

Marital Quality and Parent-Adolescent Relationships: Effects on Adolescent and Young Adult Well-Being

OVERVIEW

While a number of studies have examined the effects of marital disruption on adolescent well-being, few have studied the implications of marital conflict and relationship quality for child well-being in married-couple families. This represents an important gap in the research, since most children live in married couple families. The present study uses data from the National Longitudinal Survey of Youth, 1997 cohort (NLSY97), a nationally representative sample of adolescents who are being followed into adulthood to examine how parent marital quality among intact families interacts with the quality of the parent-adolescent relationships to predict physical health, mental health, substance use, sexual activity, religious activity, and educational outcomes in middle adolescence and early adulthood. Results indicate that adolescents whose parents have a high quality relationship *and* who have a good parent-adolescent relationship with both parents consistently had the best outcomes. Ironically, these types of parent/child situations are among the least studied.

PARENT MARITAL QUALITY IN MARRIED COUPLE FAMILIES AND CHILD WELL-BEING: PREVIOUS RESEARCH

The few studies that have been conducted among married couple families examining the effects of marital quality on child well-being consistently find that children are affected by their parents' marital relationships.

The majority of the studies examining the effects of parent marital quality on child well-being outcomes have been conducted on child mental and physical health. In limited samples, research has found that child perceptions of parent marital quality directly predict mental health indicators such as anxiety, ¹ depression, ^{2, 3} and internalizing behaviors ⁴ in children. Regarding physical health, researchers using restrictive samples have found that parent marital conflict is related to overall child health, digestive problems, fatigue, and chronic illness. ⁵

The current study goes beyond previous research by using a nationally representative sample for these analyses. Furthermore, this research examines how stronger marital quality influences a number of additional outcomes in areas outside of the health domain, including religiosity and education, where research is even more limited.

THE PARENT-ADOLESCENT RELATIONSHIP AND CHILD WELL-BEING: PREVIOUS RESEARCH

Research on the parent-adolescent relationship is extensive, and a number of studies examining these interactions have used nationally representative samples. These studies have found associations between the parent-adolescent relationship and a number of mental health, substance use, and sexual activity outcomes.

For example, researchers have used nationally representative samples to find links between positive parent-adolescent relationships and high levels of self-esteem, ⁶ life satisfaction, ⁷ and overall happiness, ⁸ as well as low levels of physical distress symptoms, ⁹ suicidality, ¹⁰ and emotional distress. ¹¹ Furthermore, research indicates that adolescents' perceptions of positive parent-adolescent relationships are protective against health-related behaviors such as cigarette, alcohol, and marijuana use. ¹² Additionally, adolescent sexual practices have been linked to family relationship factors in nationally representative samples. For example, adolescent report of a high quality parent-adolescent relationship has been linked to a later age for adolescent initiation of sexual activity. ¹³

Research has found the relationships between parents and adolescents to be associated with adolescent religiosity, though only in limited samples. Adolescents with secure attachments to their mothers are more likely to report high religiosity.¹⁴ Additionally, adolescents who feel that their family relationships are warm and close are more likely to hold religious beliefs and engage in religious practices.¹⁵

Associations between varied parental factors, though not the parent-adolescent relationship specifically, and school achievement also have been studied in nationally representative samples. Researchers found that parental support and involvement in their adolescent's school is significantly associated with school behavior as well as academic achievement.¹⁶

COMBINING MARITAL QUALITY AND THE PARENT-ADOLESCENT RELATIONSHIP: PREVIOUS RESEARCH

Research suggests that there is a link between negative marital interactions and negative parenting behaviors, though most of these studies have been conducted on limited samples. One study found that the negativity in marital interactions is related to significantly lower family cohesion, lower support and engagement by both mothers and fathers towards their children, increased family negativity, decreased family warmth, and less democratic parenting styles.¹⁷ Marital conflict has been found to elicit negative, family-directed, aggressive behaviors in children, ¹⁸ and a meta-analytic review of this research suggests that the parent-child relationship may not buffer children from negativity in the marital relationship, and that marital conflict has a spillover effect on parent-child relationships.¹⁹ The authors suggest that, collectively, the studies find that positive adult intimate relationships provide emotional support necessary for positive nurturing of children.²⁰

In sum, these studies indicate a clear link between parent marital quality and the quality of the parentchild or parent-adolescent relationship. However, these studies have not examined the combined effects of these two factors on child outcomes. A primary goal of the present study is to fill this gap in the literature.

