Author's response to reviews

Title: Parental knowledge of alcohol consumption: a cross sectional survey of 11-17 year old schoolchildren and their parents

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Version: 2 Date: 15 March 2013

Author's response to reviews: see over
Dear Ms Reyes

We hereby submit our revised manuscript for our paper entitled “Parental knowledge of alcohol consumption: a cross-sectional survey of 11-17 year old children and their parents” to BMC Public Health.

As requested, please find below our point-by-point response to the concerns raised by the reviewers. This details the changes that have been made to the manuscript, and all changes have been formatted in red in the manuscript for clarification purposes.

We look forward to hearing from you in due course.

Yours faithfully

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15 March 2013
Responses to reviewers are formatted as red text. Any additions to the text are formatted in red italics.

Reviewer 1's report

Title: Parental knowledge of alcohol consumption: a cross sectional survey of 11-17 year old schoolchildren and their parents

Version: 1 Date: 4 February 2013

Reviewer: Alfgeir Logi Kristjansson

Reviewer's report:

This is an interesting and simple article that focuses on the descriptive differences between profiles of adolescent alcohol users and their parental knowledge of their use. I enjoyed reading it and have merely minor comments, mostly about writing style and methodology. My comments follow the order of sections in the paper.

1. Abstract: In the result section I think it would be better to tone down the repetitive nature of ORs and incorporate the OR findings more into the text narrative (e.g., "Children aged 11-14 years had a 2.7-fold..." better to write, "almost three times greater odds..." or similar. Last sentence in the results section highlights a common problem that is found on many occasions in the paper; the sentences are often not written out or incomplete and it is almost as if the author assumes that the reader will know what is meant.

The authors thank the reviewer for their comments and for their interest in the paper. The results section of the abstract has been amended to read:

Children aged 11-14 years had over a twofold odds of consuming alcohol without parental knowledge compared with 15-17 year olds (AOR: 2.7, 95%CI: 1.3-5.7). Of parent-child dyads where the child reported consuming alcohol, 92.7% of parents reported that they had spoken to their child about alcohol at least once in the past three months, whereas 57.3% of their children reported this had occurred. Children who consumed alcohol and whose parents did not know they drank alcohol were less likely to report having a parental discussion about alcohol in the last three months (AOR: 0.4, 95%CI: 0.2-0.9) or report lifetime receipt of at least one other parenting protective measure (AOR: 0.5, 95%CI: 0.2-0.9) compared with those children who drank alcohol with parental knowledge.

2. The same problem is evident in the conclusion of the abstract. First sentence, "....knowledge" more likely than who? Please carefully read THE WHOLE manuscript with such incomplete sentences in mind as they are found on many other occasions.

3. Last sentence of the conclusion in the abstract: "Thus.." is unsupported as it stands. Why would this assertion be of interest? The "thus" indicates a rationale that is not provided.
The abstract conclusion has been amended in line with the comments from this reviewer and reviewer 2. It now reads:

Whilst only small numbers of young adolescents in our sample were drinking alcohol compared with older adolescents, those who did were more likely to do so without their parents’ knowledge. These two factors combined (drinking earlier and drinking without parental knowledge) could place children at risk of immediate harm. Further research is essential to identify whether public health strategies should be developed which could support parents to employ lifestyle parenting techniques even before the parent believes the child to be at risk.

4. Introduction: Lower part of page 4. I have never before seen research that indicates that "Parental provision of alcohol has been associated with lower risks for the child". Are these solely UK based findings? For whom and by whom? This controversial assertion needs much stronger backup if it is to stand unchanged.

We appreciate the concerns raised by the reviewer on this topic, which appears counter-intuitive; however, our discussion around this is supported by two studies, one from the USA and one (series of studies) from the UK. Reference 22 reports on findings from a cross-sectional telephone survey of 6,245 16-20 year olds in the USA (Foley et al. 2004). Parental or adult relatives’ provision of alcohol was associated with lower levels of drinking among their children in the last 30 days and binge drinking in the last two weeks. The other three references refer to a repeat biennial cross-sectional survey among ~10,000 15-16 year olds in the North West of England (references 7, 20 and 21). The study found that when parents provided alcohol to their children, the children were reportedly less likely to drink outside unsupervised, to buy alcohol themselves or to ask strangers to buy alcohol for them, drink frequently (drink at least once a week) or drink heavily (drink five or more drinks at least once a month) compared with children whose parents did not buy them alcohol (Bellis et al. 2010). The logistic regression within the study showed that being bought alcohol by their parents was associated with lower binge drinking (drink five or more drinks in one session) and drinking in public places compared with parents who do not buy alcohol for their children (Bellis et al. 2007). Reference 17 identified that children whose parents provide them with alcohol are less likely to report drinking in public places, violence when drunk alcohol-related regretted sex and tending to forget things after drinking (Bellis et al. 2009). However, in, for example Komro et al’s survey of 1,388 in Illinois (reference 23) and in certain circumstances, research has identified that parental provision can also be related to an increase in harms (reference 22). These sources have been discussed in the text. The text has been amended as follows (p.4-5):

