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RESPONSIBILITIES RELATED TO ADOLESCENTS' USE OF ALCOHOL

Perspectives of adolescents and parents

Mari Mynttinen

TURUN YLIOPISTON JULKAISUJA – ANNALES UNIVERSITATIS TURKUENSIS
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“Parents cannot see everything. So, adolescents have to decide for themselves. In the situation, if the mom is not there, they have to decide whether to have a drink or not.”-adolescent age of 15

“Ei vanhemmat, ei ne voi nähä kaikkee. Nii sen takia lapsen pitäis, tilanteessa missä äiti ei ookaan siinä, ite päättää, että otanko pullon vai en.” -nuori 15 v

To my children Tanja, Minja and Lenni

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ABSTRACT

This study describes responsibilities related to adolescents' use of alcohol from adolescents' and parents' perspectives. The aim was to produce knowledge to support adolescents in growing up and taking responsibility, and to strengthen parents' capabilities related to the questions of adolescents' use of alcohol. Knowledge of the responsibilities can help adolescents to make more responsible health choices at home and in preventive healthcare.

The study consisted of two parts and used a multi-methods approach. In the first part, an integrative review of the previous literature (n = 22) was conducted to explore the forms of parental involvement in preventing adolescents' use of alcohol. The data was analysed using inductive content analysis method. In the second part, adolescents' and parents' perceptions and experiences of responsibilities related to adolescents' use of alcohol were described. The two datasets used were group interviews among 14–16-year-old adolescents (n = 87), and semi-structured individual and couple interviews with parents (n = 20). The first sub-study focused on adolescents' and the second sub-study on parents' perspectives. Inductive content analysis was used. The third sub-study was a deductive secondary analysis, based on Hart's taxonomy of moral responsibility. The analysis utilized NVivo software.

Based on the integrative review findings, parental involvement in adolescents' use of alcohol was described in three forms: parental monitoring, suitable family rules, and mutual parent-child communication. The second part of the study displayed adolescents' multifaceted and developing responsibilities, with a particular focus on taking care of one's own and peers' health. Parents' responsibilities referred to conscious and unquestionable duties to prevent the negative impact of alcohol. According to adolescents' and parents' concurrent descriptions, moral responsibilities were based on reasonable knowledge and reflected actions and their consequences in accordance with their role and the prevailing legislation. A need for peer support and collaboration supporting both adolescents and their parents was detected.

In conclusion, it is noted that the responsibilities related to adolescents' use of alcohol can be perceived as a topic shared by adolescents and their parents. In essence, shared responsibilities seem to protect adolescents against the use of alcohol and can prevent their use of alcohol as adolescents prepare for the transition towards taking full responsibility. There is a need for further research from the perspectives of school nurses, teachers and different family types.

KEYWORDS: adolescent, health promotion, integrative review, interview, multi-method, parents, preventive school health care, responsibilities, use of alcohol, secondary analysis

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TIIVISTELMÄ

Tämä tutkimus kuvaa nuorten alkoholin käyttöön liittyviä vastuita nuorten ja vanhempien näkökulmista. Tavoitteena oli tuottaa tietoa nuoren oman kasvun ja vastuunoton tukemiseksi sekä vanhempien valmiuksien vahvistamiseksi nuorten alkoholin käytön kysymyksissä. Vastuiden tunteminen voi auttaa nuoria kohti vastuullisia terveysvalintoja, ja olla hyödyksi ennaltaehkäisevässä terveydenhuollossa.

Tutkimus oli monimenetelmätutkimus, joka toteutettiin kahdessa osassa. Ensimmäinen osa muodostui integratiivisesta kirjallisuuskatsauksesta, jossa kuvattiin vanhempien puuttumista nuorten alkoholin käytön ennaltaehkäisyssä. Kansainväliset tutkimusartikkelit (n = 22) analysoitiin sisällönanalyysimenetelmällä. Tutkimuksen toisessa osassa kuvattiin nuorten ja vanhempien käsityksiä ja kokemuksia nuorten alkoholin käyttöön liittyvistä vastuista. Aineistot koostuivat puolistrukturoiduista 14–16-vuotiaiden nuorten (n = 87) ryhmähaastatteluista sekä vanhempien (n = 20) yksilö- ja parihaastatteluista. Ensimmäinen osatutkimus kohdistui nuorten, ja toinen vanhempien näkemyksiin. Haastattelut analysoitiin aineistolähtöisellä sisällönanalyysimenetelmällä. Kolmas osatutkimus oli deduktiivinen sekundaarianalyysi, jossa hyödynnettiin NVivo-analyysiohjelmaa.

Kirjallisuuskatsauksen tulosten mukaan vanhemman puuttuminen nuorten alkoholin käyttöön tarkoitti nuorten valvontaa, perheen sääntöjä sekä kunnioittavaa ja molemminpuolista vuorovaikutusta vanhemman ja nuoren välillä. Empiirinen osio osoitti, että nuorten monitahoiset, kehittymässä olevat vastuut kohdistuivat erityisesti omaan ja vertaisten terveydestä huolehtimiseen. Vanhemmilla oli tiedostettu ja itsestään selvä vastuu alkoholin käytön haitallisten seurausten ehkäisystä. Nuorten ja vanhempien samansuuntaisten kuvausten mukaan moraaliset vastuut pohjautuivat perusteltuun tietoon, ja kohdistuivat roolin ja lainsäädännön mukaisiin toimiin ja niiden seurauksiin. Nuorten ja vanhempien vastuunoton tueksi tarvittiin vertaistukea ja yhteistyötä eri tahojen kanssa.

Johtopäätöksenä todetaan, että nuorten alkoholin käyttöön liittyvät vastuut voidaan käsittää nuorten ja vanhempien yhteisenä aihealueena. Nuorten terveysvalinnoissa jaetuilla vastuilla näyttää olevan nuorten alkoholin käyttöä suojaava ja ennaltaehkäisevä olemus, kun nuoret valmistautuvat siirtymään kohti täyttä vastuutaan. Lisätutkimus vastuista kouluterveydenhoitajien, opettajien ja erilaisten perhemuotojen näkökulmasta on alkoholin käytön kysymyksissä tarpeen.

AVAINSANAT: alkoholin käyttö, ennaltaehkäisevä kouluterveydenhuolto, haastattelu, integratiivinen katsaus, nuori, monimenetelmätutkimus, sekundaarianalyysi, terveyden edistäminen, vanhempi, vastuut

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Abbreviations

CINAHL	Cumulative Index of Nursing and Allied Health Literature
CRIN	Child Rights International Network
EDUFI	Finnish National Agency for Education
FNBE	Finnish National Board of Education
FRA	Fundamental Rights Agency
GDPR	The General Data Protection Regulation
HBSC	Health Behaviour in School-aged Children
STM	Ministry of Social Affairs and Health [Sosiaali- ja terveysministeriö]
TENK	Finnish National Board on Research Integrity [Tutkimuseettinen neuvottelukunta]
THL	National Institute for Health and Welfare [Terveyden ja hyvinvoinnin laitos]
TPSR	The Teaching Personal and Social Responsibility model
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

List of Original Publications

This thesis is based on the following original publications, which are referred to in the text by their Roman numerals:

I Mynttinen M, Kangasniemi M, Pietilä A-M. What does parental involvement mean in preventing adolescents' use of alcohol? An integrative review. Journal of Child & Adolescent Substance Abuse, 2017, 26 (4), 338–351. DOI: 10.1111/scs.12799.

II Mynttinen M, Mishina K, Kangasniemi M. Adolescents' perceptions and experiences of their responsibilities for their alcohol use—a group interview study. *Children (Basel, Switzerland)*, 2021; 8(3), 214.

III Mynttinen M, Pietilä A-M, Kangasniemi M. Parents' perspective on their responsibilities with regard to adolescents' use of alcohol. *Scandinavian Journal of Caring Sciences,* 2020; 34(4), 919–928.

IV Mynttinen M, Mishina K, Kangasniemi M. How adolescents and parents see their moral responsibilities with regard to adolescents using alcohol—a deductive secondary analysis. *Journal of School Health,* 2023; 93(1), 62–72.

1 Introduction

Adolescence is a unique stage of development between childhood and adulthood when the foundations are laid for good health (Sawyer et al., 2018; World Health Organization [WHO], 2022). During adolescence, health choices play a central role as they create a basis for adolescents' well-being, lifestyle and health (Cappelen & Norheim, 2005; Ioannou, 2003; Kozica et al., 2012; Moilanen et al., 2018a; 2018b). Adolescents' health choices focus on exercise, nutrition, rest, and social relationships, but also on self-control and avoidance of substance use (Ioannou, 2003; Moilanen, 2018; Moilanen et al., 2021; Spencer, 2013; WHO, 2014a; 2018). Responsibilities are a part of health choices in promoting adolescents' health (Moilanen, 2018; Moilanen et al., 2018b; 2021). Personal and social responsibility has been focused on teaching and guiding adolescents as a school subject in physical education and in preventive health care related to their long-term disease care (Escarti et al., 2010a; 2010b; Dunn & Doolittle, 2020; Gray et al., 2019; Koutelidas et al., 2020; Pozo et al., 2018). The aim of the guidance has been to develop compassion and caring among adolescents and especially to establish skills required in a fair and morally sound society (Byrd, 2012; Martinek et al., 2006).

Adolescents' use of alcohol is a central topic related to responsibilities, as adolescents are growing towards taking conscious responsibility for their own health choices and following consequences (Moilanen et al., 2021). Adolescents have perceived their responsibilities as an integral part of their health choices. They have described responsibilities to involve looking after their own and the others' health. (Moilanen et al., 2018a). Responsibilities are interlinked to rights (Lazarus et al., 2009): guaranteeing that every child and adolescent has a right for the highest attainable standard of health (United Nations, 1989). The fruition of this right requires supporting adolescents to take responsibility for their health choices. Adolescents taking their responsibilities, in turn, has been found to contribute to preventing adolescents' use of alcohol. (WHO, 2018). Responsibilities have been supported for example by programmes aiming to facilitate adolescents' development of responsibility. After participating in the programmes, adolescents have been found to engage in more responsible tasks at home and school than before. (Salusky et al., 2014).

Health choices related to alcohol use have been found to have far-reaching effects on adolescents and their future (WHO, 2014b; 2021a). The use of alcohol exposes adolescents to health risks and is a major contributor to their disease burden (Inchley et al., 2020; Kekkonen et al., 2021; Raninen et al., 2021; Smith, 2021; WHO, 2018; 2021a). As the use of alcohol causes harmful impacts on adolescents' psychological, social and physical health (Inchley et al., 2020), it is a common concern among parents and in preventive health care (Cox et al., 2018; Degenhardt et al., 2016; Patton et al., 2016). Therefore, getting involved in adolescents' use of alcohol is necessary for safeguarding their future health (Baig et al., 2021; Lloret et al., 2020; Thomas et al., 2020).

Adolescence has been observed in several ways. During the past century, for example, adolescents' biological growth has changed as puberty has started to begin earlier (Sawyer et al., 2018). From the perspective of age, adolescence has been defined as a period of life between the ages of 10 and 19 (WHO, 2014b) or between 10 and 24 (Sawyer et al., 2018). In this study, the focus is on adolescents being 13–17 years of age, living in a period known as middle adolescence (Hashmi, 2013). Experimentation with alcohol use typically begins before the age of 15 (Simonen et al., 2017; WHO, 2018; 2021a). Worldwide, more than a quarter (26.5%) of 15–19 years-olds use alcohol, amounting to 155 million adolescents (WHO, 2018). Although adolescents' use of alcohol has consistently decreased across numerous countries (Pape et al., 2018a; Raninen et al., 2014; Vashishtha & Livingston, 2021; Vashishtha et al., 2021), alcohol is still the most used and easily available substance among adolescents (WHO, 2018; Inchley et al., 2020; Johnston et al., 2019). During the global coronavirus pandemic, adolescents' use of alcohol has found to increase (Mojica-Perez et al., 2022; Wang et al., 2022). It is notable, however, that all adolescents are not interested in alcohol use (Feng & Newman, 2016).

Adolescents' health choices are often made in a family context (Laverty et al., 2015; Moilanen, 2018). The choices related to the use of alcohol are typically influenced by parents and family, the people with key influence to the adolescents (Mills et al., 2021; Tinnfält et al., 2015). To decrease adolescents' alcohol use, parental control has found to be important (Raitasalo et al., 2021). Parents' and other stakeholders' involvement and commitment to promoting and supporting adolescents' health behaviours, capacities and autonomy for decision-making are the main conditions for success in preventing adolescents' use of alcohol (Gardener et al., 2020; Hilli & Pedersen, 2021). It is worth noting that adolescents have a need to make similar health choices to their peers to feel accepted in their group (Borraccino et al., 2016; Couch et al., 2017; Kane et al., 2019; Moilanen et al., 2021). A shared understanding of responsibilities between adolescents, peers, teachers and school nurses, has perceived as significant (Hilli & Pedersen, 2021; Thompson et al., 2006), also in the context of substance and alcohol use (Laverty et al., 2015). However,

compared to schools, parents have been considered to have greater responsibility for providing their children with knowledge about their health (Fairbrother et al., 2016; Patino-Fernandez et al., 2013).

Responsibilities related to adolescents' use of alcohol can be seen as an ethically sensitive research topic (Thompson et al., 2006). An ethical key question is whether people have the right to make reasoned health choices, even when these choices might be prone to errors (Buetow & Elwyn, 2006). An inability to do what others expect one to do, and unclarity or disagreements about whether an issue is right and/or wrong, can bring out ethical questions (Lillemoen & Pedersen, 2013). For example, in Finland, the use, possession, and supply of alcohol is forbidden for adolescents under 18 years as they are underage (Alcohol Act, 1102/2017). However, some adolescents use alcohol even though they are aware that the use of alcohol is not allowed by law. Therefore, there is a need to enhance ethical considerations in collaboration between health care professionals and families in preventive health care (Haddad & Geiger, 2022; Patino-Fernandez et al., 2013).

Previous knowledge of responsibilities related to adolescents' health choices has remained fragmented (Moilanen, 2018; Moilanen et al., 2018b; 2019). There is a lack of research on adolescents' perceptions of their responsibilities (Koutelidas et al., 2020), especially in the context of alcohol use (Laverty et al., 2015). Better knowledge of the ethical basis of adolescents' health choices could increase understanding to support and strengthen adolescents' own growth (Moilanen et al., 2018b). The knowledge can be used to support parents' abilities in supporting adolescents for taking their responsibilities (Filiz & Demirhan, 2019; Moilanen et al., 2021), making responsible decisions and learning skills related to their choices (Sormunen et al., 2013).

This study focuses on adolescents' and parents' perceptions and experiences of responsibilities related to adolescents' use of alcohol. The produced knowledge can be used in developing and improving preventive health care services. Especially school health care can support adolescents' decisions on their health. (Goldthorpe et al., 2019). The knowledge produced by this study can also be used when considering the ways to discuss responsibilities related to adolescents' use of alcohol with parents in families and when planning and implementing strategic directions for alcohol use prevention.

2 Theoretical background of the study

This chapter describes the theoretical background of the summary section of the thesis. First, previous research related to adolescents' use of alcohol as a part of their health choices is described. Second, descriptions of the responsibilities interrelated with adolescents' health are discussed. Third, responsibilities in preventing adolescents' use of alcohol are described. Finally, the theoretical background is summarized.

Literature for the theoretical background covering the period 2004–2022 has been collected from the scientific electronic databases of CINAHL, PubMed, Web of Science, PsycINFO and Scopus throughout the study process (Appendix 1). The literature searches have covered research focusing on adolescents' use of alcohol and their health choices, adolescents' responsibilities related to their alcohol use and health, and preventing adolescents' use of alcohol. The search strategies have included combinations of the four main search phrases. All of the search results have been limited to Finnish and English languages. The inclusion criteria were that the focus was on adolescents under eighteen years of age, their responsibilities and the context related to adolescents' health. The number of the found items was updated in 2023. National and international policy documents, guidelines and regulations were used alongside scientific literature.

2.1 Previous research on adolescents' use of alcohol as a part of their health choices

This section is concerned with adolescents' use of alcohol as a part of their overall health choices. Previous research on adolescents' health choices has revealed that responsibilities are a significant part of making choices concerning one's health. The use of alcohol as a part of a person's health choices is often influenced by the context (Kane et al., 2019; Sudhinaraset et al., 2016; Tingey et al., 2016). Previous research on adolescents' use of alcohol has focused on health choices as adolescents' behaviours and habits (DeHaan & Boljevac, 2010; MacArthur et al., 2020).

2.1.1 Adolescents' health choices concerning the use of alcohol

The health choices made by adolescents include their conscious or unconscious decisions (Brown, 2013; Ioannou, 2003; Spencer, 2013) in everyday life, made either independently or with the influence of others. Health choices are the result of agency, the actions adolescents perform to complete specific tasks (Ioannou, 2003). Choices are based on rights, freedom and opportunities available for making decisions (Brown et al., 2015; Verstraeten et al., 2014). Making health choices allows adolescents to exercise their rights, duties and responsibilities for taking action for better well-being (Moilanen et al., 2018a). Taking care of one's own health and making healthy choices also requires sufficient motivation (Lindmark & Abrahamsson, 2015; Salusky et al., 2014).

Adolescents' health choices have focused on the initiation of alcohol use (Morleo et al., 2016), and the choices of making decisions and the persons with whom they have been made (Moilanen, 2018; Moilanen et al., 2018a; 2021). Adolescents' use of alcohol increases their risks of health problems and developing physical dependence and mental disorders (Lintonen et al., 2016; Thornton et al., 2018). The use of alcohol reduces adolescents' self-control, is a primary cause of injuries, accidents and premature deaths, and can shorten their life expectancy (Bhat & Shankar, 2021; WHO, 2021a). Alcohol seriously affects adolescents' personal health and future at individual and social levels (WHO, 2017). It is known that the earlier adolescents start to use alcohol, the more likely they are to face problems later in their lives (Bhat & Shankar, 2021; Morleo et al., 2016), such as school difficulties and violent behaviour later in adulthood (David-Ferdon et al., 2016; Marshall, 2014; WHO, 2010; 2021a). Studies have shown that adolescents' development of their critical thinking skills (Hita et al., 2018), experienced norms (Francois et al., 2017), feelings of happiness and harm awareness (Cable et al., 2017) are all associated with decreased alcohol use. Strengthening these factors enables decreasing adolescents' positive expectancies for alcohol use (Hita et al., 2018).

It is understandable that adolescents' decision-making can vary from situation to situation (Dover & Lambert, 2016). Their cognitive and mental capacity, hormonal, neurodevelopmental, and psychosocial changes are still developing (WHO, 2014c). Controlling over behaviours, namely self-control for actions and choices (Bandura, 2006), is a matter under adolescents' exercise. When adolescents perceived their decisions and their consequences as their own, they have been found to be more likely to carefully consider their choices before making decisions (Smithikrai et al., 2015). Adolescents' capacity has been reported to influence them in fulfilling their responsibilities (Moilanen, 2018; Moilanen et al., 2018a; 2018b). In order to make healthy decisions, adolescents need to have enough knowledge and self-confidence, for example with regard to their use of alcohol (Dover & Lambert, 2016; Hillier et

al., 2015). Their individual resources (Arndt & Naude, 2020) determine their capacity to make autonomous decisions, which gets stronger as adolescents grow and become more independent (Cornock, 2011; Holbein et al., 2019).

There is a lack of previous research focusing on adolescents' use of alcohol as a part of their health choices; instead, research on adolescents' health choices has focused on dietary patterns (Williams et al., 2020), exercise (Ioannou, 2003; Kelly et al., 2011; Koutelidas et al., 2020), sleep and screen time (Kelly et al., 2011), sexual health (Park et al., 2013), other substance use (Ioannou, 2003; Spencer, 2013), and smoking (Ho et al., 2020; Veronda et al., 2020). Studies on alcohol use, instead, have focused on the frequency and amounts of used alcohol (Longmore et al., 2021), and the beverage types of alcohol that adolescents use (Longmore et al., 2021; Neves et al., 2015). Some adolescents have been found to engage in heavy, episodic alcohol use despite legal restrictions and harmful consequences (Amonini & Donovan, 2006; Newton et al., 2012; 2014; Quinn & Bussey, 2015a).

Participants in this study represent adolescents and parents in Eastern Finland. Regarding regional differences in adolescents' use of alcohol, the numbers of the indicators in the 2021 Finnish School Health Promotion study show that although adolescents in the rural areas of the region accept the use of alcohol more often than those in urban areas, alcohol use is slightly less frequent in rural areas compared to urban areas (Table 1). The concurring numbers have been found in comparison with the whole country (National Institute for Health and Welfare [THL], 2023).

Table 1. The numbers of the indicators related to adolescents' use of alcohol in the Finnish School Health Promotion study 2021 among adolescents going the eighth and the ninth grades.

