Parental provision of alcohol: a TPB-framed review of the literature

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Summary

There is evidence that parents are a common source of alcohol provision for teenagers, and increasing evidence that this provision is associated with current and future drinking. This review examines the current literature on parental provision of alcohol to children and teenagers, through the lens of the Theory of Planned Behavior: attitudes, subjective norms and perceived behavioral control. A search of the databases ProQuest, PsycINFO, Medline, Expanded Academic, Scopus and PBSC identified 826 articles. Of these, 810 did not meet the inclusion criteria, and 16 were included in the review. In summary, the reviewed articles demonstrated positive attitudes toward parental supply of alcohol (often driven by misperceptions), strong subjective norms, but little exploration of perceived behavioral control. There is a need for further research which clearly differentiates between adolescents of different ages and genders, and which explores the predictors and role of perceived behavioral control. There is also a need for further research to more fully understand this behavior and to develop appropriate interventions which address all three predictors (attitudes, subjective norms and perceived behavioral control).

Key words: alcohol, adolescent, parental view, review

BACKGROUND

There is increasing evidence that parents provide alcohol to teenagers (Foley et al., 2004; Gilligan et al., 2012; Ward and Snow, 2011a), although there are substantial disparities between parent and adolescent reports of this behavior. For example, in a New Zealand survey across three communities 36% of teenagers reported their parents had given them alcohol to drink in an unsupervised setting in the preceding month, but only 2% of parents reported doing so (Kypri et al., 2005).

It is important to distinguish between two forms of alcohol provision: allowing the child to sip alcohol from someone else’s glass; and providing a full serve (or more) of alcohol for consumption at home or elsewhere. This distinction is salient to parents; for example in an Australian study, a number of parents stated that they had very strict rules prohibiting their children from drinking but allowed them to sip/taste their parents’ drinks (Gilligan and Kypri, 2012). We also differentiate between supplying alcohol and ‘allowing’ children to drink—which are distinct behaviors; this article focuses primarily on parental supply of alcohol.

Does parental supply increase (or decrease) harm?

For many years, it was accepted in the literature, and in the community, that providing alcohol to children in the home...
under parental supervision served a protective effect against future alcohol consumption and, in particular, heavy episodic drinking. Explanations for this ‘protective effect’ include the concept of ‘teaching’ responsible drinking and providing ‘safer’ types and quantities of alcohol (Lundborg, 2007). Some of these studies reported contextual or situational differences in this effect, suggesting that it is not just who provides the alcohol that is important but also where that alcohol is consumed. For example a cross-sectional telephone survey of 6245 US adolescents found that adolescents who were with their parents the last time they drank alcohol reported less frequent and more moderate drinking, whereas those whose parents or friends’ parents had provided them with alcohol at a party reported more frequent and more hazardous drinking (Foley et al., 2004). This indicates that ‘parental provision’ is a complex and nuanced behavior and that simple comparisons between the drinking behaviors (and outcomes) of adolescents who obtained their last drink from their parents and those who obtained it elsewhere may be misleading.

Recent research suggests a harmful rather than protective effect of parental provision of alcohol, which may reflect changes in study design and/or changes in the way that young people drink and community attitudes to underage drinking. A cross-sectional study with 367 Argentinian children aged 8–12 years found that 80% of those who liked alcohol during their first drinking experience drank alcohol again, and underage drinking usually occurred under adult supervision in family settings (Pilatti et al., 2013). A longitudinal study of 371 children in Pennsylvania (US) aged 8 and 10 years at baseline—followed for 14 waves over 7.5 years—found that sipping or tasting alcohol by age 10 (which predominantly occurred in a family context) was predictive of early-onset drinking (Donovan and Molina, 2011).

Similarly, for whole drinks of alcohol, a longitudinal study of 1388 students in Chicago public schools, followed from sixth grade to eighth grade, found that both student and parent reports of parental provision of alcohol at baseline were associated with significant increases in drinking intentions and behaviors (Komro et al., 2007). This effect was consistent for alcohol use in the past year, past month and past week; self-reported drunkenness; heavy episodic drinking and intentions to drink in the next month, at high school, and if offered alcohol by a friend.