Large scale surveys in the United States of America (USA) and one region in England found that acquiring alcohol from parents appeared to offer some protection against children’s harmful drinking behaviours such as binge drinking, frequent drinking, alcohol-related violence and alcohol-related regretted sex.[7,20-22] However, this is not universal and surveys in the USA suggest that provision of alcohol at parties and to those aged 12 years have associated with increased alcohol consumption/abuse.[22, 23]
5. First paragraph, page 5. Last sentence, "However..... risky behaviors...". Too general, be specific to alcohol as the article is about alcohol use. Last sentence in block two on page 5, "...and parenting methods of employment". On what? (the same issue as highlighted before, incomplete sentences).

The text has been amended as follows (p.5):

However, the prevention of risky behaviours *(such as binge drinking and alcohol-related violence)* is hampered if parents are unaware of the risks involved...

6. Methods: Although not entirely clear, the description of the sample and recruiting procedures suggests that a convenience sample was employed. Please clarify and if that is correct, highlight this as a limitation in the appropriate section in the Discussion. Based on the description provided, the measures of the study are very general which leads to less confidence in the findings. Please observe this in the limitation section.

Whilst we appreciate that there are limitations of employing generalised measures employed, these were essential to ensure the questionnaire was user-friendly. The text in the methods has been amended as follows (p.6):

Researchers *used convenience sampling to recruit* secondary age pupils (11-17 years)...

The text in the discussion has been amended as follows (p.17):

To ensure the survey did not impact on the school event and to enable self-completion by young people, the questionnaire was necessarily brief, straightforward and age-appropriate. However, the brevity of the questionnaire limited our ability to analyse the detailed circumstances surrounding young people’s acquisition and consumption of alcohol. Elsewhere, studies have surveyed dyads at different times and/or settings[23, 25, 29, 39]. Although these methods ensured privacy, they did allow discussions about the questionnaire between data collection points and also reduced the potential for linking dyad questionnaires[39]. The survey was not a representative randomized sample and was a convenience sample, based in an area with high levels of alcohol misuse amongst young people...

7. Mid of page 7: "For the latter....." Latter than what..?

The text in the discussion has been amended as follows (p.7):

For *lifetime prevalence of other parenting techniques*, both schoolchildren and parents were asked if...


The text has been amended as follows (p.8):

Univariate and multivariate associations are reported between demographic details (child’s age, gender, ethnicity, resident deprivation quintile and school), and *the analysis variables*...
9. Top of page 9. "Parental provision of alcohol was used as the reference category because it is the most common method young people use to access alcohol". I have at least two problems about this sentence. 1) I am not sure this is true. Even if 2 studies in England have shown this, it is a much too strong assertion to stand as is. 2) As the authors highlight in the limitations it is not clear whether the kids get the alcohol they use from parents with their parents knowledge or not. In this context however, one cannot but assume that that is being meant - that the "provision" indicates that they get the alcohol from their parents with their parents permission. Please clarify.

Please accept our apologies for not adequately clarifying our choice in reference category for this variable. We chose parental provision as a reference category because on the basis of previous research and on the basis of our own sample, the most prevalent method of accessing alcohol is through a parent (so ensuring the reference category did not have a small N compared with the other methods). The text has been amended as follows (p.9):

Acquiring alcohol from parents was used as the reference category because it was the most common method young people use to access alcohol in our sample and generated the most stable coefficient estimates. The classification is slightly ambiguous because we did not measure whether the acquisition of alcohol from parents was done with parental consent; however, we also had evidence from two studies that used the same question that a positive response to this was protective[18,19]. Thus acquisition of alcohol from parents was the most suitable reference category.

10. Results: Mid of page 9. Ethnicity is mentioned as part of the findings although in the methods section the authors state that this variable was omitted from the analyses.

This has been re-worded for clarification purposes to (p.8-9):

After the initial analyses investigating children who drink alcohol, the ethnicity variable was excluded from all subsequent statistical models because the majority of children belonged to one ethnic group.

11. Generally in the results and throughout the manuscript; be clear whether "consumption" is "alcohol consumption" or some other use.