	Eastern Finland		Whole country
The indicator	**Rural areas**	**Urban areas**	
Do not use alcohol at all	71.9%	62.9%	65.4%
Accept the use of alcohol by adolescents	60.0%	55.5%	55.2%
Use alcohol weekly	4.4%	3.8%	4.1%
Drunk at least once a month	5.3%	9.7%	8.9%

Adolescents' use of alcohol raises moral questions (Brown et al., 2013; Spencer, 2013; Quinn & Bussey, 2015a; 2015b) meaning that people's moral code is guided and determined by their personal perceptions of right and wrong (Bandura, 1986, 2002). When people have acted according to their perceptions, they have had a sense of satisfaction and self-worth. Meanwhile, when people have made choices that violate their moral code, they have activated self-sanctioning, including the feelings

of guilt, remorse and shame (Bandura, 1986; 2002). The more negatively adolescents judge the use of alcohol, the more guilt they are likely to feel using it. This has been found to make it less likely for them to choose to use alcohol because of their health (Quinn & Bussey, 2015a).

The use of alcohol can also be seen as a legal issue because of its illegality and harmfulness for underaged people (Sawyer et al., 2018). Some adolescents have compared the use of alcohol to illicit drugs, which they have considered to be more dangerous and have more damaging effects than alcohol. Alternatively, responsibility related to using alcohol has been spread among a group of adolescents. (Bandura, 1986; 2002). If adolescents have explained and neutralized their use of alcohol by displacing responsibility based on a moral justification, they have been using a moral disengagement strategy. This strategy has been found to involve individual risk factors for adolescents' alcohol use (Quinn & Bussey, 2015a), as it allows managing negative emotions and engaging in unethical behaviour, such as the use of alcohol, without self-sanctions. (Bandura, 2002; Tillman et al., 2018; Quinn & Bussey, 2015b). Since there has been a relationship between moral disengagement and adolescents' use of alcohol, adolescents' justifications and excuses for their alcohol use have to be acknowledged in their health choices and responsibilities (Quinn & Bussey, 2015a).

2.1.2 The context of adolescents' health choices concerning the use of alcohol

The context of adolescents' health choices concerning the use of alcohol means the surrounding environment in the society referring to the adolescents' parents, peers, legislation, and culture (Ioannou, 2005; Moilanen, 2018; Moilanen et al., 2018a). The context influences adolescents' decisions, as social control and the environment have an important role in determining, limiting or supporting, adolescents' decisions and opportunities for their choices (Goldthorpe et al., 2019; Salusky et al., 2014).

2.1.2.1 The people influencing adolescents' choice-making

Parents' role in getting involved. Parents in this study refer to the primary caregivers of adolescents. The caregivers may include not only the child's biological parents, but also their legal guardians, grandparents, step-parents, aunts or uncles (Gutierrez-Colina et al., 2017; Telzer et al., 2014). Parents typically include one or more family members and are the main people looking after adolescents in their everyday lives. Parents can influence adolescents in two ways: by raising them (Akgül et al., 2019; Tinnfält et al., 2015) and by serving as role models (Espinosa-Hernandez et al., 2022; Mangiavacchi & Piccoli, 2018; Rossow et al., 2016). First, when raising their

children, parents have the main role and the legal rights, authority, power and responsibilities that either enable or restrict adolescents' health choices (Children Act, 1989). It is worth noticing that the concept of a 'parent' has been defined as a person with parental authority or responsibility (Child Rights International Network [CRIN], 2019).

Parents' role to *get involved* in their adolescents' health choices and use of alcohol is emphasized in terms of parental involvement in this study. Previously, parental involvement has been seen as an *intervening* variable (Heiss, 1996) and here, it refers to *parents intervening* (Saint-Jacques et al., 2006) in adolescents' use of alcohol. As an appropriate concept for the developmental period of adolescence and emerging adulthood (Lowe & Dotterer, 2018), parental involvement has been found to support adolescents' development (Thomas et al., 2020). It has reduced adolescents' risk for alcohol use (Donaldson et al., 2016; Handren et al., 2016; Hernandez et al., 2015; Ryan et al., 2010; Schlauch et al., 2013; Yap et al., 2017), determined its onset, the rate of consumption and reduction later in the adolescents' lives (Ryan et al., 2010; Yap et al., 2017). Emphasizing active parental involvement, school-based programmes have improved adolescents' developing skills in self-regulation and social competence and changed adolescents' behaviour to be healthier (Das et al., 2016). Parental involvement in this study refers to how parents react and act on issues related to adolescents' use of alcohol, regardless of whether adolescents use alcohol. The aim is to protect (Marker et al., 2018) and to ensure a good future for adolescents (Tinnfält et al., 2015). Parents show interest in their children through awareness of what their adolescent children are thinking about and where they spend their time.

Parents' involving has been seen as both parents' legal right and also as duty (Tinnfält et al., 2015). Because of their parenthood, parents have a responsibility to be aware of their adolescents' use of alcohol (Glowacki, 2016; Telzer et al., 2014), to prevent their children from using alcohol and other substances (Hernandez et al., 2015; Kearns et al., 2010; Ryan et al., 2010). Parents' responsibility includes protecting and caring (Baig et al., 2021; Laverty et al., 2015; Lowe & Dotterer, 2018; Ryan et al., 2010) by guiding and advising (Baig et al., 2021) their children towards making healthy choices. Specifically, parental involvement has comprised parental engagement (Lowe & Dotterer, 2018), contact between adolescents and parents (Lancaster et al., 2015; Lowe & Dotterer, 2018), and parental support for their children (Baig et al., 2021; Lowe & Dotterer, 2018).

In the context of parents' task in raising their adolescent children, parental involvement refers to their role, opportunity and activity in being included and participating in their children's everyday life. Parents' presence, sharing of values and beliefs with their adolescent children and collaborating with other parents and social and health care professionals have been found to be included in parental

involvement. (Lancaster et al., 2015). This reflects to adolescents' different opportunities for making their health choices depending on their social class, family structure and parents' educational level, in addition to socio-demographic characteristics such as age, ethnicity and gender (Arndt & Naude, 2020; Hillier et al., 2015; Longmore et al., 2021; Lu et al., 2015). Exposure to alcohol has been found to be higher among adolescents whose parents have a low level of education compared to those with highly educated parents (Pape et al., 2018b). Social status or family structure have been found unrelated to the shared responsibilities of adolescents and parents in adolescents' diabetes care (Helgeson et al., 2008).

Parents' attitudes have been found to influence adolescents' decisions and health choices (Azeez et al., 2020; Dwyer et al., 2017; Oellingrath et al., 2012) regarding of whether to use alcohol. Parents' permissive and approving attitudes and supplying of alcohol have been found to increase adolescents' use of alcohol (Jacob et al., 2016; Kaynak et al., 2014; Sharmin et al., 2017a; Staff & Maggs, 2020). Some parents have been overprotective (Zimmermann et al., 2022), which can manifest as over-monitoring children (Mills et al., 2021). Parents have overly involved in their adolescents' lives, offered advice and direction in a controlling manner, and intervened in adolescents' private issues. This has referred to a level of excessive monitoring considering the child's developmental and limiting of autonomy (Padilla-Walker & Nelson, 2012). Excessively hierarchical and rigid family structures have impeded and prevented children from becoming responsible (Everri et al., 2015). On the other hand, decreased parental involvement has been found to cause disagreements between adolescents and parents regarding responsibilities (Lancaster et al., 2015). Parents' increased monitoring and knowledge of their children's whereabouts have been found to make it less likely for adolescents to associate themselves with peers who use alcohol or other substances (Mills et al., 2021; Sellers et al., 2018; Yap et al., 2017). Meanwhile, poor-quality relationships with parents can increase adolescents' use of alcohol (Hummel et al., 2013; Ryan et al., 2010; Yap et al., 2017).

Second, besides raising their children, parents serve as important role models in the use of alcohol (Espinosa-Hernandez et al., 2022). Limited alcohol use among parents is linked to lower use of alcohol by adolescents (Ryan et al., 2010; Yap et al., 2017). Meanwhile, parents' high alcohol consumption has been found to increase the likelihood of their adolescents' alcohol use (Mangiavacchi & Piccoli, 2018; Rossow et al., 2016). Parents' alcohol problems have been found to increase challenges in their adolescents' life (WHO, 2018). Adolescents have found to have emotional symptoms, low self-esteem and loneliness (Pisinger et al., 2016). Parents' heavy use of alcohol has been shown to be associated with worse educational outcomes (Mangiavacchi & Piccoli, 2018), challenges in behaviour (Su et al., 2018) and drug use (Finan et al., 2018) among adolescents. Adolescents whose parents use

a lot of alcohol are also at higher risk to develop depression in adulthood (Fuller-Thomson et al., 2013; Wolfe, 2017).

Overall, parenting practices have been suggested to be one central factor explaining the decline in adolescents' alcohol use in recent years (Raitasalo et al., 2021; Vashishtha & Livingston, 2021; Vashishtha et al., 2020). Parenting practices refer to practices that aim at enhancing children's rights to protection, participation and provision in the family (CRIN, 2019), as adolescents need more protection than adults (Annunziato, 2015; Sawyer et al., 2018). Parenting practices have included parents' carrying out their responsibility to monitor their children and to set alcohol-specific rules by a good quality of communication (CRIN, 2019; Davids et al., 2017; Vashishtha et al., 2019). On the other hand, changes in parenting practices and roles, such as the supervision of children may decline (Costello et al., 2016; Leadbeater et al., 2022), as adolescents age and take more responsibility for their health choices. This means that, as children reach adolescence, parents' rights and responsibilities toward them could decrease, more or less (Corncob, 2011), and some parents might get involved in their children's lives less than before (Clark et al., 2008).

Peers' role. Peers have a major role in adolescents' health choices (Borraccino et al., 2016; Couch et al., 2017; Moilanen, 2018; Moilanen et al., 2018a) and in their use of alcohol (Hummer et al., 2022; Leadbeater et al., 2022). Peers act as role models for health choices by following through with responsibilities and encouraging adolescents to do the same. Peers influence others either by protecting or exposing them to substance use. (Couch et al., 2017; Salusky et al., 2014). They create expectations and pressure related to adolescents' decisions (Aura et al., 2016) regarding alcohol use (Kane et al., 2019). Adolescents either try to identify with peers in their social environment as such or, alternatively, act out of step with the dominant adolescent culture (Braams et al., 2019). If alcohol use is high among peers and the overall community in which adolescents live, adolescents are more likely to also use alcohol themselves (DeHaan & Boljevac, 2010; MacArthur et al., 2020). If adolescents anticipate that their peers have approving views of the use of alcohol, they will have a higher likelihood of moral disengagement and unsocial behaviour (Tillman et al., 2018; Quinn & Bussey, 2015b). Moral disengagement means that alcohol use has been given a social or moral purpose and responsibility has been placed on an authority figure. Disregarding or distorting consequences has been used as one strategic means to minimize the consequences of alcohol use. (Bandura, 1986; 2002; Iwai et al., 2018).

Peers influence adolescents' ability to take responsibility and develop in this (Filiz, 2019; Hellison, 1995). When adolescents have been leading their peers in development programmes, i.e. through peer coaching, it has affected not only their own sense of responsibility but also their peers have improved and strengthened their skills to take responsibility for making healthy choices (Filiz, 2019; Salusky et al.,

2014). Taking responsibility for others has allowed adolescents to improve their cooperation skills, set goals and make plans for their lives, solve problems and show respect for others (Filiz, 2019). For adolescents, peers have represented autonomy in exercising agency and making decisions, for example, concerning their use of alcohol (Dodge et al., 2006; Salusky et al., 2014).

Peers provide adolescents with a sense of solidarity and mutual responsibility. Mutual and collective responsibility among adolescents has referred to peer agency, including peer cohesiveness and teamwork which allows adolescents to take responsibility of each other for their actions and ensure that everybody is doing their part. Peers increase adolescents' motivation and reciprocal support needed in making choices of whether to use or avoid of alcohol. (Salusky et al., 2014). Adolescents have a responsibility to provide a safety net for each other and perceive themselves as a team that identifies shared goals of performing tasks well (Moilanen, 2018; Salusky et al., 2014). Encouragement, suggestions, and reframing have been found to support adolescents in fulfilling their responsibilities such as performing demanding tasks. The role of peers as a source of motivation and social control has strengthened mutual and collective responsibility among adolescents. (Salusky et al., 2014).

There are different results of whether parents or peers exert more influence on adolescents' alcohol use (Sellers et al., 2018). Together with peer pressure, factors linked to adolescent use of alcohol include a lack of parental involvement and, for some adolescents, family conflicts (Kane et al., 2019; Tingey et al., 2016). When parents have knowledge of their adolescent's whereabouts, friendships, and activities, adolescents may select peers with lower alcohol use (Sellers et al., 2018). Impulsive adolescents have been found to be more susceptible to peer influence in alcohol use compared to those who abide by a strong set of morals (Beier, 2018). Some studies have suggested that peer influence and adolescents' openness to experiences determine some adolescent alcohol use even more strongly than parental involvement (Azeez et al., 2020; Sellers et al., 2018). One explanation for this is that many adolescents spend more time with their peers and less with their parents (Steinberg, 2014). However, when parents have shown trust in their children, the risk for alcohol use and overcoming peer group pressure has decreased (Simonen et al., 2017; Sjödin et al., 2021).

2.1.2.2 Surrounding environment in the society adolescents make their health choices

Legislation. Legislation and the prevailing alcohol policy in the surrounding environment in society influence adolescents' health choices with regard to the use of alcohol (Amonini & Donovan, 2006; Dover & Lambert, 2016; Sawyer et al.,

2018). Legislation determines the restrictions for the purchase and use of alcohol to both protect and empower adolescents (Sawyer et al., 2018). In most European countries, alcohol use is prohibited for those under 18 years of age in line with the Convention on the Rights of the Child (United Nations, 2016). The exceptions are Belgium, Denmark and Germany, which allow adolescents to purchase beverages with low percentages of distilled alcohol at the age of 16 years (Fundamental Rights Agency [FRA], 2018). Meanwhile, setting the minimum legal age for the use of alcohol at 21 years of age has been found to decrease adolescents' use of alcohol in the United States. The higher age limit has protected adolescents from long-term negative outcomes, such as alcohol dependence. (Dejong & Blanchette, 2014; Fairman et al., 2019).

The legislation imposes restrictions that prevent adolescents from making independent choices on the use of alcohol (Dover & Lambert, 2016) and is one factor guiding them in making healthy choices. When adolescents have been complying with moral and legal rules and have expected morally right behaviour, i.e. acting in accordance with their moral values, from themselves and others, they have been avoiding (Lepre & Martins, 2009) and using less alcohol (Amonini & Donovan, 2006). Adolescents have used less alcohol if they have perceived having personal responsibility to adhere to laws and deemed alcohol and substance use wrong (Amonini & Donovan, 2006; Reyna et al., 2013).

Cultural context. Cultural context refers to the cultural environment in which adolescents live their everyday life (Sudhinaraset et al., 2016), and which influences adolescents' health choices (Couch et al., 2017; Vashishtha & Livingston, 2021). In alcohol use, cultural context refers to certain cultural norms, beliefs, habits and behaviours, attitudes and values of the region towards both alcohol and adolescents (MacArthur et al., 2020). Adolescents make their choices from the perspective of a member in their community (Nwagu et al., 2017; Sudhinaraset et al., 2016). For example, cultural differences have been visible in contexts in which the use of alcohol is generally deemed appropriate for all in the community (Nwagu et al., 2017). Differences also emerge related to gender norms, for instance when the use of alcohol is traditionally perceived as being acceptable for men (Sudhinaraset et al., 2016). Some countries have similar cultures of alcohol use; for example, Nordic countries are characterized by relatively frequent, excessive, and episodic adolescents' use of alcohol. Finland, Sweden and Norway emphasise the role of parents getting involved in their adolescent children's use of alcohol. (Rossow et al., 2022). While there are cultural differences between different countries at the global level (Vashishtha et al., 2019; Vashishtha & Livingston, 2021), parenting has been found to have similar effects on adolescents' alcohol use regardless of culture (Ghayour-minaie et al., 2019). Culture is one of the determinants that affect the

advertising and marketing of alcoholic beverages in the society adolescents live and make their health choices (Sudhinaraset et al., 2016).

2.2 Descriptions of responsibilities interrelated with adolescents' health

The approaches and constructs of responsibilities have been previously described in contexts other than adolescents' use of alcohol, such as related chronic diseases. In this section, adolescents' responsibilities interrelated with their health are defined as a concept and discussed in connection with their health choices.

2.2.1 Defining responsibility as a concept

As a concept interrelated with health, responsibility has been given multiple definitions and has many meanings and usages (McKenna, 2012; Mergler & Shield, 2016; Tuohimaa, 2016). Responsibilities have been defined as ethically role-based, expected actions or the consequences of actions by individuals and/or groups (Buetow & Elwyn, 2006; Kangasniemi et al., 2012). Responsibility has included adolescents' own willingness, motivations and expectations to fulfil given tasks (Salusky et al., 2014). Personal responsibilities mean, for example, that individuals have to take responsibility, be aware and choose of their own choices and goals (Lindmark & Abrahamsson, 2015; Smithikrai et al., 2015) and understand what constitutes a valuable choice and personal welfare (Timotijevic et al., 2018). Personal responsibilities have been defined also as individuals' perceptions of being the masters of their own lives. Fulfilling personal responsibilities mean that people are willing to hold themselves accountable for their behaviour and its consequences (Smithikrai et al., 2015). Accepting all one's responsibilities and tasks in order to identify and achieve clear goals in life has been seen as an individual's personal responsibility (Nelson et al., 2004). When making choices related to use of alcohol (Laverty et al., 2015), adolescents have recognised their personal responsibilities (Ott et al., 2011). This has found to decrease their inappropriate behaviour and undesirable consequences (Smithikrai et al., 2015). Responsibilities have been described as universal, but dependent on individual and social opportunities (Goldthorpe et al., 2019; Moilanen, 2018; Moilanen et al., 2018b; Salusky et al., 2014).

Moral responsibilities refer to a sense of responsibility to do what is perceived as the right, moral choice (Schipper & Koglin, 2021). Moral responsibilities include focusing on what is right and wrong, good, and bad, virtuous, and vicious (McKenna, 2012). These are essential questions in adolescents' use of alcohol because moral responsibilities develop in the relationships and interaction between adolescents and

parents (Walker, 2007). When adolescents have felt that a sense of morality is important to their identities, they tend to make morally 'right' choices rather than avoid making selfish decisions (Sonnentag et al., 2019), and their sense of responsibility has been found to increase (Schipper & Koglin, 2021).

In this study, moral responsibilities have been defined by Hart (1985) to comprise role responsibility, capacity responsibility, causal responsibility and liability responsibility. Role responsibilities refer to tasks that people have to perform based on their role or position in their community or family. Capacity responsibilities refer to abilities or resources a person has, such as time and willingness, and abilities to understand what is required in complying with legal rules or a sense of morality. Abilities to deliberate, reach and conform to decisions concerning requirements include capacity responsibilities, which also include abilities to understand and foresee the consequences of one's choices. Capacity responsibility is required to exercise self-control and manage one's actions and environment in certain circumstances. Causal responsibilities, in turn, refer to the consequences that one's action has caused. If people are morally responsible, their duty is to reimburse or pay compensation for the harm they have caused. This is a question of liability responsibility, a form of moral responsibility, if the caused harm is in violation of the law. People can be held legally responsible for their actions, even if they lack capacity responsibility. Liability responsibility and moral responsibility both require taking action either knowingly or intentionally. (Hart, 1985.) Making health choices can be seen as this type of action. However, one's moral responsibility for the consequences of choices to use alcohol will decrease, if peers have pressured to use it or one has lack of knowledge about the harms of alcohol use (Christiansen et al., 2018; Hart, 1985).

Besides personal and moral responsibilities, research has used anthropological, societal and social approaches, and descriptions based on the characteristics of human beings (Table 2). From a societal approach, people's social life and relationships with others have been found to relate to responsibilities. For example, participating in academic life and organized activities have strengthened responsibility, whereas attending informal social life has been found to undermine responsibility among college girls. (Winter, 1992). Routine communication with family members, classmates, friends, neighbours, and teachers has been found to promote adolescents' development of social responsibility values. These values have been strengthened by a climate of respect, connection and trust in families and schools, with parents and peers. If adolescents used substances, their social responsibility values were found to be low. (Wray-Lake et al., 2016).

Table 2. Different approaches to responsibilities.