A cross-sectional study of 2243 Swedish adolescents aged 12–18 found: a significant positive correlation between parents’ willingness to provide a specific alcoholic beverage and adolescent heavy episodic drinking of that beverage; and no evidence of an association between parental supply and more ‘responsible’ drinking patterns (Lundborg, 2007). A 2010 cross-sectional survey of 530 secondary school students in New South Wales, Australia, found that those whose parents provided them with alcohol for consumption without adult supervision or under ‘other adult’ supervision were four times more likely to engage in risky drinking (Gilligan et al., 2012).

Perhaps the most definitive evidence comes from a cross-country longitudinal study that explored the impact of parent supervised drinking in two different policy contexts: Washington State, USA (zero-tolerance policy) and Victoria, Australia (harm-minimization policy). Seventh grade students in both countries were surveyed annually for 3 years (2002–04) and, in both policy contexts, adult-supervised drinking did not inhibit alcohol use but rather resulted in more harmful levels of drinking (McMorris et al., 2011).

**Purpose of the review**

There is an urgent need to understand parental supply of alcohol, given the increasing evidence that it may be associated with harm and the existence in many countries of health guidelines which recommend parents endeavor to delay children’s drinking initiation. What is surprising, therefore, is the dearth of research exploring the social and psychological factors that influence parental supply; and, particularly, the lack of application of theoretical approaches to understanding this behavior. The Theory of Planned Behavior (TPB) (Ajzen, 1988; Ajzen, 1991) is an extension of the Theory of Reasoned Action (TRA) (Fishbein and Ajzen, 1975; Ajzen and Fishbein, 1980). While the TRA suggests the proximal determinant of volitional behavior is the intention to engage in that behavior, the TPB includes considerations of perceptions of control over performance of the behavior (Conner and Sparks, 1996). A meta-analysis of 185 studies found the TPB accounted for 27% of the variance in behavior and 39% of variance in intention (Armitage and Conner, 2001).

The TPB has been used in studies of the predictors of alcohol consumption (Kam et al., 2009; Zamboanga et al., 2009); although predominantly with undergraduate university students, and focused on heavy episodic drinking (Johnston and White, 2003; Mcmillan and Conner, 2003; Norman and Conner, 2006; Huchting et al., 2007; Jamison and Myers, 2008). For example, in a study of 94 undergraduate students, TPB explained 58% of variance in drinking intentions and 22% of the variance in drinking at 1-week follow-up (Norman et al., 2007). This article applies the TPB to parental intentions to supply alcohol to their teenage (and younger) children.

The TPB posits that the predictors of behavioral intention are attitudes, subjective norms and perceived
behavioral control. In this case, the predictors of parents’ intentions to provide alcohol to their teenage children are as follows: their overall evaluations of the provision of alcohol to teenagers (attitudes); beliefs about whether significant others think they should provide alcohol to children/teenagers (subjective norms) and the extent to which they believe that their provision of alcohol to children/teenagers is easy or difficult to control (perceived behavioral control). Thus, the purpose of this review was to examine the current literature on parental provision of alcohol to children and teenagers through the lens of the TPB.

METHODS

Search strategy
During the first 2 weeks of March 2014, we conducted a search for relevant articles using the following search string (modified to the specific search tool in each database): ab (alcohol) AND ab (adolescen* OR underage OR child* OR minor) AND ab (parent* OR mother* OR father*) AND ab (attitude* OR belie* OR intent*). Our search of the databases ProQuest, PsycINFO, Medline, Expanded Academic, Scopus and PBSC identified 1634 articles (excluding duplicates).

