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Parental Influences of health-risk behaviours on young adult children

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Improving the lives of Australians



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- **The views expressed in this presentation are those of the authors and do not necessarily reflect the views of the Australian Government Department of Families, Community Services and Indigenous Affairs or the Ministers.**



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Purpose

To examine the associations between health-risk behaviours (smoking, risk drinking and physical inactivity) of parents and their young adult children.



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Literature review: Like parent like child?

- **Past empirical studies have shown significant associations between parental and adolescent health- risk behaviours (Murrey et al, 1985; Green et al, 1991; Greenlund et al, 1995).**
- **There is evidence that health-risk behaviours among adults and adolescents correlate modestly but significantly with each other (Wickrama et al, 1999)**



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Literature review (cont.)

- **Parents are an important influence on their children's behaviour**
- **Bad (or good) behaviours are passed on from generation to generation**
- **Lay thinking was formalised into models of transmitted deprivation or cycles of disadvantage**



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The apple does not fall far from the tree

- **There seems to be a transmission by gender.**
- **Some studies reveal that mothers' health-risk lifestyles transmit only to girls, whereas fathers' health-risk lifestyles transmit only to boys.**



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Limitations of past studies

- **Parental behaviours are often reported by the young persons, not the parent themselves. There is an issue of over-reporting or under-reporting.**
- **Some studies focused on the association between the young persons' health risk behaviour and that of one of the parents, not both parents.**
- **Most studies had a small sample size and the data are cross-sectional.**



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Health risk behaviours in Australia

- **Mainly investigated health risk behaviours of *individuals* by social and demographic characteristics**
- **Previous examinations rarely examined the health risk behaviours in the *family context***
- **Past studies focussed on determinants/consequences of health risk behaviours and their prevalence rates**
- **Associations between parents' health risk behaviours and those of children have never**



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Research questions

- Are there any *significant* associations between health-risk behaviours of parent(s) and young adult children?
- Is the transmission of behaviours *gender-related*? In other words, does the *father* exert more influence on *sons* and the *mother* on *daughters*?
- Does family structure (couple family vs lone-parent family) have any impact on the transmission of behaviours?



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HILDA survey, Wave 1 and Wave 4

- **Wave 1 was conducted in 2001 and Wave 4 in 2004**
- **Young persons aged 15-25 who were living with parent(s) at Wave 1 (N=1,266)**
- **This group of young persons was examined in Wave 4 regardless of whether they were still living with parent(s) or not.**
- **The number of these young persons in Wave 4 was smaller due to attrition; they also became older 18-28 years old.**



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Methods

- **Descriptive analysis**
- **Correlation analysis**
- **Logistic regression analysis**



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Measure of smoking

- **Do you smoke cigarettes or any other tobacco products?**
 - 1. No, I have never smoked**
 - 2. No, I have given up smoking**
 - 3. Yes**



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Smoking prevalence of young people living at home by family type: 2001

	Couple family	Lone parent family	All families
Male	15.8%	24.8%	17.7%
Female	13.0%	25.2%	15.5%
All young persons	14.5%	25.0%	16.7%



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Key findings

- **Young adult children in lone-parent families were more likely to smoke than those resided in two-parent (couple) families**
- **For young males, the smoking prevalence in lone-parent families is 25% compared with 16% for those in two-parent families**
- **For young females, the difference in smoking prevalence is striking (25% versus 13%)**



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The previous table does not take into account if parents smoke.