Descriptions of responsibilities	Approach	Reference(s)
-Interwoven within the relationships of care and social responsibilities in the society -Emphasis on social life and acknowledging social actors -'Responsible' subjects include dependencies, reciprocities, and obligations	Anthropological point of view	Trnka & Trundle, 2014
-The character trait of following through with and completing obligations -A personality variable consisting of two components: a self-critical "must" that focuses on present and past consequences, and selfless concern for the well-being of others, oriented toward the future -Related to power motivation that channels power to responsible or irresponsible directions	Societal point of view	Winter, 1992
-One values and has made commitments to improve community and society to loved ones and him/herself -Social responsibility refers one's duties and beliefs, behaviours and experiences	Social point of view	Wray-Lake et al., 2016

Constructs of responsibilities related to adolescents' health and well-being have been described in different contexts (Table 3). For example, adolescents' emotional, behavioural and cognitive control and moral characteristics have been found to be central elements of their responsibilities (Mergler & Shield, 2016). Responsibilities have been discussed in relation to physical exercise at school (Koutelidas et al., 2020; Pozo et al., 2018) and children's physical health (Goldthorpe et al., 2019).

Table 3. Constructs of responsibilities related to adolescents' health and well-being in different contexts.

Constructs of responsibility	Context	Reference(s)
-A multidimensional construction including emotional, behavioural and cognitive control and moral aspects -Involve a willingness to hold oneself responsible for one's choices -People's personal beliefs of being the masters of their own lives -People are aware of and choose their own choices and goals, behaviour and consequences	Well-being in general	Mergler & Shield, 2016; Smithikrai et al., 2015
-Accomplishing required tasks and taking others' perspectives into consideration -Helping others in an emergency	Health choices	Moilanen, 2018; Moilanen et al., 2018a
-Consisting of values, motives, attitudes, intentions, and behaviours -Keeping promises, being reliable, and implementing a plan -Appearing as one's efforts and self-direction, exhibiting self-control and compliance, respect for the feelings and rights of others, caring for and helping others	Exercising at school	Hellison, 1995; 2003a; 2003b; 2011; Koutelidas et al., 2020; Pozo et al., 2018
-One has responsibility and is acting responsibly. This refers to a dual notion of morality and action	Children's physical health	Goldthorpe et al., 2019

Although there is lack of research focusing on responsibilities related to adolescents' use of alcohol, at least one study has been focused on the topic in the United Kingdom (Laverty et al., 2015). Based on this study, adolescents have considered that their parents are the primarily responsible authority related to their use of alcohol. The girls felt that adolescents were ultimately personally responsible for any problems caused by their possible use of alcohol. Meanwhile, the boys felt that there was a wide range of people who were involved in their possible alcohol use. The boys were nonetheless willing to avoid alcohol use in order to avoid any harm alcohol could cause. (Laverty et al., 2015). The topic of responsibilities and alcohol was also discussed in a study related to magazine advertisements for alcohol that included an anti-alcohol slogan, such as 'drink responsibly'. A message related to responsibility was more likely to be seen by adolescents when it was a major theme of the campaign. (Thomsen et al., 2007).

2.2.2 Adolescents' responsibilities in their health choices

The decisions and health choices adolescents make either by themselves or with caregivers, typically their parents, have influence on their behaviour and actions in everyday life. The choices are followed by responsibilities. In previous studies, adolescents' responsibilities in their health choices have referred to self-care and management of one's own health (Gutierrez-Colina et al., 2017; Vesco et al., 2010). Responsibilities have meant the management of adolescents' long-term disease symptoms, balancing protection against risk with fostering independence, and maintaining control over the disease (Kayle et al., 2016).

2.2.2.1 Shared responsibilities related to adolescents' long-term diseases

Previous research related to adolescents' responsibilities has often focused on adolescents' long-term diseases (Hanna, 2013; Kayle et al., 2016; Wenderlich et al., 2019) rather than adolescents in good health. Each family member has responsibilities (Tinnfält et al., 2015), which have been identified as being shared (Table 4). For their future, adolescents need sufficient skills and knowledge to achieve their key developmental task of autonomy (Strand et al., 2019), which enables their detachment from their parents. The focus on long-term diseases reflects the necessity of adolescents' gaining independence related to disease care. Responsibilities have been comprised, for example, adolescents' skills for decision-making, independence and self-management.

Table 4. The main characters of taking shared responsibilities related to adolescents' long-term diseases.

Subject	The main characters of taking shared responsibilities	References
Asthma management	-Consists of self-management and requirements for one's disease, understanding its condition and severity, medication adherence -Requires family functioning, communication between family members, skills for solving problems and controlling one's behaviour when needed -Agreements between adolescents and their parents Require family functioning, communication between family members, skills for solving problems and controlling one's behaviour when needed -Agreements between adolescents and their parents	Netz et al., 2020; Sonney et al., 2019; Wenderlich et al., 2019; Zaeh et al., 2021
Diabetes management	-Self-care of one's own health care is a natural process within the context of development depending on coping -Comprised of self-efficacy, competence and a degree of independence, role to perform a particular task or make certain decisions -Can be demanding and time-consuming, requiring knowledge and skills -Includes both behavioural and decision-making autonomy, parents' support for adolescents' autonomy -Better outcomes have been obtained with shared responsibilities than sole responsibilities for both psychological and physical health, and good self-care behaviour -Greater caregiver responsibility has resulted in adolescents' better management of the disease	Aalders et al., 2021; Gardener et al., 2020; Gutierrez-Colina et al., 2017; Hanna et al., 2013; Helgeson et al., 2008; Olinder et al., 2011; Strand et al., 2019; Vesco et al., 2010; Vloemans et al., 2019
Epilepsy	-Better long-term adherence has required for caregivers to take the main responsibility for adolescents' medication -A need to determine the balance of overall treatment responsibility that requires attention and remembering details	Holbein et al., 2019; Siqueira et al., 2017
Sickle cell disease	-Taking on the self-management responsibility has been difficult due to complex unpredictable symptoms -Adolescents have struggled with maintaining control over the events -Adolescents' needs for autonomy, self-management and skills for decision making have been identified	Kayle et al., 2016
Food allergy	-Based on an age-appropriate understanding of one's own health and ability to take responsibility for taking care of it -Responsibility has referred to food allergen avoidance and adolescents managing their own health care	Annunziato et al., 2015; Sanagavarapu & Xian-han Huang, 2017

There is a difference between responsibilities related to taking care of one's disease and those involving making health choices related to the use of alcohol. In this context, this different mechanism in responsibilities refers to that, as a part of health choices, responsibilities are characterized by freedom (Brown et al., 2015; Verstraeten et al., 2014), while the management of a long-term disease requires continuous attention, systematic self-care and careful treatment. However, like neglected disease, the choice of excessive use of alcohol causes bad consequences for adolescents' health.

Shared responsibilities between adolescents and parents related to adolescents' long-term diseases have resulted in better outcomes than sole responsibilities (Helgeson et al., 2008). To conduct the tasks, such as remembering medications and administering them together, has been identified as shared responsibilities (Wenderlich et al., 2019). Sharing responsibility between adolescents, parents and health care professionals have enabled mutually agreed ownership of health care tasks. For the self-management of adolescents' health, their competency and capacity have been acknowledged and autonomy supported. (Gardener et al., 2020; Helgeson et al., 2008; Sanagavarapu & Xian-han Huang, 2017). In the context of the management of adolescents' asthma care, agreements related to performed tasks between adolescents and parents have been recognized (Sonney et al., 2019). Facilitating the sharing of responsibility in diabetes care by increasing parental support for the autonomy of adolescents has been found important (Hanna, 2013). Agreements concerning responsibilities between adolescents and parents have been found to contribute controlling for adolescents' disease treatment. These agreements have led to treatment adherence among adolescents with diabetes (Lancaster et al., 2015) and some adolescents have found their own strategy of responsibility in managing their tasks related to diabetes care (Strand et al., 2019; Vloemans et al., 2019). Moreover, although shared responsibilities have promoted adolescents' taking responsibility for their epilepsy medication, caregivers, mainly parents, have taken responsibility for most treatment tasks. In epilepsy management, it has been important to adolescents' long-term care adherence that their caregivers have been taking the main responsibility for treatment. (Holbein et al., 2019).

The division of responsibilities between adolescents and their caregivers has been unclear (Strand et al., 2019; Vloemans et al., 2019). This has made it essential to have a mutual understanding between family members of the management of the disease (Gardener, 2020; Netz et al., 2020). When adolescents have explicit and clearly identified shared responsibilities, they have received greater autonomy in their self-care and have succeeded in the management of their chronic disease (Vesco et al., 2010). The effective promotion of the self-management of adolescents' health, communication and problem-solving has been found to be a suitable approach (Hanna, 2013; Wenderlich et al., 2019).

In previous studies, adolescents' responsibility for their health has been measured by the Health Responsibility subscale with the certain item properties. Adolescents have been asked about their activity of seeing a school nurse or doctor if not feeling well, and if they had been reading articles about health topics. The item properties have included asking adolescents questions if they had understood the nurse's instructions, and if adolescents participated in programmes for preventing health problems and improving adolescents' health. Adolescents have been asked about seeking guidance and asking questions from a school nurse when needed about improving adolescents' health, and about avoiding behaviours that are detrimental to health. These measured items properties have found to connected to health responsibility. (Gaete et al., 2021). Responsibilities have been assessed by instruments such as the Corporate Social Responsibility Scale (Turker, 2009), Personal Responsibility Scale (Mergler & Shield, 2016), the Brand Social Responsibility Scale (BSR) (Dincer & Dincer, 2012), the Asthma Responsibility Questionnaire (ARQ) (McQuaid et al., 2001), the Responsibility Attitude Scale (Salkovskis et al., 2000) and the Health Rights Duties and Responsibilities Scale (HealthRDR) (Moilanen et al., 2019).

2.2.2.2 Reasons, prerequisites and consequences of taking transferred responsibilities

When adolescents show increasing mastery of given tasks, responsibilities can be gradually transferred from parents or other adults close to adolescents (Holbein et al., 2019). Transfer, a philosophical belief or conviction about teaching and learning, has focused on the transfer of learning responsibility from a teacher to pupils. Especially in the context of physical education, a gradual transfer of power and control has been found to empower adolescents. The empowerment has given adolescents opportunities to make decisions and to experience the consequences of their decision-making. (Hellison, 2003b). Taking responsibility little by little has promoted adolescents' social and psychological development and increased their autonomy (Vloemans et al., 2019).

The reasons, prerequisites and consequences of taking transferred responsibilities have been in the focus of previous studies. One of adolescents' reasons for taking responsibility has involved taking care of one's diseases (Escarti et al., 2010a; Strand et al., 2019). Adolescents have found it natural to handle the responsibility on their own (Arndt & Naude, 2020; Strand et al., 2019), and have even wanted more independence in their disease care. Another reason for taking responsibility has been a view of adolescents that any mistakes in their health and disease care are their own fault and that they might get blamed for that irresponsibility. (Strand et al., 2019). Adolescents have also experienced that there

have been high expectations placed on them, such as forging important social relationships and gaining more independence. For adolescents, acknowledging their responsibilities to family, peers and members of their community has signified reciprocal relationships that support their independence. (Arndt & Naude, 2020).

Prerequisites for taking gradual responsibility for health choices have been behavioural and decision-making abilities, confidence in parents and health care, and sufficient independence. They have found to enable adolescents to take responsibilities. (Kayle et al., 2016; Strand et al., 2019). Adolescents have been striving for autonomy and control over their own lives (Hanna et al., 2013; Strand et al., 2019). Success in taking responsibility has required special knowledge, experience and skills, and assuming an increasing degree of responsibility (Annunziato et al., 2015; Strand et al., 2019). Comprehensively managing their own behaviours, thoughts, and emotions in a conscious way could improve adolescents' abilities to take responsibility for the self-management of their long-term diseases (Gardener et al., 2020; Wenderlich et al., 2019; Vloemans et al., 2019).

Taking responsibility gradually has resulted benefits as a consequence for adolescents. Transferred responsibilities have improved their health-promoting behaviours, such as nutrition and physical activity (Ayres & Pontes, 2018). When adolescents have taken gradual responsibility for their disease care, they have strengthened their feelings of coping, pride and freedom (Kayle et al., 2016; Strand et al., 2019). Taking transferred responsibility for health choices has strengthened adolescents' feelings of controlling their lives (Tuohimaa, 2016). A sense of social responsibility has been found to predict a low addiction tendency related to alcohol use (Amini & Heidary, 2020). Adolescents' increased awareness of responsibilities has been found to increase their standard of living in their family and contribute to ensuring a better future for them (Arndt & Naude, 2020).

In contrast with the reported benefits, some adolescents have experienced taking responsibility as a part of health choices as a critical and challenging process (Aalders et al., 2021; Kayle et al., 2016). Transferred responsibilities have been found to reduce adolescents' self-worth and self-efficacy (Helgeson et al., 2008). When adolescents have endorsed more responsibility over their own disease care and become more responsible for managing their health, their anxiety has increased (Annunziato et al., 2015). For example, adolescents have found living with diabetes and its self-care demanding and time-consuming during the transfer of responsibility from parents to adolescents (Strand et al., 2019). There have also been other adaptive challenges related to shifting gradual responsibility for disease care to the adolescent, wherein both the adolescent and the parent need to adjust to the changes in their responsibility roles. One of the identified challenges is the communication between adolescents and parents about the adolescent's disease and symptoms (Kayle et al., 2016).

2.3 Responsibilities in preventing adolescents' use of alcohol

Adolescents' responsibilities are part of a value basis for preventing adolescents' use of alcohol. The consideration and recognition of responsibilities could support adolescents with their health choices (Moilanen et al., 2018a) and further, with their responsibilities related to their use of alcohol. The aim of preventive health care is to ensure that adolescents will get opportunities for discussions on responsibility, and sufficient support for their problems at an early stage (Ministry of Education and Culture, 2020; THL, 2021c). Offered support facilitates promoting, maintaining and improving adolescents' health and well-being (National Association of School Nurses, 2017; Simonen et al., 2017; THL, 2019; WHO, 2014d; 2021a). This section describes supporting adolescents in their responsibilities and addressing adolescents' responsibilities at schools by means of preventive counselling and annual health check-ups.

2.3.1 Supporting adolescents in their responsibilities related to use of alcohol

Supporting adolescents' responsibilities related to the use of alcohol is approached by several stakeholders. Adolescents have brought up the role of support from parents and family, schools, social and health care professionals, advertisers, and the government are to help with their developing abilities to make decisions. Adolescents have highlighted that all these stakeholders are responsible for adolescents' health. (Goldthorpe et al., 2019; Ott et al., 2011). Prevention programmes related to adolescents' use of alcohol has aimed in health promoting outcomes such as adolescents' reduced alcohol use (Bhat & Shankar, 2021; Quinn & Bussey, 2015b). Previous reviews have shown, however, that only a few of school-based alcohol education programmes have resulted in good outcomes. Most of the programmes have been inconclusive (Lee et al., 2016) and reported mixed findings (Dietrich et al., 2016). Therefore, adapting individual messages related to alcohol to adolescents, considering their personal characteristics, could promote adolescents' health better than programmes using a 'one-size-fits-all' approach (Dietrich et al., 2016).

From some adolescents' perspectives, current environment, school contexts or family can promote unhealthy behaviours (Ott et al., 2011). Parents using a lot of alcohol themselves has found to increase adolescents' use of alcohol (Mangiavacchi & Piccoli, 2018; Rossow et al., 2016). Some adolescents have considered that society bears the ultimate responsibility for taking care of its citizens. Consequently, responsibilities can strengthen the functioning of society by influencing public health and order and safety. (Moilanen, 2018; Moilanen et al., 2018a). Often, open dialogue

in discussion helps obtain knowledge to ensure that adolescents' attention will lead to responsibility development instead of deviancy. This knowledge is needed when supporting adolescents in their responsibilities. (Dodge et al., 2006; Salusky et al., 2014).

Supporting and facilitating adolescents' development in their responsibilities have improved their empathic skills, awareness of their own health, and health behaviours in a way that allows them to protect their own health (Quinn & Bussey, 2015b; Sengel & Gür, 2018). Preventive strategies, interventions and activities that address adolescents' alcohol use as part of their choices are carried out in schools, communities, families and at the individual level (WHO, 2021b). In Finland, regional, local, and national organizations have carried out diverse substance prevention work (THL, 2021d; 2022). For example, 'the National Youth Work and Youth Policy Programme' supports adolescents in becoming independent and participating in society. The programme aims to prevent adolescents' exclusion caused by the use of alcohol (Ministry of Education and Culture, 2020). Preventive work to reduce alcohol, smoking, drugs and gambling related harm is also carried out in another programme, the Action Plan on Alcohol, Tobacco, Drugs and Gambling. The program relies on the act on organising substance abuse prevention (THL, 2022), and aims to prevent harm by focusing on the adolescents' everyday environments in local communities. It is systematically carried out among adolescents in educational establishments and recreational activities. (Markkula et al., 2021).

To improve effectiveness of the prevention programmes, adolescents have received opportunities to get involved in planning and delivering the programmes to improve and maintain their health (WHO, 2021c). In programmes, adolescents have been working on group projects for planning and organising community service events. Some have created public service announcements for projects or participated in creating a science magazine. (Salusky et al., 2014). Adolescents' participation in organized programmes that aim to facilitate the development of responsibility has been found to improve adolescents' positive self-concept, their self-esteem (Salusky et al., 2014) and increased self-efficacy (Escarti et al., 2010a; 2018). Adolescents have been able to solve problems more efficiently in their environment and make decisions with success. (Escarti et al., 2010a; Pozo et al., 2018). However, some programmes have been reported to have limited success due to a lack of incorporating and including adolescents' own perceptions of health in the programmes (Ott et al., 2011). Meanwhile, parenting programmes have succeeded in reducing adolescents' use of alcohol (Das et al., 2016), as supportive parenting has decreased adolescents' risk for alcohol use and smoking (Aura et al., 2016; Busch et al., 2013).

Previous research bringing up the issue of supporting adolescents' responsibilities, has focused on the development of adolescents' responsibility in physical education settings at schools (Escarti et al., 2010a; 2010b; Gordon, 2010; Koutelidas, 2020; Pozo, et al., 2018; Ward et al., 2012). In the studies, a widely used programme has been a model (Hellison, 1985, 1995, 2003a, 2003b, 2011) called Teaching Personal and Social Responsibility Model (TPSR). TPSR has found to provide an effective framework for improving self-efficacy of adolescents and promoting their personal and social responsibility behaviour across the school curriculum (Escarti et al., 2018; Filiz, 2019). The programme has focused on adolescents' personal and social well-being comprising five levels of responsibility. The first level focuses on respect for the feelings and rights of others, the second on adolescents' self-motivation, the third on self-direction, the fourth on caring and the fifth on transferring the model 'outside the gym' (Hellison, 2011). Participating in the TPSR programme has resulted in positive consequences, such as the improvement of adolescents' self-control, empathy, care, self-confidence and conflict resolution (Pozo et al., 2018). The TPSR has found to support adolescents' responsibility behaviours, such as respect, effort, trust, tolerance, and cooperation (Filiz & Demirhan, 2019). The TPSR has been implemented through adolescent interviews, observations and self-assessments. As a result, adolescents have successfully developed their understanding of personal and social responsibility. They have performed their personal tasks and social responsibilities. (Gordon, 2010). The TPSR has been utilised in community-based and after-school programmes (Gordon et al., 2016; Pozo et al., 2018) and combined with mixed methods design (Filiz, 2019; Filiz & Demirhan, 2019). In addition, the model has been adapted for adolescent development physical activity programme (Ward et al., 2012).

2.3.2 Bringing out adolescents' responsibilities at schools

Besides parents and family, schools and school health care have an important role in preventing adolescents' use of alcohol (Finnish National Board of Education [FNBE], 2014; Myllymäki et al., 2017; Paulsson et al., 2017) and there, to bring out adolescents' responsibilities in schools for discussions. Early identification, assessment and treatment of alcohol use disorders as well as preventive services are often provided by school nurses, who have experience in the matter (National Association of School Nurses, 2017). From school nurses' perspective, maintaining a balance of expectations and support for adolescents has been a challenge in alcohol prevention focusing on responsibilities. Knowing when to encourage adolescents for solving challenges independently and when to provide help have been perceived as

important skills for health care professionals such as school nurses. (Dodge et al., 2006; Salusky et al., 2014).

Bringing out the topic of responsibilities in schools for discussions with adolescents has aimed to raise them into responsible citizens. Adolescents are supported to learn an ethically responsible way to act in their everyday life. This refers to a way that promotes their growth and development. (WHO, 2021d). Supporting adolescents' awareness and development of their social and personal responsibilities has contributed positively to their growth into full-fledged individuals and improved their everyday life skills. (Filiz & Demirhan, 2018). In schools, focusing on responsibilities has resulted in improvement in adolescents' unpunctuality, grades, truancy, and their motivation towards their academic future. Adolescents' aggressiveness and disruptive behaviours have been reduced. (Pozo et al., 2018). Adolescents have improved in their schoolworking and setting goals independently and tried to correct their deficiencies (Filiz & Demirhan, 2019).