Inclusion and exclusion criteria
We scanned the titles and excluded 880 articles, as they did not relate to underage alcohol consumption, rather focused on sex or sexuality, adults’ drinking, mental health or illicit drugs. We printed the abstracts of the remaining 826 articles and two coders reviewed each abstract. From this, we excluded a further 810 articles as they did not relate to underage alcohol consumption; again these articles focused on sex and sexuality, tobacco, illicit drugs or other behaviors; focused on predictors of drinking, such as peer influences or personality variables; or focused on drink driving or parent or community attitudes to (underage) drinking per se. Finally, we excluded articles if they reported on parental provision of alcohol but did not explore the reasons for doing so, for example, articles reporting on the effects of parental supply (Komro et al., 2007), development (Brown et al., 2014) and/or evaluation of interventions (Kypri et al., 2005; Koning et al., 2013a,b).

Reviewed articles
The remaining 16 articles are reviewed below; 14 that explored parental attitudes (Table 1) and four that explored adolescents’ perceptions of parents’ attitudes (Table 2) (two articles explored both parents’ and adolescents’ perceptions).

RESULTS

Why do parents provide alcohol to their children?
A number of studies have explored socio-demographic and behavioral differences between those parents who do, and do not, provide alcohol to their children (Donovan and Molina, 2008; Pettersson et al., 2009; Smyth et al., 2010; Ward and Snow, 2011a,b; Jackson et al., 2012).

Very few studies have reported significant differences in parental supply (or attitudes toward supply) related to these variables. An Irish telephone survey of 234 parents of 13–17 year olds found ‘more permissive attitudes’ among parents from higher socio-demographic groups and those who were themselves regular drinkers (Smyth et al., 2010). In the Pennsylvania study, there were significant associations between reports of having sipped or tasted alcohol and race/ethnicity; parents’ drinking and children’s perceptions of parents’ drinking; and, for the 10-year-old cohort, father’s religion (Donovan and Molina, 2008). A US study with mothers of third graders found that more positive attitudes to sipping or tasting were associated with race/ethnicity, education and employment status; but not with family structure or child’s gender (Jackson et al., 2012).

The Swedish study of parental attitudes (Pettersson et al., 2009) found that other than parent gender, discussed above, and family structure (being a single parent or having older children), socio-demographic variables (parent age, education level, employment status) were not associated with alcohol provision. An Australian survey of 388 parents of adolescents found that parental supply of alcohol was not associated with parent or adolescent socio-demographic characteristics (including child gender or birth order, parent gender, parent education, religion or income) or parents’ drinking patterns (Ward and Snow, 2011a). Interestingly, however, a separate article reporting on the same dataset but focusing on intentions to supply, found a significant negative association with parents’ religion and a small but statistically significant association with parents’ AUDIT scores (Ward and Snow 2011b) but no other socio-demographic differences.

A South Australia postal survey of 161 mothers reported that mothers’ alcohol use was associated with the perception that children should be introduced to alcohol by parents before the age of 18; however, the authors note that, while the difference was statistically significant, the majority of both high-risk and non-high-risk drinkers supported this approach (Roberts et al., 2010). Other studies which have collected data on parent drinking have generally found an association between parental drinking and ‘sip and taste’ attitudes and behaviors (Donovan and Molina, 2008; Smyth et al., 2010; Jackson et al., 2012).
Table 1: Studies conducted with parents