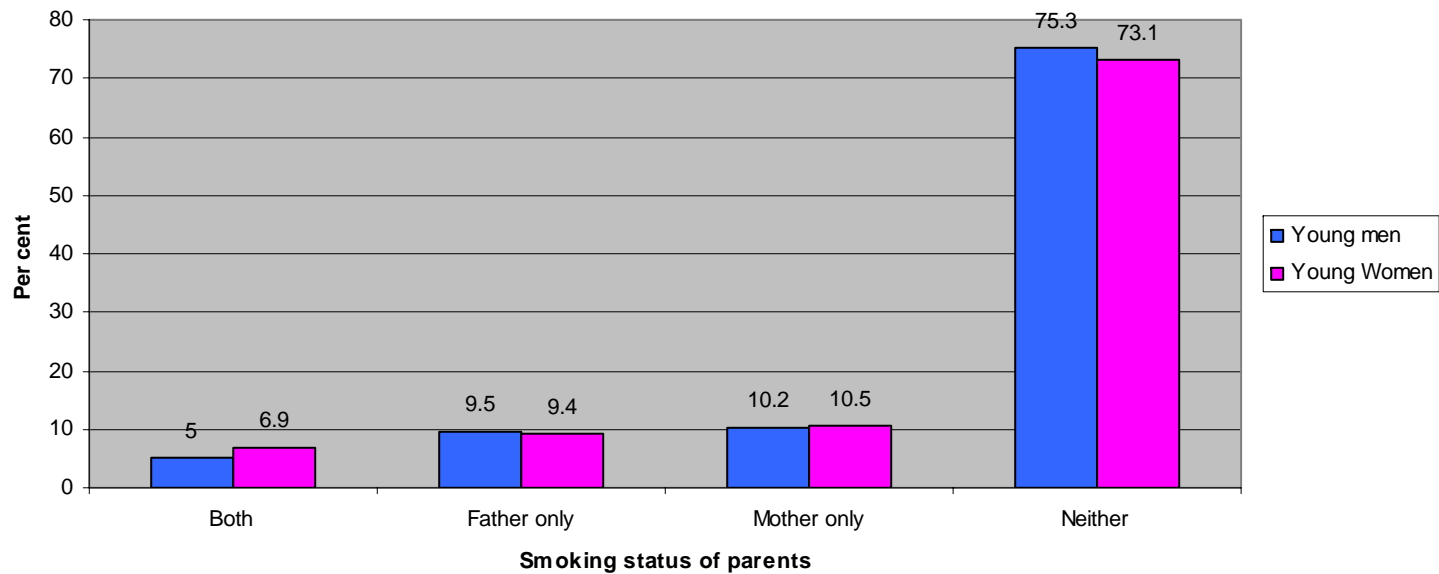
- **To what extent young people are exposed to parental smoking?**
- **What are the associations between parents and young adult children in smoking?**



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Young persons in two-parent families
by smoking status of parents, 2001





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Findings: couple families

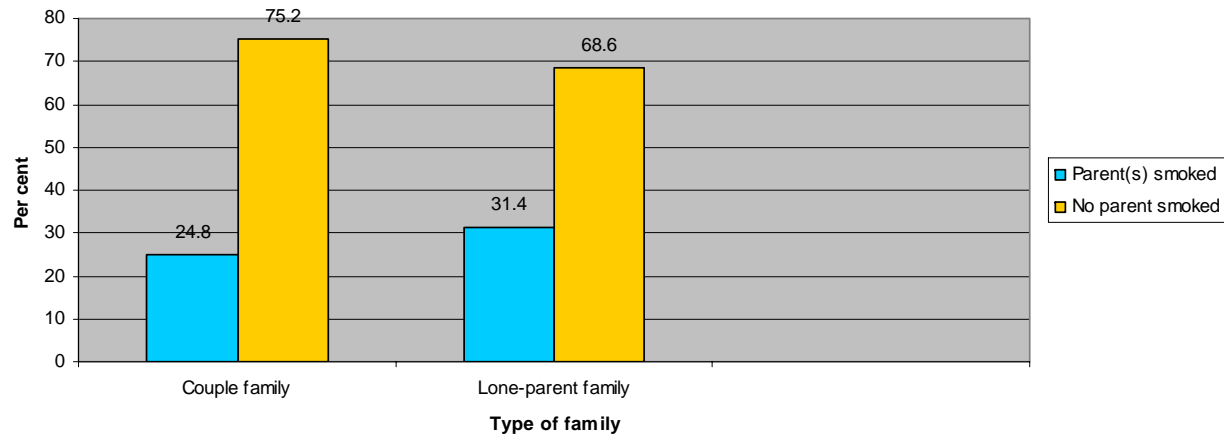
- **About three-quarters of young men and women who lived in two-parent families had neither parent smoked.**
- **About 5% of young men and 7% of young women in two-parent families had both parents smoked.**
- **About 10% had either father or mother smoked.**



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Young persons by smoking status of parents and type of family, 2001





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Findings: Lone-parent families

- **One-quarter of young women lived in lone-parent families where mother smoked.**
- **This compared with about 23% of young men who had mother smoked in lone-parent families.**
- **While about three quarters of young persons in two-parent families had neither parent smoked, the proportion is reduced to 68% (a difference of 7%).**



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Relationship between parental smoking and young persons' smoking: couple families