Preventive counselling and annual health check-ups in school health care are measures to support adolescents in taking responsibility (Table 5). Counselling refers to personal, face-to-face communication that aims to promote children's' and adolescents' well-being and prevent health problems caused by, for example, the use of alcohol (WHO, 2021a). Counselling includes help and opportunities to develop everyday life skills and to make and manage adolescents' decisions related to their health and, as a result, acting on them (Dadaczynski et al., 2020; WHO, 2021c) in a responsible way. Good quality counselling, including dialogue and health care professionals' communication skills, create a basis for adolescents' trust in services and getting help (Allianssi, 2021). Adolescents' counselling for their health choices focuses on age-appropriate, acceptable, equitable, appropriate, effective, comprehensive education, and safe and supportive environments (WHO, 2021c). In individual meetings, health check-ups, offer chances to practice making their own choices. There, adolescents' personal characteristics, different opportunities, developmental stage, family situations and special needs are acknowledged (THL, 2019).

Extensive health examinations are carried out for the first, fifth and eighth-grade pupils (bolded in Table 5). In Finland, the topic of alcohol and other substances is discussed as a counselling theme by school nurses in an extensive health examination carried out for eighth-grade adolescents when they are between 13 and 15 years of age (Hietanen-Peltola et al., 2019). Adolescents are asked about their possible use of alcohol and other substances with a health questionnaire. The questionnaire asks adolescents about whether or not they use alcohol, have tasted but do not use alcohol regularly, use it occasionally, or whether there is alcohol or other substance use in their circle of peers. The questionnaire also enquires about both adolescents' and parents' attitudes, opinions, experiences and possible use of alcohol or other

substances. The focus of the examination and related health counselling in the eighth grade has been also on the rules and restrictions at home, the significance the example set by parents with their alcohol use, and peers' health habits. The illegality of purchasing alcohol, drugs and tobacco for adolescents has been emphasized in the examination and related counselling in the eighth grade. (Hietanen-Peltola et al., 2019; THL, 2021b). Life management and a regular rhythm of everyday life as well as family communication, the adequacy of shared family time and parenting practices have been also discussed among this age group (Hietanen-Peltola et al., 2019).

Table 5. Annual health check-ups and the topic of substance use as a counselling theme in school health care (Hietanen-Peltola et al., 2019; STM, 2010; THL, 2021a).

	GRADE								
Health check-ups	**1.**	2.	3.	4.	**5.**	6.	7.	**8.**	9.
Expanded health check-ups	**x**				**x**			**x**	
School nurses' health check-ups	**x**	x	x	x	**x**	x	x	**x**	x
Medical check-ups	**x**				**x**			**x**	
Oral health check-ups	**x**				**x**			**x**	
Counselling theme	*Growth, development, school well-being, physical health, learning*				*Reasonable time to spend on social media*			*Topic of substances*	

Adolescents' awareness of good health choices increases while their health literacy is developing. Counselling aims to improve adolescents' health literacy that represents their personal knowledge and competence. (Fleary et al., 2018). When people are enabled to take responsibility, control their health and manage information, it is a question of health literacy, a critical empowerment strategy (Kickbusch & Maag, 2008). Adolescents' health literacy includes a set of skills, capacity and motivation for healthy decisions, strategies, comprehension, and communication (Bröder et al., 2017), elements that have also been found to be included in responsibilities (Gardener et al., 2020; Helgeson et al., 2008; Hellison, 2011; Salusky et al., 2014). It is focused on areas such as the use of alcohol, enabling adolescents to develop their understanding, access and appraisal skills and use information and services to promote their and others' good health and well-being. Literacy accumulates through daily activities and social interactions (Bröder et al., 2017; WHO, 2021a), where responsibilities emerge in choice-making. When

adolescents begin to assume responsibility for their own healthcare, their health literacy skills are still developing (Sansom-Daly et al., 2016).

Ethical responsibility is seen as an area of health literacy in Finnish national core curriculum. The subject of health education aims to ensure that adolescents find responsible solutions in relationships with others in different situations. The curriculum obliges teachers to support adolescents in developing their abilities to take responsibility and action for promoting their own and others' health. (Finnish National Agency for Education [EDUFI], 2023). However, systematic education or health counselling related to responsibilities could benefit from stronger emphasis and visibility when utilised in Finnish schools (THL, 2021b).

2.4 Summary of the theoretical background

The main concepts of the theoretical background are summarized in Figure 1. Previous research has focused a lot on adolescents' use of alcohol. For adolescents, alcohol represents the most common used substance (WHO, 2018; 2020; Johnston et al., 2019). Most adolescents make health choices related to the use of alcohol in some part of their lives. Health choices are made in a certain context that refers to adolescents' environment. It includes parents, peers, prevalent legislation and cultural context. Especially parents, family and peers influence adolescents' choices and decisions whether to use alcohol (Azeez et al., 2020; Longmore et al., 2021; Olds & Thombs, 2001). Adolescents themselves have emphasized that the support from family, schools, and community members help with their developing abilities to make decisions (Ott et al., 2011). Adolescents make their health choices depending on the social and societal environment, or independently (Goldthorpe et al., 2019; Salusky et al., 2014). Regulating adolescents' own choices serve as one way to achieve feelings of autonomy and independence (Sellers et al., 2018).

Adolescents' roles and responsibilities are expanding during the adolescence years (Masten et al., 2008). Research focusing on adolescents' responsibilities related to the use of alcohol has been scarce, although responsibility is a central and multidimensional ethical concept and a part of adolescents' health choices (Moilanen, 2018). The provided knowledge of responsibilities related to adolescents' use of alcohol is topical and necessary for a better understanding of the topic. Responsibilities needs to be acknowledged when adolescents make their conscious or unconscious decisions (Brown, 2013; Ioannou, 2003; Spencer, 2013) on whether to use alcohol. Focusing on parents' and adolescents' perceptions and experiences of responsibilities on how they meet each other provides valuable knowledge (Laverty et al., 2015). Mutually agreeable, i.e. shared responsibilities among adolescents and parents has found to enable achieving better well-being for families (Gardener et al., 2020).

Previous research has found benefits in adolescents' taking their responsibilities (Amini & Heidary, 2020; Ayres & Pontes, 2018; Filiz & Demirhan, 2018; 2019; Kayle et al., 2016; Strand et al., 2019; Tuohimaa, 2016). Therefore, responsibilities in preventing adolescents' use of alcohol are essential to be supported among adolescents for their better health and well-being. When adolescents have paid attention to their health and accepted responsibility, they have engaged in the decisions and choices they make (Ayres & Pontes, 2018). Supporting adolescents would benefit from more detailed and descriptive knowledge of responsibilities (Kyilleh et al., 2018; Moilanen, 2018; Moilanen et al., 2018b; 2021). In adolescents' use of alcohol, besides parents and family, preventive counselling and health check-ups in school health care have a significant role (WHO, 2021a). For school nurses' work in this area, there is also a need for clarifying responsibilities to concrete translated responsibilities for action (WHO, 2014a) in the context of health choices related to the use of alcohol (Laverty et al., 2015).

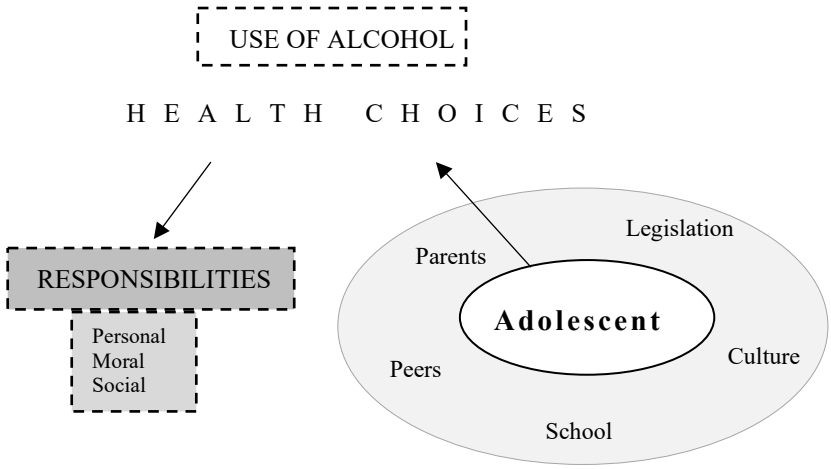

Figure 1. The main concepts in the theoretical background of the study.

3 Aims of the study

The aim of this study was to describe responsibilities related to adolescents' use of alcohol from the perspectives of adolescents and parents. The produced new knowledge can be applied in supporting adolescents and parents in their responsibilities related to adolescents' use of alcohol in preventive school health care services.

To achieve the study aim, two study parts involved collecting and integrating different data types with inductive and deductive content analysis methods and quantification of the empirical data by answering the following research questions:

Part I:

1. Which forms of parental involvement in the context of adolescents' use of alcohol have emerged in previous studies? (Publication I)

Part II:

1. What kinds of perceptions and experiences do adolescents have of their responsibilities related to their alcohol use, and how can adolescents be supported to take responsibility when it comes to alcohol? (Publication II)
2. What kinds of perceptions and experiences do parents have of their responsibilities related to the use of alcohol by adolescents, and what kind of support do parents need for handling how their adolescents use alcohol? (Publication III)
3. What kinds of perceptions and experiences do adolescents and parents have of moral responsibilities with regard to adolescents using alcohol, and how are these responsibilities related to each other? (Publication IV)

4 Materials and Methods

This was a descriptive and cross-sectional study. A multi-method research approach was used (Figure 2) to achieve adolescents' and parents' perspectives on the study topic, resulting in an understanding of the responsibilities (Creswell & Plano Clark, 2017; Fetters et al., 2013) related to adolescents' use of alcohol. A multi-method approach allowed applying four research questions can be applied to one aim of the study (Pole, 2007). To achieve the aim, the study design included separate, consecutive parts (Vivek & Nanthagopan, 2021). The parts were previous literature part and empirical research part. Empirical research part comprised of three sub-studies. The multi-method applied to the methodological phases which were an integrative literature review, qualitative interviews and a secondary analysis. The method allowed integrating different types of data within a single study. (Creswell & Plano Clark, 2017; Sushil, 2018; Vivek & Nanthagopan, 2021).

Part I involved conducting an integrative review focusing on previous literature (Publication I). Although previous knowledge of alcohol use existed, there was a lack of detailed knowledge about responsibilities related to adolescents' use of alcohol. The produced knowledge from the first study part was used for the second part (Creswell & Plano Clark, 2017), and a semi-structured interview guide was developed (Kallio et al., 2016).

In Part II, an empirical research design was chosen to produce an inductive description of the topic (Publications II, III). This part combined two forms of qualitative research (Anguera et al., 2018; Sushil, 2018). First, qualitative interviews were used, as adolescents' use of alcohol reflects real-life situation in which adolescents and parents influence each other (Krueger & Casey, 2009). Adolescents' group interviews were considered an appropriate approach to describe a seldom-discussed and possibly sensitive research topic (DiCicco-Bloom & Crabtree, 2006; Kallio et al., 2016), and to encourage adolescents to share their perceptions and experiences on the shared topic of responsibilities related to alcohol use (Polit & Beck, 2012). Individual and pair interviews were conducted among parents to gather their perceptions and experiences, as well as to understand how pairs approached the topic (Rubin & Rubin, 1995). After that, a secondary analysis was conducted to describe the senses of moral responsibilities deductively according to Hart's (1985)

taxonomy (Publication IV). The aim was to clarify how parents' and adolescents' descriptions of responsibilities were related to each other. The new research question for the secondary analysis (Heaton, 2008) was formulated based on the data from the two primary studies (Publication II and III) and the previous literature focusing on a new approach to existing data (Ruggiano & Perry, 2017). Taxonomy was used due to that Hart treats the consequences of one's *choices.*

The findings of Part I and II were combined for the summary of the study.

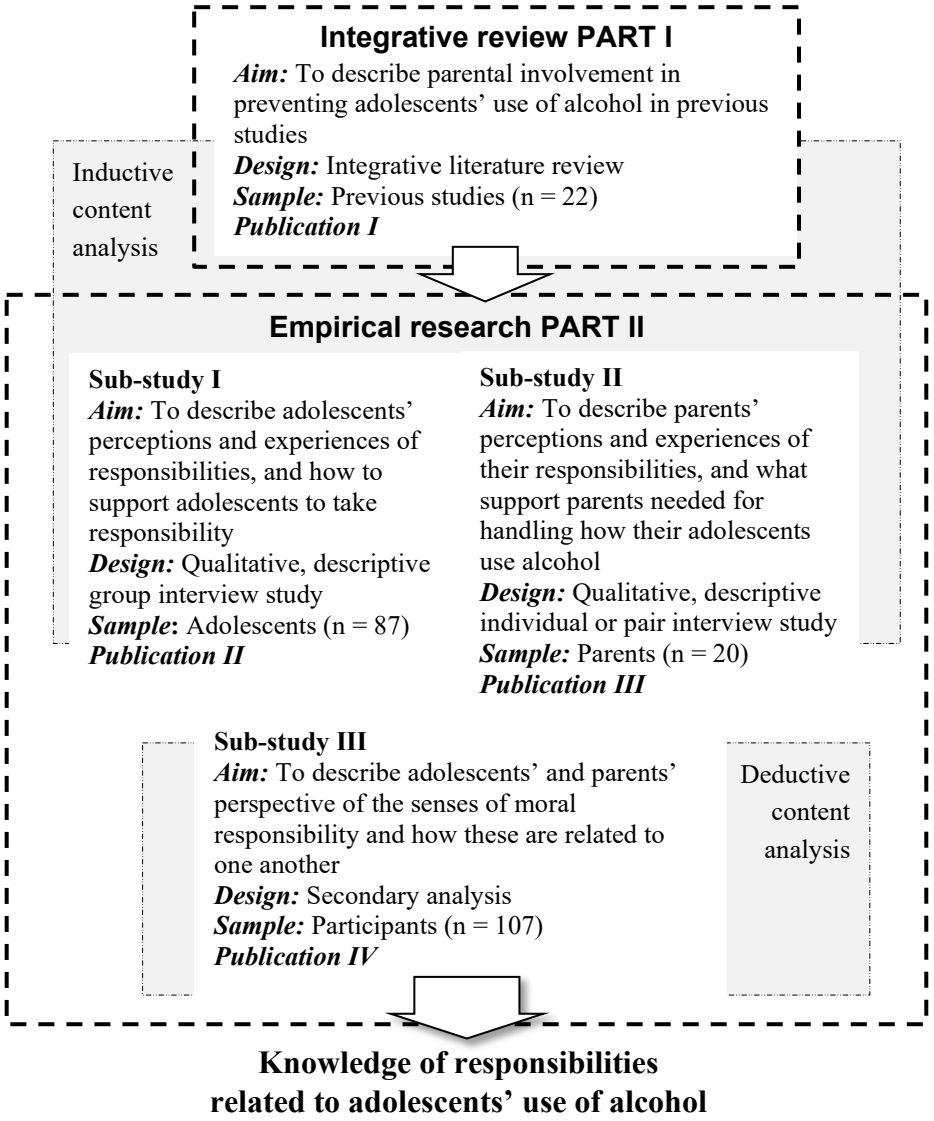

Figure 2. Study design.

4.1 Integrative review (Part I)

The aim of Part I, the integrative review, was to describe parental involvement in preventing adolescents' use of alcohol. The method was used in order to incorporate diverse methodologies to capture previous knowledge on the topic (Soares et al., 2014; Whittemore & Knafl, 2005), and to synthesize various perspectives on parental involvement into a systematic knowledge base (Whittemore & Knafl, 2005).

Search strategy and criteria. The search phrase consisted of the combination of MeSH terms, free words and their synonyms concerning *adolescents*, *health behaviour*, *parents and use of alcohol* (Table 6). Electronic searches from the CINAHL, PubMed, Web of Science, PsycINFO and Scopus databases were limited to peer-reviewed papers with an available abstract published in English between the years 2004 and 2014. This time period was estimated to cover relevant papers in the literature search process (Hiebl, 2021). Inclusion and exclusion criteria were used in selecting the papers (Table 7).

Table 6. The search phrase and the number of items in the integrative review.

Search phrase	(teen* OR adolescen* OR youth* OR juvenile* OR "young people") AND (alcohol* OR drink* OR substance*) AND parent* AND ("health behaviour" OR "health habit")				
Database	**Items found**	**Included based on**			**Selected**
		Title	Abstract	Full-text	
CINAHL	n = 119	n = 18	n = 15	n = 10	n = 3
PubMed	n = 393	n = 57	n = 39	n = 21	n = 12
Web of Science	n = 56	n = 10	n = 14	n = 3	n = 2
PsycINFO	n = 106	n = 13	n = 15	n = 6	n = 1
Scopus	n = 626	n = 80	n = 38	n = 27	n = 4
TOTAL	**N = 1,300**	N = 178	N = 121	N = 67	**N = 22**

Table 7. Inclusion and exclusion criteria for selecting papers to the integrative review.

Inclusion criteria	**Exclusion criteria**
•Focused on adolescents under eighteen years of age •Adolescents' use of alcohol •Parental involvement in adolescent health behaviour •Informants were adolescents, parents, or school or health care staff	•Focused on adolescents' use of drugs, smoking or other substance use •Use of alcohol as a determinant for adolescents' criminal, sexual or violent behaviour •Adolescents with long-term diseases (e.g., mental problems or diabetes) •Families with immigrant background •Parents' behaviour and use of alcohol

A total of 1,300 studies were identified (Publication I, Figure 1). The title, abstracts and full texts were screened according to the criteria and any duplicates were removed. In total, 22 papers were selected.

Data extraction and analysis. In the integrative review, relevant information in the papers was identified and tabulated in order to extract the data. This information included the author(s), years, country, aim(s), methods, participants and sample, and the main results (Publication I, Table 2). The extracted data were analysed following the method of inductive content analysis (Graneheim & Lundman, 2004). The articles were read several times in order to form an understanding of their contents, and similarities and differences were coded and grouped. Any differences of opinion within the research group were resolved by discussion, and the final decision on the three categories was made in collaboration.

Quality assessment. Method-specific evaluation criteria were applied for the selected papers in the integrative review to conduct a quality assessment. The assessment was carried out independently by two researchers. The quality assessment criteria were based on three references (Caldwell et al., 2011; Gifford et al., 2007; Greenhalgh et al., 2004) and included thirteen general, nine qualitative and eight quantitative criteria. A three-stage scale (yes = 1, no = 0 and not stated/ not relevant) was used to evaluate each criterion. The maximum score (yes-scale) was 22 for qualitative studies, 21 for quantitative studies and 30 for mixed-method studies. There were 14 of the 22 criteria set for qualitative studies that were filled completely, while this was the case for 8 of the 21 criteria set for quantitative and 21 of the 30 set for the mixed-method study. The total points scored by the studies ranged from 11 to 21. In the selected papers, ethical issues and the justifications for the selected methodologies were poorly discussed and reported on.

Description of the selected papers. In the integrative review, selected 22 articles included nineteen quantitative papers, two qualitative and one mixed-methods study. The participants were adolescents in ten, both adolescents and parents in eight, and parents in three papers. In one study, data had been collected from three groups: adolescents, parents, and teachers. The number of participants varied from 215 to 6,628 in the quantitative and from 28 to 44 in the qualitative papers. All the quantitative papers used questionnaires as the data collection method. In one paper, focus group interviews were combined with questionnaires. Semi-structured, focus group and one-on-one interviews were used in the qualitative papers. The selected studies had been conducted in seven different countries: the United States (n = 7), Australia (n = 4), the Netherlands (n = 3), Sweden (n = 2), and one in each country in Spain, Korea, Cyprus, the United Kingdom, Finland and Slovakia.

4.2 Empirical research (Part II)

The aim of Part II was two-fold: to describe adolescents' and parents' perceptions and experiences of responsibilities related to adolescents' use of alcohol by means of inductive content analysis (Publication II & III), and to produce descriptive knowledge of moral responsibilities by using deductive content analysis method in secondary analysis of the data (Publication IV).

4.2.1 Recruitment of participants

Recruitment of adolescents: Sub-study I. The adolescents were recruited in 2017 from two purposively selected public schools in Eastern Finland. The head teachers at both schools helped with recruiting adolescents aged 14–16 years studying in the ninth year of basic education. The researcher presented the study aims orally and in written form for ninth-grade adolescents aged 14–16 years during school visits. A chance to participate was given to 416 adolescents, that was the amount of ninth grade adolescents in two selected schools, 282 in the urban school and 134 in the rural school. In total, 87 adolescents (20.9%) took part in group interviews, including 50 girls and 37 boys, most of them aged 15 years old (n = 71). They had 2–12 family members, including stepfamilies. The majority, 54 of them, had 4–5 family members. 76 of the adolescents (87%) attended the rural school and 11 (13%) the urban school.