<table>
<thead>
<tr>
<th>Study</th>
<th>Location</th>
<th>Sample</th>
<th>Method</th>
<th>n</th>
<th>Response rate (%)</th>
<th>Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gilligan and Kypri (2012)</td>
<td>Australia: Newcastle</td>
<td>Parents of adolescents (parents $x = n/s$, child $x = 15$)</td>
<td>Face-to-face and telephone interviews</td>
<td>32</td>
<td>n/s</td>
<td>Behaviors related to youth drinking guidelines</td>
</tr>
<tr>
<td>Graham et al. (2006)</td>
<td>Australia: rural Victoria</td>
<td>Parents of adolescents</td>
<td>Focus groups</td>
<td>28</td>
<td>n/s</td>
<td>Attitudes and beliefs regarding teenage alcohol use</td>
</tr>
<tr>
<td>Jackson et al. (2012)</td>
<td>US: North Carolina, South Carolina and Tennessee</td>
<td>Mother–child (third grade) pairs (mother $x = n/s$, child $x = 9.2$ years)</td>
<td>Telephone interviews</td>
<td>1050</td>
<td>77</td>
<td>Attitudes to sipping or tasting</td>
</tr>
<tr>
<td>Jarvinen and Ostergaard (2009)</td>
<td>The Netherlands</td>
<td>Parents of adolescents aged 14–16</td>
<td>Postal survey</td>
<td>1440</td>
<td>72</td>
<td>Parental rules about drinking (including parental supply)</td>
</tr>
<tr>
<td>Komro et al. (2007)*</td>
<td>US: Chicago</td>
<td>Adolescents 12–14 years at baseline</td>
<td>Self-administered survey</td>
<td>970</td>
<td>70</td>
<td>Parental provision of alcohol and home alcohol availability</td>
</tr>
<tr>
<td>Kypri et al. (2007)</td>
<td>New Zealand: three districts</td>
<td>Parents of adolescents aged 13–17 (parents $x = 43$)</td>
<td>Postal survey</td>
<td>748</td>
<td>80</td>
<td>Attitudes toward supply to minors</td>
</tr>
<tr>
<td>Pettersson et al. (2009)</td>
<td>Sweden: six municipalities</td>
<td>Parents of 12–16 year olds</td>
<td>Postal survey</td>
<td>808</td>
<td>66</td>
<td>Having offered alcohol to child at home</td>
</tr>
<tr>
<td>Roberts et al. (2010)</td>
<td>Australia: South Australia</td>
<td>Mothers of 10–14 year olds (mothers $x = 41.7$, adolescents $x = 12.5$)</td>
<td>Postal survey distributed via schools</td>
<td>161</td>
<td>28</td>
<td>Pro-sipping beliefs</td>
</tr>
<tr>
<td>Smyth et al. (2010)</td>
<td>Ireland</td>
<td>Parents of 13–17 year olds</td>
<td>Commercial survey company telephone survey</td>
<td>234</td>
<td>n/s</td>
<td>Attitudes to introducing alcohol at home; having offered alcohol at home</td>
</tr>
<tr>
<td>Valentine et al. (2012)</td>
<td>UK: national</td>
<td>Parents/carers of 5–12 year olds</td>
<td>National telephone survey</td>
<td>2089</td>
<td>n/s</td>
<td>Attitudes to teen drinking; provision of sips and tastes</td>
</tr>
<tr>
<td>Ward and Snow (2011a)</td>
<td>Australia: Victoria</td>
<td>Parents of 14–16 year olds (parents $x = 45$, adolescents $x = 15.6$)</td>
<td>Email survey of marketing company database</td>
<td>274</td>
<td>65</td>
<td>Past supply of full serve of alcohol</td>
</tr>
<tr>
<td>Ward and Snow (2011b)</td>
<td>Australia: Victoria</td>
<td>Parents of 14–16 year olds (parents $x = 45$, adolescents $x = 15.6$)</td>
<td>Email survey of marketing company database</td>
<td>274</td>
<td>65</td>
<td>Intent to supply</td>
</tr>
</tbody>
</table>

*a n was not stated, but was sent to parents of 2000 students and response rate reported as 72%.