THE PRESENT STUDY

Taken together, available research suggests that the parent-adolescent relationship and parent marital quality are each important factors in adolescent development. The current study extends upon this research by using nationally representative, longitudinal data to examine how, in married couple families, parent marital quality in combination with the parent-adolescent relationship influences a range of adolescent and youth well-being outcomes. We also control for a range of marital, family, and adolescent characteristics in these analyses.

We hypothesize that adolescents reporting high parent marital quality and positive relationships with both of their parents will have more positive mental health, physical health, substance use, sexual activity, religious activity, and education outcomes during late adolescence and young adulthood than adolescents reporting less positive marital and parent-adolescent relationships. Additionally, we hypothesize that adolescents who experience poor parent marital quality and poor parent-adolescent relationship quality will have the poorest outcomes. This analysis could not inform specific hypotheses regarding how other relationship types, such as single parent families, would relate to child outcomes.

ABOUT THE DATA SOURCE FOR THIS BRIEF AND THE METHODOLOGY USED

This project uses data from the National Longitudinal Survey of Youth, 1997 cohort (NLSY-97), which is a nationally representative sample of 8,209 adolescents, ages 12-16 in 1997, who were surveyed over time. The survey is primarily sponsored by the Bureau of Labor Statistics of the U.S. Department of Labor and collects data on a broad array of child and family interactions and relationships, as well as adolescent behaviors. We limited our sample to 3,316 respondents who were 12 to 14 years old in December 1996 and whose parents were married at the time of the interview because this age group was asked questions about family processes.

Creating parent marital quality and parent-adolescent relationship quality profiles. We conducted a latent class analysis to determine the marital relationship quality profiles and latent growth class analyses to determine the profiles for the parent-adolescent relationship. Latent class analysis is a statistical technique for examining relationships in data. Latent class analysis identifies a set of mutually exclusive latent classes that account for the distribution of cases occurring within a cross tabulation of discrete variables.²¹ We then combined the profiles for the marital relationship quality with the profiles from parent-adolescent relationship quality profiles, please see the Research Brief entitled "Marital Quality and Parent-Adolescent Relationships: Components of Relationship Strengths in Married Couple Families."

The six combined parent marital quality and parent-adolescent relationship quality groups are:

- <u>Group 1:</u> High marital quality and good relationships with both parents 48% of sample
- <u>Group 2:</u> High marital quality and a good relationship with one parent 12% of sample
- <u>Group 3:</u> High support and high conflict marital quality and a good relationship with one or both parents 18% of sample
- <u>Group 4:</u> Low marital quality and a good relationship with one or both parents 14% of sample
- <u>Group 5:</u> High marital quality and bad relationships with both parents 4% of sample
- <u>Group 6:</u> Low marital quality and bad relationships with both parents 4% of sample.



Covariates. Based on prior research, we included additional marital, family, adolescent, peer, and environment characteristics as potential covariates in the associations between the marital quality and parent-adolescent relationship profiles and the adolescent and youth outcomes.

- <u>Marital Characteristics</u>: Whether or not the adolescent was living with two, biological parents at Round 1, the length of the parent's marriage at Round 1, and whether or not a marital disruption was experienced between 1997 and 1999.
- <u>Family Characteristic:</u> Family income, number of siblings, mother's age at the time of adolescent's birth, parental employment, highest parental education, parental involvement in school, and whether or not the family attended a religious activity at least once a week
- <u>Adolescent Characteristics</u>: age, gender, race/ethnicity, disability, and adolescent's report of whether he/she lies or cheats
- <u>Peer Characteristics:</u> index of positive peer behaviors such as peer religious attendance, participation in sports, college plans, volunteer activities, and an index of negative peer behaviors such as belonging to a gang, cutting class, or having sex
- <u>Environment Characteristics</u>: geographical region, urban residence, and an index of physical risk in the neighborhood.

Adolescent and Youth Outcome Variables. We measured a series of adolescent and youth outcome variables in the health, sexual activity, religious activity, and education domains.