Recruitment of parents: Sub-study II. The parents were recruited in 2017 from the same schools as the adolescents. The teachers provided the adolescents with information letters about the study to deliver home and also emailed these to the parents. The study was presented in written form for 416 families. There were 15 parents who wanted to participate, and five more parents were recruited using the snowballing technique (Johnson, 2014; Moser & Korstjens, 2018). In total, 20 parents (4.8%) took part in the interviews, including 13 mothers and seven fathers aged 35–60, and they included three couples. With the exception of one single parent, all the participants lived with their partners. The participants had between two and six family members. More than half (n = 11) had between three and four family members. Nine of the parents had a college degree, seven had vocational qualifications, and four had university degrees. All the participants were employed, and 15 of the parents' children attended the rural school, and five the urban school.

The participants, adolescents and parents, were not members of the same families.

4.2.2 Data collection

Semi-structured interview guide: Sub-studies I and II. The aim of the interviews was to obtain qualitative data from a focused discussion, and to gather participants' perceptions and experiences to help understanding how they thought about an issue (Krueger & Casey, 2009). One of the four interview themes was developed based on the findings of the integrative review (Part I), and three themes were based on previous research literature focusing on adolescents' use of alcohol (Kallio et al., 2016). Two preliminary interviews, one of a mother and one of an adolescent, were conducted before data collection to guarantee that the interview themes would be comprehensible. As the interview themes were found to be clear, a decision was made to include them in the interviews. The interview guide (Table 8) consisted of three stages: setting the scene, exploring the key theme of the study, ending the interview and asking closing questions. The main themes covered the study topic and free discussions enabled to gather perceptions and experiences concerning the predefined four interview themes (Kallio et al., 2016).

Table 8. The four main themes in the interview guide.

Interview themes for adolescents	Interview themes for parents
How adolescents perceived their use of alcohol	How parents perceived adolescents' use of alcohol and their role in it
What involvement adolescents felt their parents had on whether adolescents were using alcohol	What influence the parents felt they had on whether adolescents were using alcohol
What adolescents felt their responsibilities were related to their alcohol use	What the parents felt their responsibilities were related to adolescents' alcohol use
What kind of support adolescents needed related to their responsibilities in alcohol use issues	What kind of support parents needed related to their responsibilities in adolescents' alcohol use issues

Both in the adolescents' and the parents' interviews, each theme included three to six predesigned follow-up questions used to ask spontaneous follow-up questions. The aim of these questions was to clarify responses and obtain further information during the interviews (DiCicco-Bloom & Crabtree, 2006; Kallio et al., 2016). The participants were encouraged to talk freely about the topic and were only interrupted when they said something that needed elaboration or clarification. At the end of the interviews, the participants were asked if there was anything else they wanted to add. Some field notes, such as the date, group size and the atmosphere of the interview were made during the interviews to make it easier for the researcher to recall the interview later.

Adolescents' interviews: Sub-study I. After enrolling the adolescents in the study, interview groups were created in collaboration with adolescents and teachers. This meant that teachers divided adolescents into a number of interview groups and the adolescents had a chance to choose to be in the same group with their friend(s). This was important for making them feel comfortable talking in front of the other group members. Altogether, 19 group interviews of adolescents were conducted: eight for girls, six for boys and five for mixed groups. The interviews took place in quiet classrooms during the school day. The groups ranged from three to six participants. The aim of the group interviews was to promote the adolescents' self-disclosure and to encourage them to share their perceptions and experiences on the shared topic (Polit & Beck, 2012). The interviews lasted from 35 minutes to 2 hours 18 minutes (mean and average length; 1 hour and 7 minutes) and in total, 21 hours and 19 minutes.

Parents' interviews: Sub-study II. The parents received the researchers' contact details from the schools. They contacted the researcher via email or phone to set a date and a place for an interview. In total, 17 parents' interviews were carried out in the places of their choice: 11 of these at their homes, four in a library, one by Skype and one by telephone. 14 parents were interviewed individually, as individual interviews have been proven to be effective when inquiring about individuals' experiences and views (Ryan et al., 2009). Three interviews were conducted as couple interviews. The interviews lasted from 54 minutes to 2 hours 21 minutes (mean: 1 hour 41 minutes) and the total duration was 24 hours and 2 minutes.

4.2.3 Data analysis

Inductive content analysis: Sub-studies I and II. The adolescents' and parents' interview data were analysed with an inductive content analysis method separately according to the research questions (Graneheim & Lundman, 2004). Instead of a thematic content analysis method, for example, inductive content analysis was chosen as a method due to the abstract, ambiguous, and seldom studied nature of the phenomenon (Vaismoradi et al., 2016). Although there are plenty of similarities between the inductive content analysis and thematic analysis methods, the focus in this study was on descriptions instead of forming themes. The used method allowed the quantification of qualitative data with large amounts of interview transcriptions (Vaismoradi et al., 2013). The same analysis process was followed for both the parents' and the adolescents' data.

The audio-recorded interviews were transcribed verbatim. Adolescents' data amounted to 647 Microsoft Word pages (10,465 lines of text), parents' data to 413 pages of text, and both with a 1.5 line spacing, amounting in total to 1,060 pages. The transcribed texts were read through several times to obtain a broad overview and

overall understanding of the data. The text was divided into meaningful units such as words, sentences, and entire paragraphs, to identify the information according to the aims of the studies. (Graneheim & Lundman, 2004). Overlaps in the responses meant that these could not be placed under the individual interview themes. The overlaps meant that the meaning units could have been categorised in two different categories, for instance. As a result, the data were analysed inductively instead of according to the interview themes. Expressions were condensed by combining them into single and grouped codes based on similarities and differences. To make sure that the subcategories and categories were descriptive, the condensed groups were abstracted and named inductively. The adolescents' data constituted 33 subcategories under 10 categories. Subsequently, the data were placed into four main categories. The inductive content analysis of the parents' data constituted 13 subcategories under six categories. Eventually, two main categories were named (Moser & Korstjens, 2018).

Deductive content analysis: Sub-study III. The adolescents' and parents' interview data were analysed separately using a deductive content analysis method. The data comprised of 36 interview transcripts with 107 participants. The adolescents' transcribed interview data was put into one file and the parents' data into the other. A data-driven secondary analysis was performed based on the new research question derived from earlier qualitative datasets (Corti, 2007; Heaton, 2008). This method allowed deepening and enriching the extensive data by generating new knowledge (Doolan & Froelicher, 2009) of responsibilities in qualitative content classification as well as quantification of the data in percentage terms.

The four senses of moral responsibilities according to Hart's (1985) taxonomy were set as the main categories to guide the analysis as a broad conceptual framework. Most of adolescents' and parents' views, diverse in terms of their content, were roughly classified under main categories without forcing them into predetermined ideas. During this process, the detailed contents were identified as codes. The coding process involved intense reading of the data as well as shared discussions in the research team (Graneheim & Lundman, 2004). Based on the similarities and differences in the views, the codes were classified into sub-categories, which served as the basis for forming categories. Potential sub-categories and categories covered the content included in the interview data, and they were determined based on a consideration of the relationships between the codes. (Graneheim & Lundman, 2004). Although there was a minor difference in tone between some categories, each code was categorized just once. In unclear cases, the context affected determining the classification. As a result, the sub-categories and categories were partly redefined and renamed and composed the final representation of the codes.

NVivo 12 Plus coding software was used in categorizing the data and quantifying the number of views emerged from the data (Burns & Grove, 2005). The percentages of the codes of the main categories in relation to all the codes of adolescents' and parents' data were calculated separately. The percentages of the codes between subcategories and main categories of both groups were also calculated. The numbers of defined and named sub-categories and categories were displayed, which helped in comparing and quantifying the participants' views.

4.3 Research ethics

4.3.1 Part I – Previous literature: integrative review

From an ethical perspective, there were solid justifications for examining the topic due to the paucity of previous literature and its relevance to school health care practice (Lund et al., 2021). In Part I, the integrative literature review, the Finnish Advisory Board on Research Integrity (2012) guideline was followed. This meant that the research process was carefully planned before conducting the study. References were cited appropriately with respect to authorship and sources and the findings of the included studies were reported in accordance with ethical requirements. In addition, the results of the review were reported according to good scientific practice with honesty towards original data. (Finnish Advisory Board on Research Integrity, 2012).

4.3.2 Part II – Empirical research: qualitative interviews and secondary analysis

The specific questions of research ethics in Part II focused on the research topic, target group and participation in the study (Finnish National Board on Research Integrity [TENK], 2019; Regulation (EU) of the European Parliament [GDPR], 2016/679). As adolescents' use of alcohol could have been a sensitive research topic for some participants, the intention throughout the study process has been to emphasize the ethics of recruiting, interviewing, and reporting the results. In line with responsible research practices (Wager & Wiffen, 2011), the ethical approval for conducting Part II was obtained from the University of Eastern Finland's Committee on Research Ethics (Statement UEF/12/2017). Permissions to collect data from the adolescents and the parents of adolescents were received from the health and school districts and the headmasters of individual schools. The research ethics principles of the Declaration of Helsinki (World Medical Association, 2013) and the Finnish Advisory Board on Research Integrity's guideline (TENK, 2012) were followed. The

aim has been to design the thesis carefully, to cite references appropriately, and respect all the ethical requirements on accordance with GDPR.

Voluntariness and informed consent. The focus of the recruitment of the target group was on ensuring that the adolescents and parents were informed about the voluntariness of participation in the study process (GDPR, 2016/679; Medical Research Act 488/1999). Participants' autonomy was respected, as written and oral informed consent was obtained for the interviews. The researcher emphasized that those contacted about participating in this study could ask the researcher questions. The questions could be asked in person, by email or by phone before deciding on whether to participate in the study, and in any additional questions. According to Finnish law (Medical Research Act 488/1999) and the ethical principles of research in Finland (TENK, 2019), adolescents aged at least 15 years may give their own consent (Sharmin et al., 2018). In total, 80 adolescents aged 15 and 16 made the decision on their participation in this study independently without a need for parental approval. However, their parents were informed about the study. Seven 14 years old adolescents returned their parents' signed consent forms to the researcher, as they were below the age of independent consent in research. (TENK, 2019). None of them withdrew from the study despite the fact that they were aware that they were entitled to do so at any point of the study process. The written and oral informed consent for the secondary use of interviews was obtained from all participants.

Confidentiality. There were no prior relationships between the researcher and the participants. The researcher and the participants agreed to respect the need for confidentiality. This meant that the researcher and the participants could not disclose anything discussed in the interviews to third parties. No other people were present at the interviews. During the data collection phase, responsibilities were discussed in a constructive way. This meant taking the informant groups into account in formulating the questions as a part of good and successful health promotion. It does not place the blame or judgment or criticism on the adolescents or parents. This promoted creating a confident, safe and supportive atmosphere that enabled participants to freely discuss their perceptions and experiences. (Newman et al., 2017). Participants were free to decide for themselves what to say and to what extent to respond to the interview themes. The adolescents were not asked about their own alcohol consumption, but they could share this information if they wanted to. They were told that if any harmful behaviour jeopardizing their own safety or that of others was revealed during interviews, the authorities, such as child welfare workers, would have to be informed about it (Child Welfare Act 2007/417, section 25). However, there was no need for doing this.

Other ethical questions concerned the integrity of the participants, such as anonymity in handling, reporting, and storing the interview data (GDPR, 2016/679;

Ruggiano & Perry, 2017). Anonymity referred to ensuring that no participants could be identified from the data. During data analysis, each participant, pair, and group was assigned a numerical code. Any personal information that could identify the participants was removed (GDPR, 2016/679; Medical Research Act 488/1999). The aim was to report the findings honestly and clearly, according to good scientific practice (Finnish Advisory Board on Research Integrity, 2012; GDPR, 2016/679). All collected data were stored on a password-secured computer and contained no identifying information to ensure data protection. All the data will be properly destroyed after the data storing time, which is fifteen years in this study (The Finnish Social Science Data Archive, 2022).

5 Results

In this chapter, the findings are reported according to research publications and the research questions posed by the summary. First, previous knowledge on the forms of parental involvement in preventing adolescents' use of alcohol is described (Part I). Then, responsibilities related to adolescents' use of alcohol (Part II) are presented according to sub-studies. Sub-study I is focused on the adolescents' and the sub-study II on parental perspective. Sub-study III is adding the view of the senses of responsibility.

5.1 Parental involvement in preventing adolescents' use of alcohol

The aim of the integrative review (Publication I) was to describe parental involvement in preventing adolescents' use of alcohol. Based on the results of the review, parental involvement can be described in three different forms: parental monitoring, family rules, and parent–child communication.

Parental monitoring. Parental monitoring referred to the parents' active efforts to control and supervise their adolescent children, and to find out how their child behaved based on their observations. Through parental monitoring, parents gained knowledge about their adolescents' leisure time activities outside the home, including going out with friends or having parties. Adolescents perceived this as an outcome of family closeness and an expression of parental warmth and caring. Parental monitoring was a significant factor in discouraging alcohol consumption and predicted preventing or delaying the onset of adolescents' alcohol use. It was associated with strong self-efficacy for refusing alcohol use in adolescents. This meant that the better an adolescent's self-efficacy, the less they used alcohol and had fewer intentions to use it. An adolescent with a high level of parental monitoring experienced relatively little peer pressure to drink.

Family rules. Family rules referred to parents' level of approval of alcohol use. They were seen as a part of family management practices. From the adolescents' perspective, rules comprised the frequency at which parents talked about the avoidance of alcohol. The parents imposed restrictions and had strict, negative and disapproving attitudes toward adolescents' use of alcohol, and which means that the

prevailing rules forbid alcohol. Strict rules were shown to be of utmost importance in preventing the use of alcohol and promoting adolescents' ability to control their behaviours and intentions. Based on the review, in some cases, however, excessive control might also increase resistance and defiance. Furthermore, the rules set by parents can also be more liberal. Some parents accepted the use of alcohol in order to encourage their adolescent children to take responsibility for their own behaviour. Increased alcohol abuse was related to more liberal parental attitudes.

Parent–child communication. Parent–child communication about alcohol was found to decrease adolescents' alcohol use. Good and high-quality parent–child communication referred to active, mutual, respectful, and verbal interaction between parents and their adolescent children, including trust, respect, and approving and appreciative attitudes towards one another. The type of communication used between the parents and their children ranged from authoritative to passive. Good communication included a warm manner of exchanging information and reflected a positive emotional climate. Influential, open communication that included well-defined restrictions against alcohol use increased a sense of family closeness. Family closeness was found to be associated with significantly lower levels of adolescents' use of alcohol; however, a parental relationship with good attachment has also been reported to not prevent alcohol use among adolescents.

5.2 Adolescents' perspective of responsibilities related to their use of alcohol

The aim of the qualitative descriptive study (Sub-study I, Publication II) was to describe adolescents' perceptions and experiences of their responsibilities related to their alcohol use, and how to support adolescents in taking responsibility when it comes to alcohol. Based on the results, the adolescents had a developing sense of responsibility with regard to harmful but tempting use of alcohol. The adolescents described that their parents had unquestionable responsibility related to the adolescents' use of alcohol, and also authorities had responsibilities to support adolescents.

5.2.1 Developing a sense of responsibility related to harmful but tempting use of alcohol

Harmful, but tempting use of alcohol. The adolescents expressed a desire to enjoy good health instead of engaging in alcohol use. Their responsibility was to be aware of the harmful consequences that the use of alcohol could cause for their health, such as damage to the liver and brain, slowdown of physical growth and mental health effects such as depression. The adolescents considered it important to maintain their

good looks and interest in physical activity. They wanted to protect their reputation and image and avoid rumors that they might find embarrassing. The use of alcohol often complicated and impaired their relationships with their parents by causing problems and arguments. The adolescents did not want to betray their parents' trust. However, some of the adolescents described the use of alcohol as tempting because of desirable outcomes such as feelings of belonging in a peer group, gaining approval and attention from peers and having fun. Based on the adolescents' views, using alcohol could help adolescents to solve their problems, regulate and control their feelings, and provide an escape from difficult emotions. Some adolescents might assume that alcohol would bring excitement to their mundane lives and offer new experiences.

Developing a sense of responsibility. The adolescents were developing a sense of responsibility related to their alcohol use. The skills they needed for taking responsibility were related to taking care of their own well-being. This required the ability and knowledge to make the right decisions. Most of the adolescents were aware that the law bans underage alcohol use in order to protect children's health, well-being and development. In this sense, they considered the use of alcohol to be unquestionably wrong. Talking to friends or adults about concerns and thoughts related to alcohol promoted adolescents' developing sense of responsibility. As friends did not shout at or punish the adolescents, they were often the first ones they turned to. Taking care of one's own well-being required the adolescents to have an ability to look for help and support when necessary.

The adolescents considered themselves responsible if they behaved well, could be reached by their parents by mobile phone and stayed in a safe company if using alcohol in moderation. Their alcohol use was carefully considered and self-controlled without excessive alcohol use. For some of them, abstaining from alcohol use altogether was the only responsible behaviour. Responsibly intervening in peers' alcohol use meant that the adolescents tried to prevent or help their peers to stop using alcohol. Taking care of peers included providing reasonable advice and restrictions, refusing to purchase or offer alcohol to peers, and never leaving a drunk friend anywhere alone. In some cases, the adolescents considered it their responsibility to contact a peer's parents or even the police for someone who had been using alcohol in excess. However, some adolescents did not do this because they wanted to protect their friends from getting into trouble.

5.2.2 Parents' unquestionable responsibility and support from the authorities

Parents' unquestionable responsibilities. Parents were described as the adolescents' primary caretakers and ultimately, unquestionably responsible for protecting and

stopping them from using alcohol. Guidance related to responsible decision-making to either use or not use alcohol referred to the shared knowledge and advice about the physical, mental, and social consequences of alcohol use. Parents should be clear about what is right and wrong when teaching about sound judgment and independent decision-making. The adolescents described that their parents' attitudes towards alcohol use varied from total prohibition to indulgent alcohol use. When those adolescents with parents who completely prohibited alcohol use got caught using alcohol, the parents punished them. Parents' responsibilities were considered to cover their responses to adolescents experimenting with alcohol, such as actively and appropriately supervising what their children were doing and knowing where they were. The adolescents considered it irresponsible that some negligent parents might even be unaware of their children's whereabouts.

Support sought from the authorities. Social and healthcare workers, such as school nurses, psychiatrists, and psychologists, as well as teachers, social welfare officers, youth workers and the police were described among the parties responsible for providing support services. Preventive counselling, help, or treatment needed to be available anonymously, such as via social media, the Internet, or by phone rather than from school personnel. The adolescents were aware that they could get confidential, private support from the school nurse and school social worker, but considered it easier to call anonymous helplines. They felt that someone on an online discussion forum would understand them and not pass judgement. If the authorities made their obligation to confidentiality more visible, adolescents might trust them more. Any support should be thorough and profound and provide detailed insight and knowledge instead of involving just reading the 'basic facts' about alcohol straight from a book. In some cases, school nurses have asked adolescents about whether they have experimented with alcohol but have not probed the matter any further. Successful and detailed preventive support could be offered by organizing lessons that include visits from experts by experiences. They could share concrete and serious real-life examples of the consequences of their excessive alcohol use. From adolescents' perspective, these examples could offer them an opportunity to detailed thinking and give them a greater understanding based on which to make better decisions.

5.3 Parents' perspective of responsibilities related to adolescents' use of alcohol

The aim of the qualitative, descriptive study (Sub-study II, Publication III) was to describe parents' perceptions and experiences of their responsibilities related to the use of alcohol by adolescents, and what kind of support parents needed for handling how their adolescents use alcohol. Based on the results, the parents' essential

responsibility was to consciously prevent problems that had a negative impact on adolescents' well-being. This responsibility comprised guiding and protecting their adolescent children, paying attention to parents' own use of alcohol, the ways in which parents communicated with their adolescent children, and setting family rules. Parents' needs for support and forms of support were emphasized in the descriptions of the support to strengthen parents' responsibilities.

5.3.1 Conscious responsibility to prevent a negative impact on adolescents' well-being

Guiding and protecting. Preventing negative impacts referred to the parents' desire to guide adolescents in a positive way and protect them from the harmful effects of alcohol. This way, the parents wanted to ensure that the adolescents could enjoy good health and a sustainable lifestyle in the future. The parents' responsibility was to make sure that adolescents would not have or cause accidents because of their alcohol use. The parents wanted to protect their children from irreversible developmental damage that long-term use of alcohol could cause. Guidance and protection also referred to the parents encouraging the adolescents to be responsible in their use of alcohol, and to make reasonable and responsible decisions. Adolescents needed to learn to take care of their own health, make their own decisions and be aware of the consequences of their own actions.