*b Estimate based on information provided; subsample of $n = 1388$ from a larger study.
Table 2: Studies conducted with children/teenagers

<table>
<thead>
<tr>
<th>Study</th>
<th>Location</th>
<th>Sample</th>
<th>Method</th>
<th>n</th>
<th>Response rate (%)</th>
<th>Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gilligan et al. (2012)</td>
<td>Australia: New South Wales</td>
<td>Adolescents aged 13–17</td>
<td>In-school surveys</td>
<td>530</td>
<td>43</td>
<td>Parental provision for consumption with and without parental supervision</td>
</tr>
<tr>
<td>Jarvinen and Ostergaard (2009)*</td>
<td>The Netherlands</td>
<td>People born in 2009 (aged 14–16)</td>
<td>Postal survey</td>
<td>1440b</td>
<td>72</td>
<td>Parental rules about drinking (including parental supply)</td>
</tr>
<tr>
<td>Komro et al. (2007)*</td>
<td>US: Chicago</td>
<td>Adolescents 12–14 years at baseline</td>
<td>Longitudinal in-school surveys</td>
<td>1300c</td>
<td>91–96%</td>
<td>Parental provision of alcohol and home alcohol availability</td>
</tr>
<tr>
<td>Lundborg (2007)</td>
<td>Sweden: Trelleborg</td>
<td>Adolescents 12–18 years</td>
<td>In-school surveys</td>
<td>2243</td>
<td></td>
<td>Perceived parental willingness to provide alcohol</td>
</tr>
</tbody>
</table>

*Also collected data from parents (see Table 1).

b n was not stated, but was sent to parents of 2000 students and response rate reported as 72%.

c Estimate based on information provided; subsample of n = 1388 from a larger study.

Attitudes

It appears that many parents believe adolescents should be allowed to drink alcohol before reaching the age of 18 years. A postal survey of 161 mothers of children aged 10–14 in South Australia found that 68% thought parents should introduce their children to alcohol before the age of 18, with an average of age 15 for a weak or watered down drink and age 17 for a full alcoholic drink (Roberts et al., 2010). A survey of 748 New Zealand parents of 13–17 year olds found the mean age at which respondents felt it was appropriate for people to start drinking alcohol (‘more than a sip’) was 17.2 years, with more than one-third suggesting that it was 16 or younger (Kypri et al., 2007). A 2009 survey of 2089 UK parents with children aged 5–12 years found the average age at which respondents thought it was acceptable for children to have a weak or watered down drink was 14 and a full alcoholic drink was 16 (Valentine et al., 2012).

This does not, however, appear to be universal. For example, a postal survey of Swedish parents of children aged 12–16 years (n = 779) found that only 7.9% believed that it was acceptable for adolescents to drink alcohol before the age of 18 years (Pettersson et al., 2009).

Consistently throughout the literature, parents reported that they perceived parental supply to be an effective harm-minimization approach (Graham et al., 2006; Kypri et al., 2007; Ward and Snow, 2011a; Bourdeau et al., 2012; Gilligan and Kypri, 2012; Jackson et al., 2012). In the South Australian survey, mothers reported a number of positive evaluations of parental supply of alcohol, including the belief that forbidding their children to drink will encourage them to experiment behind parents’ backs and that they can ‘teach’ their child about drinking by letting them have a glass of alcohol with a meal (Roberts et al., 2010). In relation to the latter point, however, 61% also agreed that you can teach your children about alcohol without letting them drink it before they turn 18.

The Victorian survey of parents of 14–16 year olds found a significant association between intention to supply alcohol and ‘beliefs about adolescent alcohol use’ (including ‘a parent/guardian is the best person to introduce alcohol to a teenager’ and ‘it’s better for alcohol to be supplied at a party instead of teenagers taking their own’) (Ward and Snow, 2011b). In the New Zealand study, rationales given for providing alcohol to teens included it being a supervised situation and placing limits on volume and strength of alcohol provided (Kypri et al., 2007). Similar views were expressed by parents in other qualitative studies (Graham et al., 2006; Gilligan and Kypri, 2012), with parents reporting the provision of alcohol at home to teach ‘safe drinking’ and for parties to ‘control’ their teen’s drinking.