	Male young person smokes	Female young person smokes
Father smokes	29.6%	30.7%
Mother smokes	21.4%	33.3%
Number of Cases	74	51



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Findings re couple families:

- **Of young adult male children who smoked, almost 30% had a father who also smoked and 21% had a mother who smoked**
- **Of young adult female children who smoked, about 31% had a father who smoked and one-third had a mother who reported smoking.**



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Relationship between parental smoking and young persons' smoking: lone-parent families

	Male young person smokes (not smoke)	Female young person smokes (not smoke)
Mother smokes	41.6% (19%)	56% (22%)
Number of cases	31	27



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Findings re lone-parent families

- **Of young males who smoked, a sizable proportion (42%) had a mother who smoked**
- **Of young males who did not smoke, less than one-fifth had a mother who smoked**
- **A similar pattern is found for young females in lone-parent families**
- **About 56% of young females who smoked had a mother who was also a smoker and only 22% of those who did not smoked had a mother who smoked**



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Results of correlation analysis

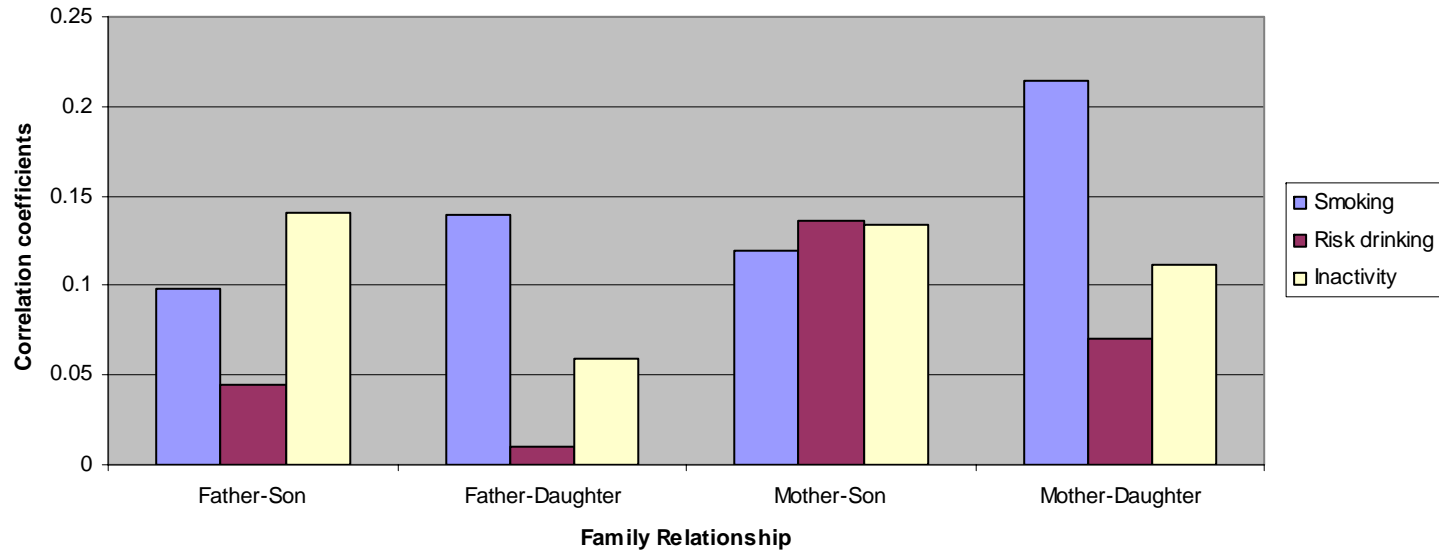
- There is a high correlation between *risk drinking* and *smoking* among young people. The correlation coefficient is higher for young females ($r=0.399$).
- Father's smoking does not appear to be highly correlated with son's smoking ($r=0.098$), but it significantly correlates with daughter's smoking ($r=0.139$).
- Mother's smoking appears to influence the smoking behaviour of young adult children particularly daughters ($r=0.214$).