Parents' own use of alcohol. The parents described that adolescents' use of alcohol was rooted in their parents' alcohol use. The parents realised that they were role models for their children and that parents needed to be aware of the consequences of their own behaviour. Parents' main argument was that responsible parents should not use alcohol at all when adolescents were present or perhaps drink in moderation. Parents brought out that the risk of adolescents' alcohol use could be reduced if parents used less alcohol themselves. Parents perceived that this would prevent problems in adolescents' well-being.

Ways of communication. Communicating with adolescents helped prevent problems because talking about alcohol was a key tactic in ensuring that adolescents understood the severity, risks and consequences of using alcohol. The parents stressed that responsible communication needed to be carried out in an open atmosphere in an equal and mutual two-way interaction. This included consciously listening to adolescents' thoughts and views with sensitivity and patience. The parents stated that sensitive communication required empathy, compassion and respect. Honest interaction was described as straightforward, confident and fair. The parents were also aware that if they were too authoritarian, their adolescent children may become more defiant and interested in using alcohol.

Rules for experimentation. Setting family rules for how adolescents may experiment with alcohol ranged from tasting and experimenting to a total ban on alcohol consumption. The parents considered it acceptable for adolescents to taste alcohol at special events such as mid-summer celebrations or weddings. The aim of allowing the adolescent to taste a small amount of alcohol was to remove the mystery surrounding alcohol use and to encourage adolescents to adopt responsible habits. Most parents considered it reasonable that Finnish legislation bans alcohol consumption from those aged under 18 years. Invoking the law provided a good reason to ban adolescents from using alcohol. Some of the parents wanted to follow their ethical principles as parents, but at the same time, they realised that there was a possibility that they were being too strict.

5.3.2 Support for strengthening parents' responsibilities

Parents' needs for support. The parents needed support to strengthen their abilities to get involved if their adolescents had problems with alcohol. The parents described that family counselling could improve their skills, strengthen their abilities, and provide them with guidance on the best ways to talk about alcohol. This consultative form of support provided advice on parenting skills and developing family practices that prevented adolescents from using alcohol. The parents also needed support related to changes in family structures, such as divorce. For parents, consistently negotiating about alcohol use could be more difficult if adolescents divided their time between two homes. The parents expressed a need for advice on how to start discussions with the adolescents and effective ways to get involved in discussions.

Forms of support. Collaborative support could help parents for handling how their adolescents use alcohol and being responsible parents. This support could be received from peers, the community, and professionals working in health and social care services. Productive, preferable, and helpful peer support referred to sharing perceptions and experiences with other parents. It included useful tips on preventing adolescents' use of alcohol, listening to others and acting together. One obstacle to parents' peer support, which was seldom available in the parents' region, was that some parents disagreed with the idea that alcohol was a serious threat for their adolescents' everyday life. Support at the community level was described to be beneficial for all families who lived in the same area if parents would adopt similar parenting practices. The parents also expressed a wish for more community discussions, for example about the curfews other families had.

The parents reported that health and social service professionals, especially school nurses, were able to understand the long-lasting consequences of alcohol use because they were closely involved in adolescents' everyday lives. Accompanying adolescents to health appointments was described as important although it was

common to adolescents to deny their parents from accompanying them at the appointments. In some cases, a high turnover in school health personnel and the absence of family doctors and school nurses made getting support problematic. From the parents' perspective, school nurses, youth and social workers and the police needed to share the responsibility for how adolescents used alcohol. Social services, such as family counselling, family rehabilitation, and child welfare services offered by family centres, are needed to provide support covering the whole family.

5.4 Senses of moral responsibility related to adolescents' use of alcohol

The aim of the secondary analysis (Sub-study III, Publication IV) was to describe adolescents' and parents' perspectives of the senses of moral responsibility in relation to adolescents' use of alcohol, and how these were related to one another. The senses were based on Hart's taxonomy of moral responsibilities (Hart, 1985).

Quantitatively, adolescents brought out more views of their own responsibilities than parents', and parents of their own ones compared to adolescents'. The number of adolescents' descriptions related to their own responsibilities was 937 codes, and parents' responsibilities were identified in 619 codes in the adolescents' data. The number of parents' descriptions related to their own responsibilities was 1047 codes, and adolescents' responsibilities were identified in 404 codes in the parents' data.

Role responsibilities. One fifth of the adolescents' role responsibilities was focused on their own (20.3%, n = 321), and a little more on parents' (23.3%, n = 367) role responsibilities. Parents' views were focused mainly on their own (40.6%, n = 579) and much less on the adolescents' role responsibilities (8.2%, n = 117). Adolescents' role responsibility most frequently referred to taking care of oneself independently (adolescents 19.0%, n = 131, parents 12.1%, n = 84). This meant their unquestionable duty to think about their health, safety and future. Refusing offered alcohol was one way some adolescents looked after their own health. Parents' role responsibilities referred to their tasks to guide, raise and teach adolescents to make reasonable decisions and use their discretion concerning the use of alcohol (adolescents 24.6%, n = 169, parents 29.9%, n = 208). The parents emphasized the importance of sharing the knowledge of the harms of alcohol to their children openly, honestly, straightforwardly, and repeatedly. Both the adolescents (21.2%, n = 146) and the parents (19.7%, n = 137) viewed the parents' role as a principal authority to supervise and control adolescents' actions. The parents had a purposeful, consistent and systematic authoritative position and their responsibility was to be aware of their adolescent child's whereabouts 24 hours a day (19.8%, n = 138). This was deemed necessary for providing sufficient protection and presence to safeguard children's future and safety.

Capacity responsibilities. The adolescents focused on their own capacity responsibilities much more often (17.7%, n = 280) than those of the parents (4.1%, n = 64). The parents considered the adolescents' capacity responsibilities slightly more often (14.4%, n = 206) than their own ones (13.2%, n = 188). For the adolescents, capacity responsibilities comprised their developing abilities to make independent and favourable decisions (48.8%, n = 168). The adolescents had made shared decisions related to alcohol use together with their peers, parents or teachers. Their responsibility was to act in accordance with these agreements and to follow them (32.6%, n = 112). From the parents' perspective, adolescents' capacity responsibilities comprised the adolescents' personal and developing abilities to control their own actions (37.8%, n = 149), such as whether to drink. For some adolescents, the parents' capacity responsibilities referred to the parents' interest in their children's everyday life (adolescents 14.0%, n = 48). This was the main condition for the parents' awareness of their adolescent children's whereabouts. The parents described that their capacity responsibilities included their abilities to intervene in the adolescents' use of alcohol (parents 38.8%, n = 153). To intervene, parents needed to have enough of knowledge about alcohol harms. This knowledge made their understanding of getting involved stronger by talking with and listening to the adolescents.

Causal responsibilities. Adolescents and parents highlighted their own causal responsibilities much more often (adolescents 16.2%, n = 256, parents 15.1%, n = 215) than each other's (adolescents 9.3%, n = 147, parents 4.2%, n = 60). The adolescents' causal responsibilities referred to a requirement to cause no harmful consequences by possible alcohol use (adolescents 50.0%, n = 187, parents 11.3%, n = 31). For this, the adolescents had to be either completely abstinent or use only very small amounts of alcohol. The adolescents' failure to fulfil this responsibility was considered to cause a risk for the adolescents' health and development, and harm their social relationships with parents and other people. In both groups, the parents' causal responsibilities comprised a parental duty to react to and manage the harmful effects caused by the adolescents' alcohol use (adolescents 28.6%, n = 107, parents 31.3%, n = 86). To manage these effects, the parents had to be able to anticipate and recognise the adolescents' use of alcohol and its consequences. The parents' responsibility was to stop the adolescents' alcohol use and set reasonable boundaries.

Liability responsibilities. The adolescents and the parents were more likely to identify their own (adolescents 5.1%, n = 80, parents 4.6%, n = 65) than each other's liability responsibilities (adolescents 2.6%, n = 41, parents 1.5%, n = 21). The adolescents' liability responsibilities referred to a criminal liability for the consequences of their alcohol use (adolescents 38.0%, n = 46, parents 17.4%, n = 15). This meant penal sanctions such as fines or child welfare notifications filed on the adolescents. The adolescents had to pay for any damages they had caused during

their alcohol use. The adolescents' liability responsibilities also referred to the rules of the law (adolescents 28.1%, n = 34, parents 7.0%, n = 6). This meant that they were not allowed to possess, drink, or supply others with any alcohol. The parents' liability responsibilities included following the law (adolescents 26.4%, n = 32, parents 47.7%, n = 41). The parents were not allowed to supply their children with any alcohol and had the duty to forbid adolescent children from using it. However, to make alcohol appear less tempting, some parents let their children have a little drink in weddings or mid-summer parties. The parents were also criminally liable for the consequences of their children's alcohol use (adolescents 7.4%, n = 9, parents 15.1%, n = 13). Based on this view, the parents were liable to compensate for possible damages to a harmed party.

5.5 Summary of the main results

The literature review laid a foundation for the empirical part of the study. The previous literature was focused rather on parental involvement than the concept of responsibility in the context of adolescents' use of alcohol. The forms of parental involvement were linked together and included partially overlapping content in relation to one another. First, adequate parental monitoring referred to parents' role in controlling and supervising their adolescent children. Second, suitable family rules referred to parental disapproval and restrictions imposed by parents. Third, mutual communication referred to warm and respectful interactions between adolescents and parents. These forms of parental involvement were found both in previous literature and the empirical research of the study. The forms were found to include parents' responsibilities based on the interviews and were needed in preventing and decreasing adolescents' use of alcohol.

Based on the empirical part of the study, the adolescents described the use of alcohol as harmful but tempting. They emphasized that parents had unquestionably responsibility for adolescents' use of alcohol and that adolescents were in the process of developing a sense of responsibility (Figure 3). Role responsibilities referred to taking care of adolescents' own and their peers' well-being and intervening in the peers' alcohol use if necessary. To inspire adolescents to take responsibility of making healthy choices, the adolescents needed encouraging, confidential and anonymous support. Real-life examples were described to provide the thorough and profound support the adolescents hoped for. The preventive counselling, help, or treatment they received from social media, online services, or by phone rather was more effective than that obtained from school personnel. However, the adolescents felt that school nurses, psychologists, teachers, social welfare officers, youth workers and the police had a responsibility to intervene in adolescents' use of alcohol. Some

of them felt that a school nurse was too infrequently present and available at the school.

Parents described their responsibilities as conscious and unquestionable in preventing and protecting a negative impact on adolescents' well-being. The parents had role responsibilities in caring, controlling, and serving as the main authority in the adolescents' everyday life and alcohol related issues. The parents had primarily received adequate support from school health services and school nurses, but they still had further needs for support. The parents expressed a need for collaborative support from their community, health care professionals, and especially peers to strengthen their responsibilities and involvement. The support referred to consultative support and support in problematic situations.

The interviewed adolescents and parents shared concurrent views of responsibilities. Of Hart's senses of moral responsibility (1985), role responsibilities were the most frequent sense of responsibility. Capacity responsibilities, the secondly often represented sense of responsibility, included parents' abilities to get involved in the adolescents' use of alcohol and to show interest in their children's whereabouts. Adolescents' capacity responsibilities comprised their abilities to make independent, reasonable, and restrained decisions and to control their own actions. Their responsibility was to follow shared decisions and agreements that have been made together with peers, parents or teachers concerning alcohol use. The third most frequently represented sense of responsibility, causal responsibilities, meant for parents a duty to react to and manage the harmful effects that may be caused by adolescents' use of alcohol. To manage these effects, parents had to be able to anticipate and recognise alcohol use and its consequences. Meanwhile, requirements for causing no harmful consequences if adolescents used alcohol were identified as adolescents' causal responsibilities. Both adolescents' and parents' liability responsibilities comprised following the law and taking criminal responsibility for the possible consequences of adolescents' alcohol use. There were least references to liability responsibilities in the interview data.

In relation to frequency, the categories of senses of moral responsibility were in the same order in adolescents' and parents' data. The summary of the study involved combining previous knowledge of the topic with empirical findings. Overall, responsibilities seem to be a multidimensional part of adolescents' use of alcohol.

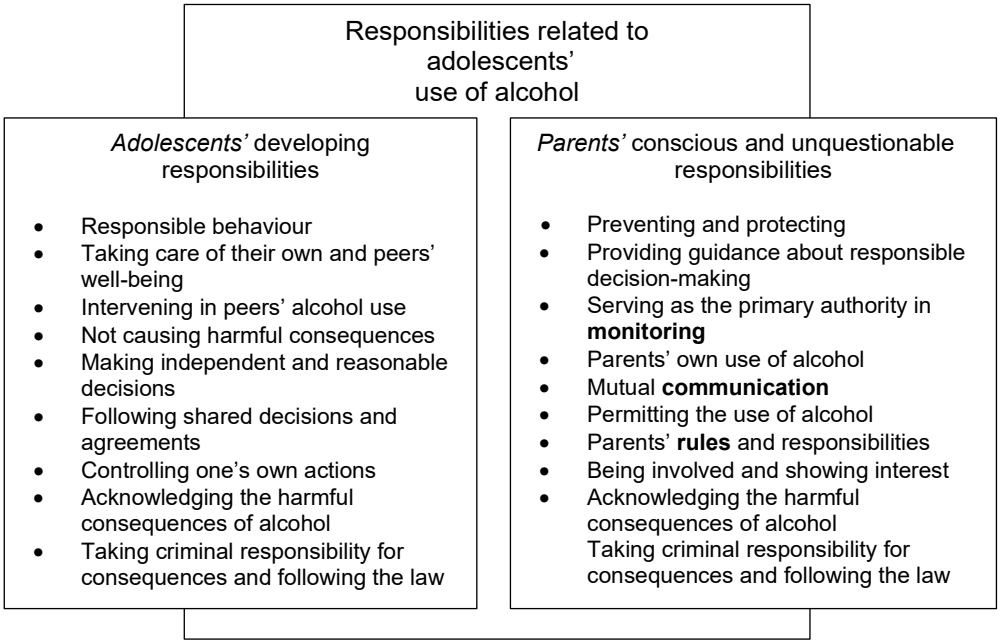

Figure 3. Parents' and adolescents' responsibilities related to adolescents' use of alcohol based on empirical research carried out in this study. Responsibilities supported in terms of parental involvement based on the literature review in **bold**.

6 Discussion

6.1 Discussion of the results

This study provided new knowledge about the responsibilities related to adolescents' use of alcohol. The knowledge and improved understanding of responsibilities is one constituent in preventing alcohol use among adolescents. Through concurrent descriptions of adolescents and parents, responsibilities were based on reasonable knowledge and reflected actions and their consequences in line with roles and legislation. In this section, the first theme focuses on descriptions of adolescents' responsibilities towards making responsible health choices independently. Secondly, parents' responsibilities related to adolescents' use of alcohol are discussed. The third theme focuses on transferred and shared responsibilities between adolescents and parents. The fourth is support for responsibilities, which is related to adolescents' use of alcohol in school health care. The themes are discussed via the sense of moral responsibility.

6.1.1 Adolescents' responsibilities towards making responsible health choices related to use of alcohol

According to adolescents' and parents' descriptions, the responsibilities related to adolescents' use of alcohol were based on reason. This meant that avoiding or banning the use of alcohol was based on rational thinking based on this being a responsible choice. Based on the adolescents' views, taking responsibility seemed to protect them from developing an interest in alcohol use. Meanwhile, those adolescents using alcohol had a responsibility to behave sensibly while engaging in alcohol use. This referred to, for instance, refraining from excessive alcohol use or vandalism under the influence. These descriptions revealed that adolescents took good and responsible behaviour into consideration if using alcohol. Previous research has found that adolescents' conservative values correlate with lower use of alcohol (Moreno et al., 2010). Responsibilities seem to have a preventive effect on adolescents' use of alcohol. Self-reported willingness to carry out responsibilities was associated with adolescents' actions towards making independent and reasonable decisions. Responsibilities were described as a wide, challenging and

multifaceted whole, and paying attention to responsibilities, could protect adolescents' health and well-being.

Consistent with previous research, adolescents' role responsibilities involved taking care of themselves as well as their peers in a loyal and reciprocal manner by thinking about their health, safety, and future (Hellison, 1995; Moilanen, 2018; Moilanen et al., 2018a; 2021). Adolescents have been found to develop their sense of responsibility through helping and thinking of others (Hellison, 1995). In support of the findings of the present study, role responsibility has been determined by social roles affecting adolescents' activities in their environments. Individuals develop their responsibility by acting according to their roles, which manifest as ethical or expected behaviour and choices. (Buetow & Elwyn, 2006; Kangasniemi et al., 2012; Rudy-Hiller, 2018).

This study found both positive and negative descriptions of alcohol. Previous research has found that adolescents have perceived alcohol as a status symbol and a product used as a part of celebrations (Roy et al., 2017). Adults have described their alcohol use as socially acceptable and celebratory, but also costly and harmful (Edwards et al., 2020). In this sense, adolescents' descriptions resemble the previously found descriptions by adults, which reflects the influence of parents' role modelling on adolescents' alcohol use.

Responsibilities were recognized to be based on the knowledge of the harmful consequences of alcohol use. Previous research has also identified this relationship between knowledge and responsibility (Fuchs & Hofkirchner, 2005; Rudy-Hiller, 2018). Knowledge has been found to be one of the conditions for a person to be morally responsible for their actions (Rudy-Hiller, 2018). Participants' interviews indicated that adolescents had different perceptions of alcohol based on the knowledge they had depending on their individual characteristics, circumstances and opportunities. Adolescents described themselves as thoughtful individuals able to take responsibility and with good circumstances at home. They were aware of that some families have problems related to alcohol use, perhaps because of a lack of knowledge. The adolescents described that some of their peers lacked knowledge because they were uninterested in listening to their teachers or school nurses about the topic. Previous research has shown that adolescents particularly need enough knowledge of the consequences on their health behaviours. Sufficient knowledge contributes to adolescents' better understanding of the risks they may be taking and making responsible, healthy choices. (Ayres & Pontes, 2018). On the other hand, despite adolescents having been found to have perhaps more knowledge of alcohol and its harmful consequences on themselves and other people than ever before (Neves et al., 2015), this does not necessarily lead to making healthy choices. Adolescents must also have a personal motivation for taking care of themselves in

order to utilise their knowledge of health-promoting behaviours. (Lindmark & Abrahamsson, 2015).

Knowledge has been reported as a factor determining adolescents' capacity responsibilities (Moilanen, 2018). In this study, capacity responsibilities were identified as the requirements for understanding, anticipating and reacting to the consequences of behaviours and choices, in line with Hart's (1985) taxonomy. Self-reported descriptions indicated that adolescents may struggle with honestly and directly disclosing to their parents or teachers any consequences that their alcohol use has caused due to a fear of sanctions. A better understanding of responsibilities could facilitate adolescents' and parents' taking of role-based responsibility in families (Helgeson et al., 2008). This could also support adolescents in their capacity responsibilities.

Adolescents may find it difficult to take causal responsibility related to alcohol use due to the impulsive, at times even risky choices and actions in the decisions they make (Sandor & Gürvit, 2019) and their phase of life which still involves development (Das et al., 2016; WHO, 2014c). The developing character of adolescents' responsibilities found in this study is supported by previous studies (Filiz & Demirhan, 2018; Sansom-Daly et al., 2016). Adolescents develop their attitudes, knowledge and skills as they learn to manage and control their emotions and social relationships, assume adult roles and increase responsibilities and the management of assignments independently (Gordon, 2010; Ottawa, 1986). Without recognising possible problems, some adolescents might test their limits in their health choices or try to deal with their insecurity using alcohol.

The findings support the earlier research concerning how some adolescents use alcohol to regulate and control their feelings (Biolcati et al., 2016; Timotijevic et al., 2018), for instance, to disinhibit themselves and fight boredom (Biolcati et al., 2016), experience pleasure and a sense of freedom (Freitas & Luis, 2015) and feel relaxed (Berends et al., 2016). This is understandable because adolescents are learning about and developing the management of their feelings (Sawyer et al., 2018). In line with previous studies, one of the reasons for using alcohol was searching for desired benefits such as excitement and sensations, which, in turn, has been found to increase the use of alcohol among some adolescents (Gunning et al., 2009). It is known that some adolescents choose to use alcohol because of strong acceptance by peers or an interest in experimenting with alcohol (Moilanen, 2018; Sellers et al., 2018). The findings are in line with earlier research according to which some adolescents have been curious about gaining new experiences and they have had easy access to alcohol (Neves et al., 2015). However, mostly, adolescents perceived the use of alcohol to be pointless and irresponsible, and felt that they had the responsibility to listen to reason.