While not focusing on supply of alcohol per se, but rather attitudes toward allowing children to sip or taste alcohol, a US survey of 1050 mothers of third-grade children found a substantial proportion perceived this served a protective effect against future harmful alcohol consumption (Jackson et al., 2012). For example, 39% believed that if children are not allowed to have any alcohol they will want it more, 26% that children who sip small amounts at home will be less likely to experiment with risky drinking in middle school, 25% that letting them taste alcohol
will make them less likely to want to taste it again and 22% that children who sip alcohol at home will be better at resisting peer pressure to try alcohol. Importantly, a subsequent article from this study reported that child susceptibility to alcohol initiation was significantly associated with mothers’ attitudes toward child sipping (Ennett et al., 2013). Again, qualitative studies support the quantitative findings, with parents reporting allowing their children to taste alcohol to teach them how to ‘handle’ alcohol (Valentine et al., 2012) and/or to prevent them from ‘trying’ alcohol in an unsupervised situation (Bourdeau et al., 2012). Other parents described the provision of small amounts of alcohol to children as a ‘treat’ for special occasions (Bourdeau et al., 2012, Valentine et al., 2012).

Less often mentioned in the literature, but noted in some of the qualitative studies, was the perception that allowing children to consume alcohol at home was part of a good and open parent–child relationship (Gilligan and Kypri, 2012). A qualitative study with Danish adolescents found that they reported pressuring their parents to allow them to drink, citing social isolation and being seen by peers as deviant; some also stated that their relationship with their parents improved following the relaxation of rules. While these are the views of adolescents, rather than parents, their impact on parents is likely to be substantial—parents want their children to have friends and ‘fit in’ and they also want to have positive relationships with their children (Jarvinen and Ostergaard, 2009).

**Subjective norms**

Studies that assessed subjective norms generally found high awareness of (perceived) social norms among other parents, teenagers and the broader community; conflicting norms between groups and a clear association between norms and behaviors. In the South Australian survey, 17% of mothers reported feeling pressured by others to allow their children to drink before the age of 18 (injunctive norm), and 37% that they would teach their children about alcohol the same way their parents taught them (descriptive norm) (Roberts et al., 2010).

A qualitative study with Australian parents identified the perceived pressure from other parents as an important factor in allowing teenagers to drink, including observing other parents’ behavior (and feeling compelled to follow suit) and hearing other parents state that they gave their children alcohol (Gilligan and Kypri, 2012). A qualitative study with rural Australian parents found that parents were influenced by injunctive norms, but also found these conflicted at times—for example, differing norms between mothers and fathers (Graham et al., 2006).

**Perceived behavioral control**

None of the studies identified in the review specifically reported on perceived behavioral control; however, the influence of this variable was evident in the majority of studies, particularly in the qualitative data.

The Victorian survey of 388 parents of adolescents found two factors associated with parental supply of alcohol—perception that their adolescent drinks and higher levels of parental monitoring (Ward and Snow, 2011a). The former may be a bidirectional relationship—that is, parents may (not) provide alcohol because they know their children do (do not) drink, or they may (not) know that their children drink because they have (not) provided them with alcohol. The fact that higher levels of monitoring were associated with parental supply appears inconsistent with much of the literature which shows that higher parental monitoring is associated with later initiation and lower consumption; however, as the authors of that study suggest, it may be that these parents are providing alcohol in the belief that they are ‘teaching’ responsible drinking and are controlling their children’s alcohol consumption.

In one qualitative study, parents commonly described feeling powerless to prevent their children from drinking and thus felt that allowing them to drink at home was inevitable (Gilligan and Kypri, 2012). An important aspect of this ‘control’ identified in two qualitative studies was that contacting other parents to discuss alcohol provision at parties was uncommon, and that parents had reservations about making contact (Graham et al. 2006; Gilligan and Kypri, 2012).

The general acceptance that teens will probably drink alcohol regardless of what parents do is evident in the findings of a New Zealand survey of 748 parents of 13–17 year olds; 81% disagreed or strongly disagreed that it was acceptable for parents to give teens one or two drinks to take to an unsupervised party but 77% agreed that it is better for parents to give their teen alcohol than for them to obtain it illegally (Kypri et al., 2007).