This has been clarified throughout the document.

12. Upper part of page 10. Sentence: "Lack of parental knowledge...". Sentence is not understandable. Please alter or omit.

This has been amended to (p.10), also accounting for comments from Reviewer 2:

If younger children were consuming alcohol, they were more likely to be doing so without their parents’ knowledge (35.1% of 148 11-14 year old drinkers, 95% CI 27.5-43.4; compared with 10.6% of 236 17 year old drinkers, 95% CI 7.0-15.2, Table 2). This was confirmed using logistic regression after controlling for confounding factors such as gender, socio-economic status and school (AOR 2.7, 95% CI 1.3-5.7).
This has been amended to (p.10):

There was no statistically significant association found between lack of parental knowledge of alcohol consumption and their socio-economic status or the child’s gender.

In our study, access through parents was one of the main routes for obtaining alcohol among both genders, although for girls, access through friends was equally as prevalent as obtaining alcohol from parents. Whilst the main method being acquiring alcohol through parents would have been affected by the large proportion of males in the study, it was necessary to select one variable as the reference category and the most suitable reference category for this was acquisition through parents. Please see our response to comment 9 for details of the amendments made to the text.

This has been amended to (p.12):

Children who drank alcohol without their parent’s knowledge were significantly less likely to report past month drunkenness than those who consumed with parental knowledge (29.4% compared with 11.3%; P=0.002). However, once confounding factors (age, gender, deprivation, and school) had been accounted for, the relationship between past month drunkenness and parental knowledge of consumption was no longer significant (P=0.082).

This has been amended to (p.13), also accounting for comments from Reviewer 2:

Our study provides evidence that while drinking is less common in young adolescents (aged 11-14 years), a significant proportion of this age group in our sample who drank alcohol did so without parental knowledge of their actions. Thus, whilst 24.8% of 11-14 year olds reported drinking, 35.1% of this young age group who drank alcohol did so without parental knowledge. This compares with 10.6% parental non-awareness among the 69.6% of children aged 15-17 years who drank alcohol. A comparable study in New York City (USA) identified that 22% of female sixth graders (11-12 years; n=709) reported consuming alcohol in the past year; with almost none (<1%) of their parents having any knowledge of this[25].
17. Modelling should be "Statistical modelling".  

This has been amended to (p.13):

Statistical modelling of our data...

18. Page 13. On all occasions, "consumption" should be "alcohol consumption".  

This has been amended as part of the reviewer’s earlier comments (please see comment 11).


This has been amended to (p.14):

The most prevalent main method of obtaining alcohol among children was from their parents and through their friends...

20. Page 14. As far as I know 5 or more drinks are an indication of binge drinking and not 7 or more. Please double check.  

This is the category division that was used by the source. For clarification purposes, the text has been amended to (p.15):

...the more likely they are to drink higher volumes of alcohol (here, defined as drinking seven or more units in one session; one unit equalling...

21. Figure 1. Title should add the word "alcohol" after "drink".

Figure 1 has been removed following comments from Reviewer 2.

22. Tables 3 and 4 are very crammed and hard to understand. I would advise the authors to try to simplify them for the reader.

The tables are presented in a format similar to other large tables published through BMC Public Health, and Reviewer 1 did not raise any concerns. The authors would very much appreciate the editor’s feedback on how best to approach this. If it is possible, we would prefer to maintain this format, allowing persons who wish to review the detail to do so. As a last resort, we would suggest publishing it for the online annexe.


Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published
Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests: I declare that I have no competing interests

Reviewer 2's report

Title: Parental knowledge of alcohol consumption: a cross sectional survey of 11-17 year old schoolchildren and their parents

Version: 1 Date: 11 February 2013

Reviewer: John Foster

Reviewer's report:

- Major Compulsory Revisions

1. Currently I cannot recommend publication of this manuscript. The main difficulty is that the discussion is not consistent with the abstract. I think the way the discussion is structured and some of your results you may be accused of over claiming on your data. I think you should think what are the main messages from your study which you have robust evidence for.