From a legal and moral perspective, it seemed that the adolescents in this study respected the law and the rules prevalent in society. The adolescents perceived following the law as a self-evident responsibility, which was considered to include a small number of identified liability responsibilities. Adolescents were aware that as long as they were underage, from a legal perspective, they were not allowed to possess or use any alcohol or provide it to others. In line with their role responsibilities, some adolescents followed this responsibility to the decree that they were unwilling to even try alcohol and perceived this as an acceptable and correct choice grounded in morals and the law. The use of alcohol was perceived as morally wrong, and many adolescents avoided it. These findings are in line with Hart's (1985) view that people, adolescents in this study, understand what morals and the rule of law require. When people understand moral and legal norms and can control their behaviour, they are morally responsible for their actions. For example, this means that they are obligated to refund or pay compensation for any damages they have caused. Liability responsibility is similar to moral responsibility, as both require actions that are either intentional or involve the person's awareness of the prevailing conditions. (Hart, 1985). Previous research has found that adolescents used less alcohol if they found the valid alcohol legislation justified (Amonini & Donovan, 2006). Discussions from moral and legal perspectives may postpone or prevent adolescents' alcohol use (Amonini & Donovan, 2006; Lepre & Martins, 2009).

A number of adolescents' and parents' expressions reflected that they may have found it easier to describe their own responsibilities compared to those of others. Parents may have found it difficult to understand that their children have responsibility related to alcohol use because the law prohibits alcohol use by minors anyway. Overall, responsibilities seem to have moral, causal and preventive grounds, shifting from an individual level to a community level when needed. For example, if adolescents use alcohol with others, they have a responsibility not only for themselves but also for their peers. Further, if there is wide acceptance of underage use of alcohol in some area, the responsibility for the consequences is also shared in the community in question. Previous research has shown that the community's participation in activities focusing on adolescents' health has been found to be an effective and valuable way to influence adolescents (Paulsson et al., 2017; Sormunen et al., 2013) and prevent their use of alcohol (Lloret et al., 2020).

6.1.2 Parents' responsibilities related to adolescents' use of alcohol

Parents had conscious and unquestionable responsibilities to guide and teach adolescents to make considered decisions when it comes to alcohol. All adolescents valued and wished for responsible parenting. The current findings and previous

research were found to be consistent in that parents' responsibilities include involvement in adolescents' use of alcohol (Ryan et al., 2010), and caring for their children (Aalders et al., 2021; Hanna et al., 2013; Millum, 2017; Reed-Knight et al., 2014; Sandbæk, 2017; Trnka & Trundle, 2014). In accordance with earlier literature, the findings emphasized the parents' important role in influencing adolescents' choices to use alcohol and their values regarding the use of alcohol (de Loose et al., 2017; Kraus et al., 2018; United Nations Office on Drugs and Crime [UNODC], 2011). Parents have the duty to share any knowledge and advice for adolescents that may contribute to adolescents' health (WHO, 2014a).

The findings of this study were in line with previous research highlighting the importance of parental awareness of their adolescent children's whereabouts. (Everri et al., 2015; Ryan et al., 2010). Rules and restrictions, together with parents' disapproval of adolescents' alcohol use, have been found to decrease alcohol use among adolescents (Hausheer et al., 2016; Sharmin et al., 2017b; Spijkerman et al., 2008). Parents' responsibilities related to adolescents' use of alcohol were also considered to be based on the law. Mainly, adolescents and parents described that parents' responsibility was to restrict and disapprove of adolescents' alcohol use. Parents justified prohibiting their adolescent children's use of alcohol by the prevalent legislation. Based on previous research, there is a need for parents to set law-based family rules and restrictions, as an essential part of parents' responsibilities (Everri et al., 2015; Ryan et al., 2010).

This study also found that the parents placed different levels of importance on the law. Some parents let their adolescents try a little bit of alcohol on special occasions or experiment with alcohol. These parents have wanted to guide their adolescent children towards socially appropriate use of alcohol. This has been interpreted to mean a glass or two of alcohol instead of uncontrolled alcohol use, offering alcohol to the adolescent and monitoring the adolescent's behaviour and social activities with their peers (Bourdeau et al., 2012; Napper et al., 2022). At the same time, parents had a responsibility to protect their children's health and future. Parents' descriptions were in line with earlier research that their children would learn safe and responsible use of alcohol in a safe environment (Chan et al., 2017; Sharrad, 2020). However, the matter of letting adolescents use alcohol, even "constructively", is a complicated one, as adolescents' alcohol use is forbidden by the law. Research has also found that parents approving of their adolescent children's alcohol use (Hummer et al., 2022), or allowing or 'teaching' their adolescent children to use alcohol under the parents' supervision has been found to increase adolescents' alcohol use (Kaynak et al., 2014; Livingston et al., 2010; McMorris et al., 2011).

Both adolescents and parents expected the parents to serve as the primary authority figure that monitors and controls adolescents' behaviour. The parents had a purposeful, consistent and systematic authoritative position and their responsibility

was to be aware of their adolescent child's everyday life 24 hours a day. Parents serve as responsible and health-supportive role models, providing the most important support for adolescents. The findings serve as a reminder of the importance of parents as an appropriate role model with regard to alcohol use (Mangiavacchi & Piccoli, 2018; Rossow et al., 2016; Spijkerman et al., 2008; Yap et al., 2017), as this was identified as an important role responsibility for the parents. In line with earlier research, parents' responsibility to set family rules about alcohol use was also emphasized (Simonen et al., 2017). However, based on the adolescents' views, there are probably dissimilarities in family rules. Consistent and similar rules in families' local communities could promote identification with peers among adolescents. Therefore, equality among adolescents in multicultural societies could be promoted by both discussing and establishing similar family rules and practices at the individual level between adolescents and their parents as well as setting consistent age limits for alcohol use.

Most of the parents in this study did not supply alcohol to their adolescent children due to their sense of liability responsibility for following the law. Previously, supplying alcohol to children has even been believed to be the parents' responsibility in some cases (Aiken et al., 2017; Sharrad, 2020). Parents have had different interpretations of their roles and responsibilities regarding who can supply alcohol to an underaged person (Sharrad, 2020). In any case, parental supply of alcohol has previously been found to increase adolescents' alcohol use (Aiken et al., 2020; Clare et al., 2020; Sharmin et al., 2017a). This proves the need for clearly informing parents of their role and responsibilities, an aim derived from the framework of the children's and parents' rights (Rodrigo, 2010; United Nations, 1989).

Previous research has identified a problematic finding that there are parents in some families with little interest in their adolescent children's everyday life (Bartsch et al., 2015; Nanninga et al., 2015; Zimmermann et al., 2022). Adolescents found that it was important that their parents were able to show their interest in their children's everyday life and possible use of alcohol. From adolescents' point of view, negligent parents did not carry out their responsibilities as parents. They could have a lack of resources to get involved in their adolescents' everyday life and alcohol use. Parents have reported various capabilities depending on their own challenging life situation, for example, due to their own health problems (Bartsch et al., 2015) or challenges at work (Leineweber et al., 2018). Previous research has reported that parents can have poor parenting self-efficacy (Bartsch et al., 2015), which has referred to the beliefs or judgements parents have of their capability to carry out or undertake parenting tasks (Montigny & Lacharite, 2005). Previous research has also identified parents' burnout (Zimmermann et al., 2022). Poor parenting skills have referred to poor supervision and inconsistent discipline of

children (Nanninga et al., 2015). Focusing on responsibilities related to adolescents' use of alcohol, adolescents' descriptions of their parents' negligence cannot be ignored because every adolescent has the right to be cared for and protected against alcohol (United Nations, 1989).

From adolescents' and parents' perspectives, the role of constructive and emphatic parent–child communication was emphasized in preventing and protecting adolescents against the negative impact and harms of alcohol on their well-being. Parents were considered to have the responsibility to be present for their child, which creates the basis for adolescents' confidence in their parents. An earlier study found that parents have felt unsure and faced challenges related to communicating with their adolescent children (Simonen et al., 2017). The challenges in achieving a shared understanding through communication can include engaging in open dialogue and co-managing issues related to alcohol use (Kayle et al., 2016). The current findings support previous research that communication is worth the effort, as especially equal communication has been found to promote an open, trustful, and reciprocal relationship between adolescents and their parents (Arndt & Naude, 2020; Simonen et al., 2017). Having discussions about alcohol has been found to prevent adolescents' alcohol use (Spijkerman et al., 2008). Overall, communication can be highlighted as the most important form of parental involvement and an essential area of responsibility related to adolescents' use of alcohol. The results are consistent with earlier research finding that communication has a permanent connection with parents' responsibilities in particular (Newman et al., 2008; Ryan et al., 2010).

Parents' responsibility as parental involvement. Based on this study, parents' responsibilities related to adolescents' use of alcohol were identified to include similarities with parental involvement, such as communication and family rules. In previous research, parental involvement has comprised parental warmth and encouragement to children (Baig et al., 2021), modelling attitudes, and preparing adolescents for encountering peer pressure. In line with the findings of this study, one of the elements of parental involvement related to adolescents' use of alcohol has concerned parents' considerations of what to do if their child engages in alcohol use. Parents' actions to ensure a good basis for their children's lives and secure their welfare has been included in parental involvement. (Gilmore & Glennon, 2015; Ryan et al., 2010). It is linked to parents' wider responsibility to protect and ensure the adolescents' health, safety, and basic needs (United Nations, 1989). Parental involvement has included other similar elements to parents' responsibilities, such as getting involved in adolescents' use of alcohol, well-being, and healthy behaviours (Hernandez et al., 2015; Marzuki & Rahman, 2016; Shin & Miller-Day, 2017). Meanwhile, parents' responsibilities and parental involvement have also had similarities with parenting practices, such as rules and communication (CRIN, 2019; Davids et al., 2017; Vashishtha et al., 2019).

Parental involvement has had a positive effect on adolescents' health (Davids et al., 2017), and has been found to be significant in preventing adolescents' use of alcohol (Donaldson et al., 2016; Handren et al., 2016; Yap et al., 2017). Parental involvement has helped improve and achieve promising outcomes and control in the management of the adolescent's long-term disease (Olinder et al., 2011; Vloemans et al., 2019), and promote peer relationships (Garbacz et al., 2018). Parental involvement has been found to be a strong protective factor against adolescents' smoking (Aho et al., 2018), it has predicted adolescents' academic success and improved their mental health (Wang & Sheikh-Khalil, 2014). Overall, evidence proves the positive effects of parental involvement on the welfare of the whole family (Aho et al., 2018; WHO, 2014a).

This evidence suggests that in addition to parental involvement, parents' responsibilities have a positive association with adolescents' health and well-being. It is worth noting that parents have an effect on their children's lives whether they want it or not, even if they are absent. The multifaceted content of parental involvement found in this and previous studies (Wang & Sheikh-Khalil, 2014) can be seen in parents' role responsibility as awareness of their adolescent children's actions and the choices they make. However, the requirement for such a level of parental involvement from the surrounding society may increase feelings of pressure and feelings of inadequacy among parents.

6.1.3 Transferred and shared responsibilities related to adolescents' use of alcohol

Two kinds of transferred and shared responsibilities related to adolescents' use of alcohol were identified. First, responsibilities appear in relationships and interactions between adolescents and parents. Based on the findings of this study, transferring responsibilities from parents to adolescents refers to 'teaching' and guiding adolescents towards responsible health choices regarding the use of alcohol. Parental involvement in adolescents' use of alcohol includes preparing the adolescent to transition towards taking full responsibility for their use of alcohol. Responsibilities transfer gradually from caregivers, mostly parents, to the adolescent children until the adolescent child reaches the age of majority. This transfer has been found previously in the context of adolescents' long-term diseases (Gardener et al., 2020; Helgeson et al., 2008; Sanagavarapu & Xian-han Huang, 2017). Previous research has divided shared responsibility into psychological, behavioural, and physical, uniformly adaptive responsibilities. This adaptivity seems to increase with time as children got older. (Helgeson et al., 2008).

Adolescents are becoming increasingly aware of their own health choices and the consequences of the choices during adolescence. Although adolescents' health

choices have been reported to be an aspect of autonomy and independence for them (Moilanen, 2018; Moilanen et al., 2018b; Sellers et al., 2018), their autonomy in alcohol use is limited because the legislation forbids adolescents from using alcohol. Regardless of the law, however, some adolescents decide to use alcohol. This is a moment of decision in which there is a need for transferred responsibilities. It requires parents to share detailed knowledge of alcohol-related harm that can support adolescents in developing their rational thinking. As adolescents pointed out, they could benefit from concrete and serious real-life examples of the consequences of excessive alcohol use to the human organism and social relationships by experts by experience. Previous research has suggested that for adolescents, it can be easier to assume full responsibility later if parents have already given them a small portion of responsibility earlier (Olinder et al., 2011). It is therefore assumed that if adolescents already have gradually adopted transferred responsibilities, there will be better possibilities for supporting them towards making responsible health choices. For example, this may involve an agreement between the adolescent and their parents about curfews. An interesting question is concerned with which differences emerge between transferred and shared responsibilities in the questions concerning adolescents' alcohol use.

Similarities found in the adolescents' and parents' descriptions revealed that responsibilities related to adolescents' use of alcohol were a shared concern for them both. Although conflicts between adolescents and their parents due to their different perspectives are common during adolescence (Sellers et al., 2018; Zimmermann et al., 2022), the results of this study indicate that adolescents and parents have surprisingly similar views. Similarities were found in the views of parents carrying the main responsibility and parents' role as the principal authority for setting rules in families. Adolescents' and parents' descriptions were similar related to the importance of mutual communication and their responsibility to follow the law. Adolescents and parents agreed that adolescents were responsible for any harmful consequences resulting from their alcohol use. The legal responsibility for consequences related to the use of alcohol concerned both adolescents and parents. Earlier studies have also found that parents and their adolescent children agree on issues such as safety and morality while disagreeing on less important, mundane topics, such as curfews or clothing choices (Steinberg, 2014). Based on these similarities, it is argued that the responsibilities related to adolescents' use of alcohol are a shared issue between adolescents and parents.

A difference was also found between the adolescents' and parents' descriptions. Adolescents seemed to have more willingness and confidence in their abilities to take responsibility for their own decisions and choices related to alcohol use than parents were willing to transfer for them. In the context of long-term diseases, shared responsibilities involve acknowledging adolescents' competency and capacity and

supporting their autonomy (Gardener et al., 2020; Helgeson et al., 2008; Sanagavarapu & Xian-han Huang, 2017). Parents usually are those who have the best knowledge of their children's skills and abilities. Parents taking care of their causal responsibilities would prevent adolescents from having to take too much responsibility for their 'wrong' actions, such as the use of alcohol, that might cause feelings of guilt and blame (Quinn & Bussey, 2015a).

Secondly, in this study, transferred and shared responsibilities meant that adolescents, peers, parents, and other adults such as professionals in school health care had collaborative responsibilities related to adolescents' use of alcohol. The findings are in line with previous research that has shown that collaboration between families and healthcare professionals has facilitated transferring responsibilities from parents to adolescents as regards the management of adolescents' long-term diseases (Young et al., 2014). Adolescents benefit from having more people involved in their possible problems with alcohol use, as it causes a burden on families and is a complicated issue to manage (Inchley et al., 2020; WHO, 2018; 2021a). Adolescents have perceived that society has shared responsibility for adolescents' health (Goldthorpe et al., 2019). Also, school nurses have found the collaboration in multi-professional teams meaningful, clear, and manageable, only when the roles and responsibilities of each stakeholder have been communicated in a clear and comprehensible way (Reuterswärd & Hylander, 2017). For example, if a school nurse notices that an adolescent is having serious problems with alcohol use, the nurse has a duty to file a child welfare notification (Child Welfare Act 2007/417, section 25). Consequently, social workers are responsible for getting involved in the problem.

Shared responsibilities have been seen as a kind of teamwork, aiming for a gradual transfer of responsibility from the parent to the adolescent until shared responsibility is achieved throughout this transition (Helgeson et al., 2008). Shared responsibilities have been found to support adolescents' own care as a result of which parents have had opportunities to teach and model good self-care for adolescents (Helgeson et al., 2008; Olinder et al., 2011). Opportunities that shared responsibilities might provide are needed for making responsible health choices in the context of adolescents' use of alcohol. Therefore, shared and transferred responsibilities require supporting reciprocal communication in continuous negotiations between adolescents and their parents. (Olinder et al., 2011). There is particularly a need for supporting and encouraging parents to get more strongly involved in collaboration with health care professionals, as the needs and challenges of children and families are changing over the time (THL, 2019).

6.1.4 Support for adolescents' and parents' responsibilities related to adolescents' use of alcohol

This study produced knowledge that can be applied in supporting adolescents to make responsible health choices and parents in their responsibilities related to adolescents' use of alcohol. The findings can be used in preventing adolescents' use of alcohol in collaboration with school health care services for adolescents and parents.

Support for adolescents. Based on the findings, adolescents particularly had needs related to their parents' interest and care. In school health care, there is a need for awareness of the importance of open, equal and mutual communication between adolescents and parents as an essential way to support adolescents in their responsibilities. This could strengthen adolescents' abilities to face their possible problems and emotions instead of using alcohol. Studies have found that adolescents' willingness to accept, negotiate and finally, follow their parents' rules and advice around alcohol has increased because of good communication (Bourbeu et al., 2012; Hausheer et al., 2016; Sharmin et al., 2017b). Therefore, listening to and understanding adolescents' own perspective is valuable with a focus on their needs and challenges (Bhat & Shankar, 2021).

Parents' trust in their children and a balance between protection and independence have been found to give adolescents space and opportunities to act freely. This supports adolescents' better chances to achieve and take responsibility for their actions, choices, and decisions related to their health. (Cheng et al., 2021; Moilanen, 2018; Moilanen et al., 2018a; THL, 2016). Encouraging adolescents to take care of their own and their peers' health was found to be one of their responsibilities and can support adolescents in learning to identify their health choices (THL, 2019). Because self-management involves responsibility (Gutierrez-Colina et al., 2017) and affects one's health, it is important to encourage adolescents in the process of developing capacities for the self-management (Netz et al., 2020; Olinder et al., 2011; Sanagavarapu & Xian-han Huang, 2017). It seems that discussing adolescents' own role and responsibilities in concrete terms is a key issue in preventing their use of alcohol and supporting their healthy choices in school health care.

Adolescents had needs for confidential **s**upport. This means that it is important to offer the adolescents a possibility to meet a school nurse or a doctor in private, without a parent, to discuss possible sensitive issues, personal thoughts, concerns or experiences related to the use of confidentially (THL, 2019). Adolescents could be informed more about their rights to confidential support, which was rarely reflected by them. This knowledge could strengthen adolescents' willingness to discuss alcohol use in the expanded health check-ups carried out when the adolescents are

in the eighth grade. These check-ups have been found to be important for adolescents (THL, 2019).

Mainly from a parental perspective, there was a need for providing preventive counselling at individual and group levels in school health care to support adolescents in their responsibilities related to the use of alcohol. At these levels, the school nurse's services have been found to strengthen adolescents' commitment to making healthy choices (THL, 2019). School health care has achieved good results for adolescents' health (Merga & Hu, 2016), and the work continues to support adolescents and provide them with opportunities to take individual responsibility (Goldthorpe et al., 2019).

Schools have previously been described as places adolescents can be best reached to share information about health (Ministry of Education and Culture, 2020). Schools can detect risks to adolescents' health and well-being at an early stage and have many opportunities to affect these (THL, 2019*).* In addition to school health care, teachers at schools promote adolescents' health literacy through their own knowledge at a pupil group level in curriculum-based education, school programmes and during theme days (Bröder et al., 2017). In this study, the adolescents suggested that schools could arrange lessons where experts by experience could share their concrete real-life examples of the consequences of uncontrolled alcohol use. Their thorough, profound and detailed insight and knowledge could help adolescents to better understand the fact that alcohol is a dangerous and addictive substance. Experts by experience can influence adolescents to internalize a set of behaviours, self-conceptions and dispositions, which have been found to improve adolescents' willingness to take on new responsibilities and roles (Salusky et al., 2014). Such support based on experiences has already been implemented in some schools, but confirming its effectiveness needs more research. Adolescents also pointed out that some of their peers had been uninterested in listening to their teachers about alcohol-related harms in health education lessons. However, scientific information as a primary source of knowledge about alcohol can promote adolescents' critical thinking in school education (Roy et al., 2017). There, the key issue is to pay attention to providing information to the adolescents in a way they find interesting.

The adolescents also emphasized the meaning of anonymous support, which they had particularly received from social media. Besides having benefits, however, the risks of using social media include getting disinformation about alcohol and an illusion of a high prevalence of alcohol use among adolescents. Applying the information obtained from social media to adolescents' personal situations can be difficult. (Moreno & Whitehill, 2014). Social media can create a positive impression of alcohol use, which can lead adolescents to increase their alcohol use (Roy et al., 2017).