Perhaps part of the belief that they can (or need to) control the initiation of drinking is the fear that they will not be able to exert later control over ongoing drinking. The South Australia survey of 161 mothers found that they perceived their ability to control their child’s drinking was limited by external factors—including 39% believing their influence will be overridden by Australian cultural expectations and 55% believing that it will be overridden by their child’s peers (Roberts et al., 2010). This is consistent with the other studies cited above in which positive attitudes to the behavior of parental supply and/or sipping and tasting were clearly linked to beliefs that parents...
would otherwise have limited control over later drinking decisions (Ward and Snow 2011a; Jackson et al., 2012).

DISCUSSION

Attitudes
It appears that parents have conflicted attitudes to supplying their children with alcohol. The majority of studies show parents generally believe that it is acceptable, and perhaps even desirable, to allow children to commence drinking alcohol prior to reaching the legal drinking age [Note that Australia does not have a ‘legal drinking age’ per se—it is, however, illegal for people under 18 to purchase alcohol or consume alcohol on licensed premises; and illegal in all states other than South Australia, Western Australia and the ACT for adults (other than parents) to provide alcohol to people aged <18 (although the Western Australian government recently announced an intention to introduce the law in that state)]. The literature suggests that, for most parents, this is an acceptance of providing alcohol for children to consume only at home or under parental supervision (to ‘teach’ them to drink responsibly); however, for a substantial number of parents this extends to provision of alcohol to take to parties or other social events, based on the belief that this gives parents a degree of control over what and how much their child is drinking. However, parents do not appear to be aware of the substantial, and growing, evidence base which suggests early initiation to alcohol is associated with increased, rather than reduced, alcohol consumption and related harms.

There are likely a number of other factors that contribute to these positive attitudes toward parental supply of alcohol, including beliefs about adolescent autonomy and the broader acceptance of alcohol consumption in family and community settings. In relation to the former, while not focusing on parental supply but rather on attitudes toward adolescent drinking, a Danish study found that parents who believed in adolescent self-government were more lenient in their rules around their children drinking (Jarvinen and Ostergaard, 2009) which, in turn, was associated with higher rates of heavy episodic drinking. In relation to the latter, there is general agreement that alcohol consumption is seen as a normative and perhaps essential aspect of adult socialization (Halpern-Felsher and Biehl, 2004).

Subjective norms
Given the substantial evidence base of an association between alcohol consumption and social norms, across a range of contexts and populations, it is surprising that few studies specifically measured perceived norms around parental supply of alcohol. Those that did found conflicting norms between reference groups (e.g. close friends versus the broader community), perceived pressure to comply with norms and a strong influence of subjective norms on parental supply, particularly in relation to perceived norms around ‘other teens’ drinking and thus, presumably, ‘other parents’ supplying alcohol.

This is consistent with research on the broader issue of condoning or approving of underage drinking. For example, a survey of 270 parents of US college students (mean age of students 19 years, below the legal drinking age in that jurisdiction) found that parents significantly overestimated other parents’ approval of underage drinking, and that this was an antecedent of their attitudes toward their children’s drinking (LaBrie et al., 2011).

The conflicting norms are perhaps most evident when we look at studies that compare parents’ and children’s reports of parental supply. Large-scale surveys in Australia (Roberts et al., 2010), New Zealand (Kypri et al., 2007) and the UK (Valentine et al., 2012) consistently find that parents believe it is appropriate for children to start drinking before the age of 18 (and in the USA before 21). However, parents’ reports that they provide alcohol to their children are substantially lower than children’s reports that their parents do so (Kypri et al., 2005; Komro et al., 2007; Donovan and Molina, 2008). This suggests that, while parents perceive that ‘everyone’ is doing so (descriptive norm—people’s perceptions of how others behave), they also perceive that it is not a legitimate behavior (injunctive norm—people’s perceptions of whether others approve or disapprove of a behavior) (Smith and Louis, 2008). However, it is not clear to what extent this under-reporting is a function of perceptions of the behavior being inappropriate for social and health reasons (e.g. inconsistent with government guidelines) versus perceptions that it is illegal. Our previous research has identified that many of Australian adults incorrectly believe that it is illegal for parents to provide alcohol to their own children (Jones et al., 2015).