The authors thank the reviewer for his comments. We apologise if our earlier submission over-interpreted our findings, we have taken this most seriously as it was not our intention. We have amended the abstract accordingly removing anything that could be construed as a discrepancy between finding and interpretation:

*Whilst only small numbers of young adolescents in our sample were drinking alcohol compared with older adolescents, those who did were more likely to do so without their parents’ knowledge. These two factors combined (drinking earlier and drinking without parental knowledge) could place children at risk of immediate harm. Further research is essential to identify whether public health strategies should be developed which could support parents to employ lifestyle parenting techniques even before the parent believes the child to be at risk.*

The following amendments have been made to the conclusion (p.18):

In conclusion, *the findings from our study suggest that* whilst only small numbers of young adolescents *in our sample* were drinking alcohol, those who *did were* more likely to do so without their parents’ knowledge. These two factors combined (drinking earlier and drinking without parental knowledge) *could* place children at risk of immediate harm. *Further research is essential to identify whether public health strategies should be developed which could support parents to employ lifestyle parenting techniques even before the parent believes the child to be at risk.* Communicating with other parents and monitoring the child’s friendships would be a valuable component of any such strategy developed. However, further research is *also* required to understand
the most effective way of preventing alcohol harm and communicating within the family.

2. I suggest your main findings are a comparison of children 11-14 v 15-17. Much of the beginning of the discussion compares 11 year olds to older children. I think your sample size of 11 year olds is too small to justify this. Therefore I suggest that you remove all reference to anything beyond 11-14 v 15-15 from both your results and discussion.

Figure 1 has been removed and the text in the results has been amended as follows (p.10):

For example, younger schoolchildren were less likely to consume alcohol than their older peers (24.8% of 596 11-14 year olds; 95% CI 21.4-28.5; 69.9% of 339 15-17 year olds, 95% CI 64.4-74.5; Table 1).

And (p.10):

If younger children were consuming alcohol, they were more likely to be doing so without their parents’ knowledge (35.1% of 148 11-14 year old drinkers, 95% CI 27.5-43.4; compared with 10.6% of 236 17 year old drinkers, 95% CI 7.0-15.2, Table 2).

The text in the discussion has been amended as follows (p.13):

Thus, whilst 24.8% of 11-14 year olds reported drinking, 35.1% of those who drank alcohol did so without parental knowledge; this compares with 10.6% of the 69.6% of 15-17 year olds who drank alcohol.

3. The other main findings that need to be stressed are the variables reported by parents to prevent/reduce consumption.

The amended text is shown below (p.12):

However, nearly half (46.9%) of parents of drinking pupils reported having used at least one other parenting approach in the past, compared with 54.2% of their children concurring. Parenting approaches used in the past reported by parents of drinkers included: ensuring their child has a mobile phone (31.0%); offering their child small amounts of alcohol to drink at home (25.0%); organising lifts to and from parties (23.7%); providing the child with alcohol themselves (14.3%); grounding or removing privileges (11.2%); controlling their pocket money or income (8.6%); stopping their child from seeing certain friends (5.7%); reducing their own drinking (5.7%); hiding or reducing alcohol in the house (2.6%); and other (undefined; 1.0%).

The following text has also been added to the discussion (p.15):

Our research emphasises the wide range of parenting techniques employed to reduce alcohol consumption and related harms which go beyond communication (such as ensuring their child has a mobile phone, offering their child small quantities of alcohol to consume at home and organising lifts to and from parties). The cross-sectional nature of
this survey prevented us from assessing whether these measures were effective in reducing alcohol consumption and/or related harm. Whilst other parenting strategies such as frequent adolescent monitoring have been associated with increased resistance to alcohol use[37], further research is required to understand the effectiveness of the different parenting strategies that are being employed.

4. Other Points: At some point in the introduction you need to introduce the findings re the trends for drinking of young people in the UK have been on a downward trend for a number of years. A short discussion of Fiona Measham’s work around university students being “new puritans” would also be beneficial.

The text has been amended as follows to include reference to the decline and to Measham’s work (Measham is reference 6) (p.4):

Whilst alcohol consumption amongst young people in England is thought to be declining,[4-6] evidence suggests that consumption patterns remain high amongst a minority of children.[4, 6] These individuals are at risk of a range...

5. Page 8: Third paragraph- Data were “inputed”

This has been amended as follows (p.8):

Data entry, screening, coding and analysis were completed in SPSS version 17.

6. Ethnicity- small numbers of what?

This has been amended as follows (p.8-9):

After the initial analyses investigating children who drink alcohol, the ethnicity variable was excluded from all subsequent statistical models because the majority of children belonged to one ethnic group.

- Minor Essential Revisions

None

- Discretionary Revisions

None

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests: I declare that I have no competing interests
Editor’s comments

1. Copy Editing: After reading through your manuscript, we feel that the quality of written English needs to be improved before the manuscript can be considered further. We advise you to seek the assistance of a fluent English speaking colleague.

All authors are native English speakers, and the text has been reviewed by an additional native English speaking colleague to correct any grammatical/spelling errors.