- <u>Health Outcomes:</u> Overall health at age 16 and age 20 and perceptions of mental health during adolescence and young adulthood.
- <u>Substance Use Outcomes:</u> Heavy and light smoking, binge drinking, and marijuana and hard drug use, at ages 16 and 20.
- <u>Sexual Activity Outcomes:</u> Whether or not the participants were engaging in safe sexual activities (i.e., abstinence or consistent condom use) at ages 16 and 20.
- <u>Religious Activity Outcomes:</u> Family religious activity involvement at age 16, religious attendance at age 20, and religiosity in 2002 when youth were between the ages of 18 and 20.
- <u>Education Outcomes:</u> Whether or not participants had obtained a high school diploma or a GED by the age of 20 and whether or not participants had enrolled in post-secondary education by the age of 20.

ANALYSES

We examined the extent to which parent marital quality and parent-adolescent relationship quality combined to affect health, sexual activity, religious activity, and education outcomes. We conducted a series of logistic, OLS, and multinomial regression analyses to examine the extent to which membership in one of the relationship quality groups predicted positive and negative results on our adolescent and youth well-being outcomes. For each of the analyses, the group reporting positive parent marital quality and good relationships with both parents acted as the reference group.

Results are presented in Tables 1 and 2. The associations between marital characteristics and family religiosity and the well-being outcomes are also presented, given the strong pattern of results. Detailed tables are available from the authors upon request. In the tables, a positive sign (+) indicates a favorable outcome for the youth; a neutral sign (0) indicates that no significant effects were found; and a negative sign (-) indicates an unfavorable outcome.

FINDINGS

Our analyses support our hypothesis that family relationships matter for adolescents and young adults. Specifically, parent-adolescent relationship quality together with parent marital quality in early adolescence are related to physical health, mental health, substance use, sexual activity, and religious activity, outcomes during middle adolescence and, to a lesser extent, early adulthood. In particular, adolescents who do not have good relationships with both of their parents and do not report positive parent marital quality are quite consistently at greater risk for negative well-being outcomes in adolescence and for several outcomes in early adulthood.

Compared with the group enjoying positive marital and parent/adolescent relationships, most other groups of adolescents appeared to fare poorly on health, substance use, sexual activity, and religious activity, and no group fared better. These results are particularly strong for physical and mental health.

We also found that youth living in families with two biological parents compared to one biological parent and a step parent experienced positive outcomes related to more religious attendance during adolescence and better academic and sexual behavior outcomes as a young adult. In contrast, youth who were in families that experienced a marital disruption between 1997 and 1999 experienced unfavorable outcomes in adolescence, and to some extent as a young adult. In addition, religious attendance was found to be consistently associated with better outcomes in middle adolescence and early adulthood.

These results are in line with previous research finding the effects of marital quality and the parentadolescent relationship on adolescent and youth well-being outcomes and extend on those findings to indicate that both factors matter together. Importantly, adolescents in families with conflict in <u>both</u> marital and parent-adolescent relationships fare the worst.

 Table 1. Combined Parent Marital Quality/Parent-Adolescent Relationship Quality Profiles and Covariates Predicting to Adolescent Outcomes in the National Longitudinal Survey of Youth-1997.

	Positive Health Age 16	Mental Health Age 16-18	Light Smoke Age 16	Heavy Smoke Age 16	Binge Drink Age 16	Marij. Use Age 16	Hard Drug Use Age 16	Risky Sex Age 16	Abstinent Until Age 18	Family Religious Activities Age 16
Marital Quality & Parent Adolescent Relationships										
High Marital Quality & good relationship (both)	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
High Marital Quality & good relationship (one)	0	—	0		0	0		0		0
High support/high conflict & good relationship (one +)	_	—	0	0	0	0	0	0	0	_
Low Marital Quality & good relationship (one +)		—	0	0		0	0	0	0	_
High Marital Quality & bad relationship (both)		—	0			0	—		0	0
Low Marital Quality & bad relationship (both)		—	—			0	0			_
Marital Characteristics										
Two married, biological parents (ref=one step)	0	0	0	0	0	0	0	0	0	+
Length of marriage (ref=married 30+ years)										
Married 0 to 9 years	0	0	0	0	0	0	0	0	0	0
Married 10 to 19 years	0	0	0	0	0	0	0	0	0	0
Married 20 to 29 years	0	0	0	0	0	0	0	0	0	0
Experienced marital disruption (1997-1999)	0	0		—	0	0	—	—	—	0
Family Characteristics										
Family religious activities at age 16	+	+	+	+	+	+	+	+	+	

Note: + indicates a favorable relationship between the predictor and the outcome

— indicates an unfavorable relationship between the predictor and the outcome

0 indicates no relationship between the predictor and the outcome

Ref = the reference or comparison group

Table 2. Combined Parent Marital Quality/Parent-Adolescent Relationship Quality Profiles and Covariates Predicting to Early Adult Outcomes in the National Longitudinal Survey of Youth-1997.