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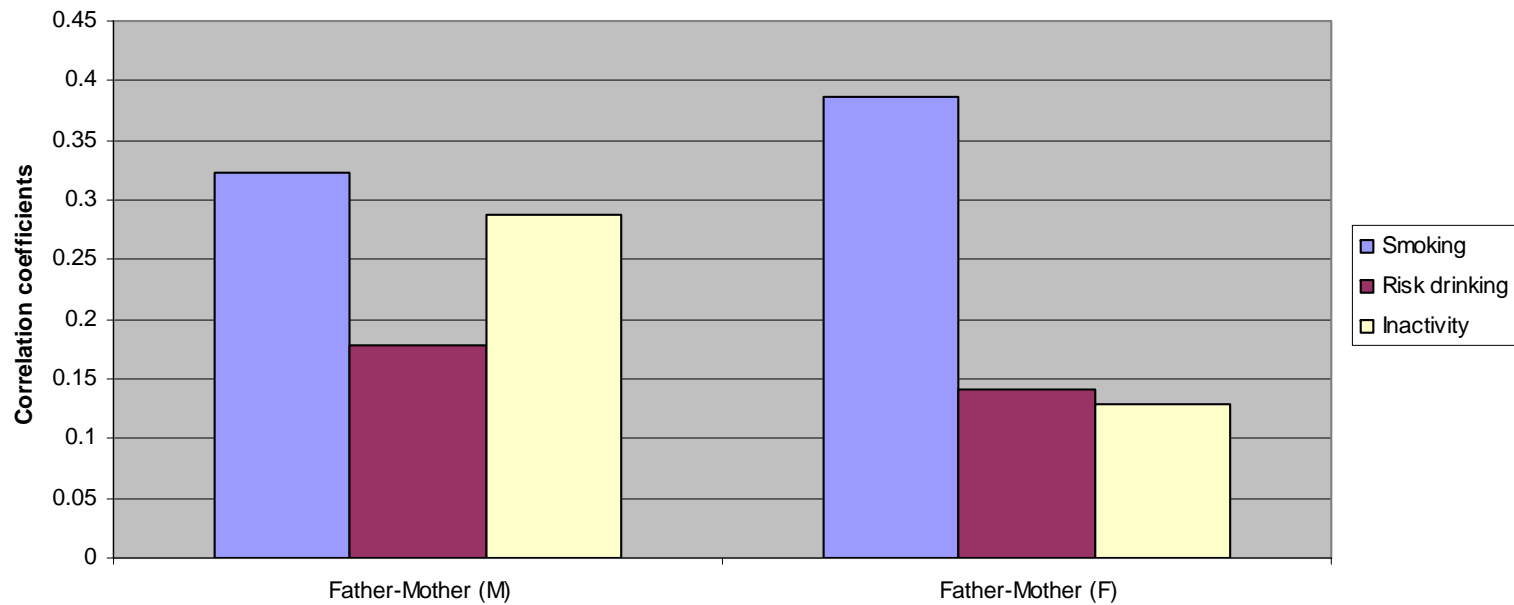
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Correlation coefficients of health risk behaviours between parents and children: 2004





Correlation coefficients of health risk behaviours between father and mother, 2004





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Regression model

- **Dependent variable**
 - young person's current smoking
- **Independent variables**
 - age of young person
 - parental smoking (no one, one parent, both parents)



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Regression results

Effect	Odd ratios estimates	95% Confidence interval
Age of young person	1.17	1.11 – 1.25
Both parents smoke vs Neither parent smokes	4.41	2.56 – 7.57
Either parent smokes vs Neither parent smokes	2.05	1.41 – 2.99



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Changes in smoking status of children by parental smoking status and family type

<i>Couple families</i>	Not smoking in 2001 and smoking in 2004	Not smoking in 2001 and not smoking in 2004
At least one parent smoked	82.9%	74.0%
Neither parent smoked	17.0%	26.0%
<i>Lone-parent families</i>		
Parent smoked	62.2%	53.4%
Neither parent smoked	37.7%	46.5%



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Findings

- **For couple families, 83% of young persons who were not smoking in 2001 and reported as smoking in 2004 had at least one parent smoked. This is compared with only 74% of young persons who were not smoking in 2001 and remained not smoking in 2004 (diff = 9 percentage points)**



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Findings (cont.)

- **A similar pattern is found for lone-parent families. About 62% of young persons who were not smoking in 2001 and became smokers in 2004 had their single mothers/fathers smoked compared with 53% of those who were non-smokers in both 2001 and 2004 (a difference of 9%).**



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Policy implications

Public health campaigns should consider influences of parental behaviours on children's behaviours.

Future health education efforts should not consider children (including young adult children) in isolation but rather as part of a family which is the primary influencing social institution.