules and clearly communicating disapproval of early alcohol use and sex.

CONCLUSION

Creating greater awareness of the early onset of drinking and sexual risk behaviors among urban adolescent girls is important for fostering positive parenting practices which, in turn, may help parents support their daughters' healthier choices.

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Table 1

Sample Characteristics of Girls and Parents

Number	Girls 771	Parents 709
Age	11 or younger 12 years 13 years	30 or younger 31–40 years 41 and over
Ethnicity		
African American/Black	75.1%	71.9%
Hispanic/Latino	32.9%	29.6%
Female	100%	93.9%
Household		
Lives with mother and father	36.9%	
Lives with older sibling	62.7%	

Table 2

Percentages of 6th Grade Girls Reporting Engaging in Behavior in the Past Year, Compared to Parents' Perceptions*

	Girls' Reports	Parents' Perceptions
Heterosexual Social & Romantic Behaviors		
Held hands with a boy	54.6	11.4
Had a boyfriend	59.2	12.9
Kissed a boy	43.0	8.2
Kissed and hugged a boy for a long time	34.0	2.8
Peer and Media Conduct		
Watched movies or tv not approved	40.8	26.4
Listened to music not approved	42.7	44.1
Hung out with girls not approved	46.0	36.1
Hung out with boys not approved	37.6	15.0
Hung out with older boys not approved	38.8	5.1
Alcohol Use		
Use alcohol once or more	22.3	<1%
Been drunk once or more	8.1	NA

* Differences between girls' reports and parents' perceptions significant at $p < .05$ for all items except listening to music (McNemar's test).

Table 3
Scale Characteristics from Parents' and Girls' Reports

	Mean (SD)	Range
Adult Reports of Parenting	3.49 (1.16)	1–5
Girls Reports		
Parental Oversight	9.01 (2.32)	3–12
Household Rules	27.61 (2.86)	16–32
Parental Disapproval of Risk	32.19 (4.86)	9–36
Parent-Child Communication	5.54 (2.85)	1–10
Peer and Media Conduct	13.37 (7.13)	7–35
Heterosexual Social/Romantic Behaviors	7.85 (4.26)	4–18
Alcohol Use vs. not	0.22 (.42)	0–1

* Cronbach's alpha for all scales ranged from 0.67 (girls' monitoring) to 0.95 (girls' reports of communication)

Table 4
 Linear and Logistic Regressions of Girls' Reports of Heterosexual Social and Romantic Behaviors, Peer and Media Conduct, and Alcohol Use on Parents' Practices, Girls' Reports of Parenting Practices, and Parents' Perceptions of Risk, Controlling for Demographics

	Heterosexual Social and Romantic Behaviors			Peer and Media Conduct			Alcohol Use		
	Unstandardized Coefficients	Std. Error	Sig.	Unstandardized Coefficients	Std. Error	Sig.	Unstandardized Coefficients	Std. Error	Sig.
MODEL 1									
Parents' Practices	-.289	.139	.04	-.484	.237	.04	-.025	.082	ns
Girls' Age	1.227	.247	.00	1.718	.421	.00	.233	.145	.10
Two parent vs. not	-.731	.315	.03	-.799	.575	.09	-.109	.198	ns
Older sibling vs. not	.342	.335	ns	.383	.571	ns	-.089	.207	ns
Hispanic vs. not	.184	.352	ns	.143	.601	ns	-.148	.216	ns
	.096			.054			.082		
MODEL 2									
Parents' Practices	-.222	.124	.07	-.390	.229	.09	-.033	.089	ns
Girls' Parent Oversight	-.255	.070	.00	-.601	.128	.00	-.215	.050	.00
Girls' Reports of Parental Risk	-.297	.032	.00	-.213	.058	.00	-.046	.022	.03
Disapproval									
Girls' Reports of Household Rules	-.258	.056	.00	-.253	.103	.00	-.026	.039	.02
Girls Reports of Parent-Daughter Communication	.025	.055	ns	.157	.102	.014	-.031	.040	ns
Girls' Age	.874	.220	.00	1.355	.407	.00	.154	.153	ns
Two parent vs. not	-.517	.298	.08	-.571	.552	ns	-.243	.209	ns
Older sibling vs. not	.067	.298	ns	.145	.549	ns	.071	.210	ns
Hispanic vs. not	.155	.312	ns	.004	.577	ns	-.065	.217	ns
	.298			.138			.202		

* Adjusted for girl's school, year of enrollment, and gender of parent respondent

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