National Longitudinal Surv							Hand					Dest
	Positive Health Age 20	Mental Health Age 18-22	Light Smoke Age 20	Heavy Smoke Age 20	Binge Drink Age 20	Marij. Use Age 20	Hard Drug Use Age 20	Risky Sex Age 20	Relig. Age 18- 20	Relig. Attend. Age 20	HS Dip. /GED Age 20	Post- Second. School Age 20
MaritalQuality & Parent												
Adolescent Relationships												
High Marital Quality & good relationship (both)	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
High Marital Quality & good relationship (one)	—		_		0	0	0	0		—	0	+
High support/high conflict & good relationship (one +)	_	_	0		_	0	0	0	_		0	+
Low Marital Quality & good relationship (one +)	—			0		0	—	0		0	0	+
High Marital Quality & bad relationship (both)		0	0	0	0	0	0	0		0	0	+
Low Marital Quality & bad relationship (both)	—	_	0	0	0	0	0	0	_	0	0	0
Marital Characteristics												
Two married, biological parents (ref=one step)	0	0	0	0	0	0	0	+	0	0	+	+
Length of marriage (ref=married 30+ years)												
Married 0 to 9 years	0	0	0	0	0	0	+	0	0	0	0	0
Married 10 to 19 years	0	0	0	0	0	0	0	0	0	0	0	0
Married 20 to 29 years	0	0	0	0	0	0	0	0	0	0	0	0
Experienced marital disruption (1997-1999)	0	0	0		0	0	0	0	0	0		0
Family Characteristics												
Family religious activities at age 16	+	+	+	+	+	+	+	+	+	+	+	+

Note:

+ indicates a favorable relationship between the predictor and the outcome
 — indicates an unfavorable relationship between the predictor and the outcome
 0 indicates no relationship between the predictor and the outcome

Ref = the reference or comparison group

Interestingly, those adolescents who reported high parent marital quality and good relationships with only one of their parents fared worse than the adolescents who reported high parent marital quality and good relationships with *both* parents on a number of well-being outcomes. Conceptually, these youth are most similar to the reference group, given that the only source of conflict is between the youth and one of the youths' parents. However, these youth fared significantly worse on physical and mental health outcomes, smoking, hard drug use at age 16, religious activities, and education. These findings suggest the importance of a positive relationship with not just one parent, but both.

These analyses as a whole suggest the value of high-quality marital and parental relationships and those private and public policies or programs that enhance family relationships. Indeed, these findings suggest that enhancing *both* marital and parent-adolescent relationships would be beneficial for adolescents and young adults.

SUMMARY

This study of adolescents in married couple families finds that the combined nature of parent marital quality and parent-youth relationships affect physical health, mental health, and substance abuse outcomes for youth in middle adolescence and, to a lesser extent, early adulthood. Specifically, among adolescents in married-couple families, those whose parents experienced marital discord and poor parent-adolescent relationships during their early adolescent years fare worse on a range of indicators of physical health, mental health, substance use, sexual activity, religious activity, and education outcomes. Furthermore, this research offers preliminary evidence that both parental marital quality and positive parent-adolescent relationships are important to well-being outcomes later in adolescence and extending in some cases even into early adulthood.

PROJECT INFORMATION

This brief was produced as part of a series of reports and briefs on the effects of marital quality and parent adolescent relationships on outcomes for adolescents and young adults. The entire series can be found at http://aspe.hhs.gov/hsp/08/RelationshipStrengths/. This report can be found at http://aspe.hhs.gov/hsp/08/RelationshipStrengths/. This report can be found at http://aspe.hhs.gov/hsp/08/RelationshipStrengths/. This report can be found at http://aspe.hhs.gov/hsp/08/RelationshipStrengths/Well-Being. The series was prepared under the direction of Linda Mellgren under ASPE contract HHSP23320045020XI06, Task Order #3 with NORC and Child Trends. Any opinions, findings, conclusions, or recommendations expressed in this report are those of the authors and do not necessarily reflect the views of ASPE or DHHS.

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