Perceived behavioral control
It is evident from the majority of studies that parents feel that youth alcohol consumption is a behavior over which they have very little control (in terms of their children’s behavior outside of the family home). It is perhaps not surprising therefore that provision of alcohol in the family home—a behavior over which they do have control—is seen as a way to reduce the impact of out-of-home influences.

While not focused on parental supply of alcohol, but on attitudes toward youth drinking more generally, a
longitudinal study of 494 youth aged 13–14 (at baseline) and their parents found that parents became less opposed to youth drinking over time. Importantly, consistent with cognitive dissonance theory, parents who encountered their child intoxicated between baseline and follow-up changed their attitudes to be less opposed to youth drinking rather than increasing their control attempts (Glatz et al., 2012). Further demonstrating the importance of perceived behavioral control, a study with 703 parent-adolescent dyads found parental worries about adolescent alcohol consumption predicted increases in adolescent drinking, and that this effect was accounted for by the impact of worrying on parenting practices (i.e. parents who were more worried provided less restrictive rules and poorer communication), and the authors concluded that parents need to be provided with effective strategies to address drinking behavior (Koning et al., 2013a,b).

Implications for future research

It is evident from this review of the literature that there is a need for further research to improve our understanding of parents’ reasons for provision of alcohol to children and teenagers. The TPB provided a useful framework for exploring the existing literature, and for identifying gaps that need to be addressed. There is clearly a need for more studies across a larger range of countries, and for consistency in the variables to be measured and the measurement tools utilized.

Much of the research to date has not clearly differentiated between adolescents of different ages, which is important given the trajectory of alcohol initiation. Many studies simply ask parents about ‘adolescents’, or use very broad age groupings such as 13–17 years (Kypri et al., 2007; Smyth et al., 2010); and often questions refer to ‘your child’ making it difficult to ascertain parents’ age-specific attitudes and behaviors. It is likely that there are substantial differences in the experiences of, and influences on, parents of pre-teen children who are thinking about what they might do in the future or answering questions about ‘sips and tastes’ (Roberts et al., 2010, Jackson et al., 2012) and parents of children who are already experiencing peer pressure and social norms that encourage drinking and answering questions about the provision of full serves of alcohol (Ward and Snow, 2011a).

There is also a significant gap in the evidence base regarding parents’ attitudes to provision of alcohol between male and female adolescents. An Australian study found no difference in parental supply, or intention to supply, by child gender (Ward and Snow, 2011a,b); whereas a US study with mothers of 9 year olds found no difference in willingness to provide sips and tastes by child gender (Jackson et al., 2012). Clearly, there is a need for more research in this area given changing social norms and drinking patterns among teenage girls (Centers for Disease Control and Prevention, 2013; Simonen, 2013). Furthermore, research conducted across countries and jurisdictions is needed, as this will add to our understanding of the influence of culture, social norms and legal constraints, all of which differ between countries.

Implications for practice

The TPB provides a useful framework for understanding the factors that lead to parental supply of alcohol to children and teenagers—both ‘sips and tastes’ to younger children and provision of whole drinks of alcohol to older teenagers. Given the substantial evidence that parents are a primary source of supply of alcohol for underage drinkers, and increasing evidence that this is associated with more harmful levels of drinking, there is a need for further research to more fully understand this behavior and to develop appropriate interventions. Such interventions clearly need to address attitudes and to increase parents’ awareness of the actual outcomes of early alcohol initiation; address subjective norms, to correct misperceptions of ‘other parents’ attitudes and behaviors and address perceived behavioral control, to provide strategies to assist parents in keeping their children alcohol free as long as possible.

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