Support for parents. One of the parents' responsibilities was looking for support from outside the family such as health care professionals when needed. The parents' descriptions identified support from especially school nurses in school health care as an important form of collaborative support. However, some parents had experiences of a high nurse turnover and absence of personnel in school health care. Previous research has found that some families have needs for help and support related to how and to what extent to transfer responsibilities to adolescents (Aalders et al., 2021; Netz et al., 2020). When responsibilities have been unclear, parents have found it frustrating to find ways to support adolescents towards gaining independence while at the same time taking responsibility (Olinder et al., 2011). Health and social care professionals can offer support for ensuring that parents understand how to meet their own responsibilities in preventing and reducing adolescents' use of alcohol and how to provide support for their adolescent children (Mills et al., 2021). According to Finnish legislation, the authorities must support families' opportunities to secure their child's well-being and individual growth (Child Welfare Act 2007/417, section 25). Parents have to be provided with appropriate help and support when needed (Ministry of Social Affairs and Health, 2021; United Nations, 1989), also when it comes to their responsibilities.

The parents considered that family counselling can provide them with support in identifying and noticing alcohol use in their adolescent children and reacting to possible consequences, i.e supporting their causal responsibilities. From both the adolescents' and parents' viewpoints, supportive knowledge was seen to strengthen parents' capacities to get involved in adolescents' use of alcohol. This consultative form of support would particularly help those parents to take care of their capacity responsibilities who have, for one reason or another, lack of knowledge, resources and/or abilities to get involved in and handle how their adolescent children use alcohol. Parents have been found to benefit from encouragement to get involved in parenting programmes (Berry et al., 2022). It has been reported that there is a need for informing parents of the importance of their role in supervising their children, setting rules, and being involved in their children's everyday lives (Ladis et al., 2019). Previous research has found that the more aware parents are of their children's lives, the more likely adolescents are to select peers with lower alcohol use and a lower acceptance of others' alcohol use. Consequently, these adolescents have decreased their use of alcohol. (Sellers et al., 2018).

Adolescents and parents were aware that support was available from primary health care services, professionals or family health care related to adolescents' use of alcohol (Reuterswärd & Hylander, 2017; THL, 2019). From adolescents' and parents' perspectives, professionals including psychiatrists, psychologists, teachers, social welfare officers, school social workers, youth workers and the police had shared responsibilities to support families due to their roles. Descriptions found in

this study reflected adolescents' and parents' confidence and trust in the authorities involving adolescents' use of alcohol when needed (Reuterswärd & Hylander, 2017; THL, 2019). If necessary, other parents, teachers or neighbours were also responsible for getting involved in any detected alcohol use by children or file a child welfare notification (Child Welfare Act 2007/417, section 25). If parents have challenges in carrying out their responsibilities, society is expected to help (Sandbæk, 2017). For example, prevention programmes focusing on parenting skills training may prevent adolescents' substance use (Cutrin et al., 2021). It is suggested that the broader environment, family, schools, and community members are taken into account when preventing adolescents' use of alcohol (Ott et al., 2011). Wide regulation and national strategies such as restrictions and advertising are also needed (Goldthorpe et al., 2019).

Parents' needs for collaborative support were identified. The parents felt they could help other parents to unify family rules and adopt similar parenting practices concerning adolescents' use of alcohol. At the community level, parents living in the same area could obtain peer support from peer groups. These could enable parents to get a sense of solidarity in challenges with their adolescents. This kind of solidarity has been found to increase motivation and reciprocal help as well as promote a sense of mutual responsibility (Salusky et al., 2014). Peer support for parents has been found to strengthen their sense of belonging to a community and their feelings of shared experiences. Parents have been found to appreciate up-to-date informational support stemming from other parents' experiences of parenting challenges. Due to their similar situations, peers can relate to each other's problems more easily than social and healthcare professionals. (Niela-Vilén et al., 2014). Providing collaborative support to strengthen parents' responsibilities requires resources and systematic planning in communities. This raises a question about who and how to facilitate the organisation of peer support for parents of adolescents. According to parents, they would benefit from peer support for their adolescents' health.

6.2 Strengths and limitations of the study

This section presents the strengths and limitations of this study. A strength of the summary part is the use of a multi-method research approach to expand the trustworthiness of the study (Clauss & Tangpong, 2019). This method was suitable for building an understanding of the abstract nature of the phenomenon (Poth, 2018). Different data collection and analysis methods supported one another and were considered to strengthen the accuracy and quality of the analysis and conclusions of the study (Vivek & Nanthagopan, 2021). The credibility was considered to be strengthened as there were similarities with the findings from the inductive and

deductive analyses (Graneheim & Lundman, 2004). Moreover, the multi-method research approach enabled combining the results from the different parts of the study.

The literature was kept up to date throughout the summary part of the thesis. It would have been beneficial to keep clear diary notes in writing at every time the searches were made during the study process. Although the ongoing literature searches were systematic, because of a lack of such notes, the missing details of included papers for the summary part somewhat decreases the transparency of the summary literature review.

6.2.1 Integrative review (Part I)

The strengths and limitations of this study were recognized during the literature search phase, study selection, and data analysis. At the beginning of the literature search phase, a pre-review was conducted to strengthen the actual review. As the previous literature focusing on responsibilities related to adolescents' use of alcohol was fragmented, the search terms were expanded to include parental involvement in the context of adolescents' use of alcohol. Multiple databases were used to increase the validity of the searches.

Two researchers participated in conducting the review in order to reduce selection bias (Armstrong et al., 2007; Khan et al., 2003). Inclusion and exclusion criteria were determined in advance and were used to ensure that the most relevant articles were selected for the study (Whittemore & Knafl, 2005). The quality assessment criteria for the selected studies were used by two researchers to strengthen the rigour of the review. Explicitly identifying the method and analysis process for conducting the review aimed to avoid bias in data analysis (Whittemore & Knafl, 2005). Placing the data into a detailed matrix enabled an evaluation and synthesis of the methods and results of the study (Grant & Booth, 2009). In order to reduce bias, three researchers collaborated to ensure consensus on the findings.

The electronic searches were conducted using multiple high-quality databases in planning and conducting of the study selection process. The search terms and literature searches were formulated in collaboration with the research group and an information specialist at the university library was consulted to provide a comprehensive answer to the review question. (Whittemore & Knafl, 2005). In order to obtain international research knowledge of as high quality as possible, a conscious decision was made to exclude grey literature from the search process (Conn et al., 2003). Language bias and missed data from different cultural contexts (Stern & Kleijnen, 2020) might occur due to limiting the search to studies published in English. In the review, there is a risk of search bias due to a missing manual search (Whittemore & Knafl, 2005) and thus, it is possible that some relevant studies remained excluded from the review.

Updated searches over the study process confirmed the forms of parental involvement in preventing adolescents' use of alcohol found in the integrative review.

6.2.2 Empirical research (Part II)

As a strength of the study, the study's aims were achieved through the use of versatile data. Using semi-structured interviews and qualitative quantification produced descriptive knowledge of parents' and adolescents' perceptions and experiences (DiCicco-Bloom & Crabtree, 2006). Compared to participants from a rural school, the number of urban participants remained relatively small. Therefore, comparisons were not made between the school areas. However, the use of comparative analysis could have highlighted the similarities and differences between the groups from different areas as well as a focus on predictions regarding adolescents' use of alcohol. Moreover, if the aim of the study was to conceptualize and measure the construction of a theory, qualitative comparison could have been useful. (Gehman et al., 2017; Mill, 2021).

Interviews. The strengths and limitations of the interview study are discussed in relation to the data and the trustworthiness of the data analysis. In this part, interviews were estimated to be a suitable method to achieve the perspectives of voluntarily participating adolescents and parents (Polit & Beck, 2012; Rubin & Rubin, 1995) about the abstract concept of responsibility. One of the strengths of this part was considered the rather rich interview data, which focused on adolescents' and parents' perceptions and experiences of responsibilities (Graneheim & Lundman, 2004), a phenomenon that has been previously seldom studied (Burns & Grove, 2005). It is known that empirical knowledge achieved by interviews might produce under- or overestimated responses as these are based on self-reporting by the participants (Brener et al., 2003). It is possible that those who have more intense perceptions and experiences related to the topic participated in the study. It was assumed that there were no presenting challenges related to adolescents' or parents' use of alcohol in the families because none of the interviewees described any present alcohol problems. However, neither parents nor adolescents were directly asked about the use of alcohol.

The representativeness of the sample needs to be taken into account. The participants represented adolescents and parents from a small area of two school districts in the eastern part of Finland, a Western welfare state. Therefore, the results cannot be generalized widely to all areas of the country or to other countries. The views on the topic and findings could have been different with a group of participants with challenging problems with alcohol use or needs for specific support (Ahmadi-Montecalvo et al., 2016). Bias may have occurred if some interviewed parents did

not want to admit that they had supplied alcohol to their children, as it is illegal. It is possible that some have opted out of sharing this information even though the parents were told that such disclosure would not automatically be reported to the authorities.

Trustworthiness was assessed through transferability, dependability and consistency (Graneheim & Lundman, 2004). To enable transferability, the data collection and analysis process was described in as much detail as possible. A semi-structured interview guide was developed based on the current literature to strengthen the trustworthiness (Kallio et al., 2016) and the dependability of the interviews enables repeating the study (Shenton, 2004). To ensure consistency, all the participants were asked the same main questions (Graneheim & Lundman, 2004). Among the adolescents, some groups were more talkative than others. Although the participants concentrated on the topic and expressed their views openly, it is possible that they have chosen not to talk about their own or their parents' use of alcohol. The individual characteristics and perspectives of the researcher might have influenced the analysis process, which is possible in a qualitative study (Whittemore et al., 2001). The collaboration among three researchers was used with an aim to avoid this.

The number of interviews with the adolescent groups and parents was justified for the purpose of eliciting the richness of the data. Besides the advantages of the qualitative methodology, the utilisation of several group interviews can potentially cause difficulties related to analysing the data thoroughly and managing the data. (Carlsen & Glenton, 2011). In this study, the management of data was ensured by dividing the empirical part of the study into three sub-studies, each of them with specific aims. In the analysis process, units of meaning were extracted from each interview. Data saturation was achieved after the completion of the fourteenth group interview of adolescents and the fifteenth interview of parents. Three more group interviews of adolescents and four more interviews of parents were conducted to confirm the saturation. This procedure was considered to be a strength of the empirical study part. (Trotter, 2012). Separating participants' perceptions and experiences from each other in a reliable way was challenging because the participants were addressing overlapping topics including both their perceptions and experiences, at the same time.

Secondary analysis. A deductive framework was utilized to complete the secondary analysis for achieving more comprehensive knowledge of the topic and to create both a broader and deeper understanding of the social phenomenon (Corti, 2007; Heaton, 2008). Utilizing the large existing dataset, instead of a thematic analysis method, the secondary analysis allowed qualitative classification and quantification of the data. As a strength, classification and quantification revealed a range of dimensions of responsibilities for advancing scientific knowledge. The secondary analysis method also enabled the creative use and cross-linking and comparison of the knowledge from two datasets. (Cheng & Phillips, 2014). Although

the findings from deductive analyses confirmed the inductive analysis results, the findings are not generalisable.

The theory-based structure of the deductive domain meant that the data was not collected according to the research questions of this sub-study (Bonner et al., 2021). Due to this, some interpretation bias may have emerged from minor differences in tone in the identified codes, and the credibility of the results may have been restricted (Corti, 2007). For example, the term 'role responsibility' was not used in the interviews. The opportunity for asking for more detail would have deepened the analysis. However, the use of NVivo software in the deductive secondary analysis aimed to render and strengthen the credibility of the study. Both the adolescents' and parents' interview data were discussed together among three researchers to make sure that the data capture process was complete. (Graneheim & Lundman, 2004).

6.3 Implications and recommendations

Based on the findings, this study has applications in preventive healthcare. The research implications and recommendations are related to supporting adolescents in developing towards taking responsibility and their ability to make responsible health choices. Another aim is to support parents in their responsibilities related to adolescents' use of alcohol. This could be achieved by offering professionals in social and health care, especially school nurses, specific, systematic training on the topic of responsibilities related to adolescents' use of alcohol.

6.3.1 Strengthening the topic of responsibilities in schools and encouraging parents to get involved in preventive collaboration

Addressing the topic of responsibilities related to adolescents' use of alcohol by putting stronger emphasis on the topic in school lessons as a part of the health education curriculum is recommended. The definition of *ethical responsibility* needs to be clarified in detail to understand it better among adolescents and teachers. Strengthening the visibility of the topic can have an influence on adolescents' use of alcohol. It is also suggested that responsibilities be addressed as a form of preventive counselling systematically in individual and/or group health check-ups carried out at a school nurse's appointment in school health care. A systematic focus on responsibilities, not only in the context of alcohol and substance use but also as a part of other school subjects is recommended in the Finnish health education curriculum.

Based on the study findings, there is a need to provide adolescents with opportunities to practise taking responsibility for their own and their peers' health.

As peers are important for adolescents, allowing and encouraging adolescents to book a school nurse's appointment with a peer or peer group is recommended. Group health check-ups could support and strengthen a sense of community among adolescents. These appointments could include discussions about shared responsibilities related to the use of alcohol, not only in relation to parents but also between adolescents and their peers. Combining lessons with school health appointments focusing on shared responsibilities could be implemented in the general health education provided to the whole class of pupils. For the moment, adolescents' group meetings have been less used.

It would make sense to particularly support adolescents who have already tried alcohol or might even engage in regular alcohol use, to take responsibility for their choice to use it. This would mean that adolescents would feel respected in their decisions and choice-making. In addition, it would be a good idea to address the topic of alcohol and other substance use among adolescents as a counselling theme already in the fifth year of basic education. This is because most of the children aged 10–12 years have seen people using alcohol and, in some families, adults may use it regularly. Systematic discussions about alcohol between teachers, school nurses and adolescents do not mean that adolescents are already assumed to use alcohol or that they would be allowed to use it in the future. The aim is to support adolescents' attitudes related to alcohol to involve careful consideration and making responsible health choices in the future.

This study emphasises the importance of that parents would get involved in their adolescent children's health choices as well as supporting and encouraging parents to collaborate with school nurses and teachers. Practical advice could increase the parents' awareness of how they could get involved in school health activities, such as lessons organised for preventing adolescents' use of alcohol. Parents could participate in planning, organizing and estimating preventive work in school health care, and attending the extensive health check-ups carried out during the eighth year of basic education. In the appointments with a school nurse, it is recommended that parents' social network and the adequacy of the support are addressed. Encouraging parents to take part in preventive interventions that combine parenting training with teaching adolescents about their health choices and skills required in refusing alcohol is recommended. Healthcare professionals are also needed for providing parents with sufficient knowledge of the harmful consequences of adolescents' alcohol use as a connection has been found between parental knowledge and adolescents' use of alcohol. There is also a good reason for continuing discussions about suitable family rules.

Involving parents could help school nurses to recognize possible problems in families better than meeting an adolescent alone, for example, if there were challenges in communication between adolescents and parents. Collaboration, which

is seen as a shared responsibility between parents and school personnel, can produce effective operating models to prevent adolescents' use of alcohol. The healthcare sector needs to recognize, advocate for, support and strengthen collaboration with families, whose activities have an impact on adolescent health and development.

For both adolescents and parents, responsibilities related to adolescents' use of alcohol could be addressed in preventive educational material. Supporting adolescents and parents in shared responsibilities is recommended.

6.3.2 Responsibilities, peer support and preventive programmes

This study recommends that attention should be paid to enabling peer support. Due to peers' influence on adolescents' moral disengagement and self-regulation of behaviour, including the use of alcohol, it is worth paying attention to moral disengagement strategies. By addressing the moral disengagement strategies in health check-ups and preventive programmes, it is possible to increase their efficacy. Programmes that target peer influence are supported.

In school health care and preventive programmes in Finland, a need for paying more attention to peer support for adolescents, rather than their parents, has been recognised. Systematically planned and organized peer support for both adolescents and parents is recommended to establish it as a means of supporting adolescents and parents in their responsibilities. Social and healthcare organizations are needed for arranging and offering peer support for parents, because it could encourage and sustain parents' responsibility through adolescence. Implementing programmes aimed to affect parents' overly approving attitudes towards adolescents' use of alcohol has been supported. In addition, interactive online prevention programmes for adolescents, parents, and both adolescents and parents have been shown to be effective ways to prevent adolescents' alcohol use. Based on adolescents' needs for anonymity and confidentiality, more shared online interventions could be carried out in the future.

For promoting responsibility, the knowledge provided in this study can be applied in the implementation of values-based programmes, such as a TPSR model. It has been found to offer adolescents strategies and skills to be more responsible in their daily lives. In this sense, it would be worth applying this model in the context of adolescents' use of alcohol. Personal and social responsibility education programmes have been recommended for supporting adolescents in developing their health and widen and deepen the understanding of preventing adolescents' use of alcohol.

6.4 Suggestions for further research

Based on the findings, the following research topics are suggested:

- Conducting research among different families from various backgrounds would deepen the understanding of responsibilities related to adolescents' use of alcohol.
- There is a need for knowledge of responsibilities related to adolescents' use of alcohol produced from the perspective of school nurses and teachers for the planning, conducting, and assessing the area of preventive health care and health promotion among families.
- Research focusing in detail on shared and transferred responsibilities between adolescents and parents related to adolescents' use of alcohol would expand the understanding of the topic.
- Comparison between rural and urban adolescents' views of alcohol use could deepen the understanding of the topic.
- Comparison of adolescents' views of alcohol use between those participating in peer or group counselling on responsibilities included in extensive health check-ups and those receiving 'traditional' counselling could be used to obtain information about the importance of discussing the topic.
- To better understand the responsibilities related to adolescents' alcohol use in their health choices, a scale for measuring responsibilities related to adolescents' use of alcohol could be developed. Utilizing it would provide valuable knowledge of responsibilities for preventive health care for families.
- Since parental involvement and parents' responsibilities had similarities related to adolescents' use of alcohol, comparing them in this and other contexts could produce new knowledge to broaden the understanding of responsibilities among parents.

7 Conclusions

Adolescence is a time for increasing responsibilities which are acknowledged to be a part of the health choices by adolescents in preventing their alcohol use. This study provided new knowledge of the responsibilities related to adolescents' use of alcohol from the perspectives of adolescents and their parents.

Adolescents' responsibilities are particularly focused on taking care of one's own and their peers' health. Adolescents are mainly aware of the consequences of their decisions and the health choices they make and have the confidence to take responsibility. However, parents have the main responsibility for their adolescent children's use of alcohol. In this context, parents' responsibilities refer to conscious and unquestionable duties to prevent the negative impacts of alcohol. The content of parents' responsibilities related to adolescents' use of alcohol includes similarities with parental involvement in preventing adolescents' use of alcohol.

Many adolescents and parents have concurrent perceptions and experiences concerning responsibilities related to adolescents' use of alcohol. Responsibilities are based on reasonable knowledge and reflect actions and their consequences in line with adolescents' and parents' role and the prevailing legislation. Moreover, adolescents and parents need to take capacity and causal responsibilities so that adolescents can take care of themselves and their peers and for parents to get involved in adolescents' use of alcohol.

Responsibilities related to the use of alcohol are a shared issue between adolescents and parents. The shared and gradually transferred responsibilities of adolescents and parents can enhance favourable possibilities to support adolescents towards making responsible health choices. Responsible health choices promote adolescents' health and well-being and can prevent the negative consequences of alcohol use. Adolescents prepare for a transition towards taking full responsibility until reaching the age of majority. Transferred and shared responsibilities appear in relationships and interactions between adolescents and parents, and in collaboration between adolescents, peers, parents, and other adults in society, like professionals in school health care. Each stakeholder carrying their responsibilities has implications for adolescents' use of alcohol, as adolescents are developing their responsibilities.

Transferred responsibilities manifest as parents guiding and teaching their children and getting involved in adolescents' use of alcohol. In the context of adolescents' health choices, transferred and shared responsibilities have an essence that can protect adolescents against the use of alcohol and prevent their alcohol use. Shared responsibilities are needed at the time when an adolescent is making a decision on the use of alcohol, regardless of the law. Health promotion activities and preventive health care are essential for supporting adolescents' capability and motivation to make healthy choices. Preventive school health care has the prerequisites and skills necessary for supporting adolescents and parents in their responsibilities related to adolescents' use of alcohol. For adolescents, group counselling and health check-ups have the potential for supporting adolescents' shared responsibilities also in relation to their peers. Emphasis is given to encouraging parental involvement in adolescents' use of alcohol as it is an important responsibility of parents and decreases and prevents adolescents' alcohol use. Providing opportunities for peer support for parents and offering them possibilities for collaboration with school nurses is recommended.

More detailed research focusing on responsibilities related to adolescents' use of alcohol would expand the mutual understanding of the topic. It is also worth exploring school nurses' and teachers' views of responsibilities related to adolescents' use of alcohol. Consequently, discussions of responsibilities related to adolescents' use of alcohol can increase knowledge on the topic from a health, social and societal perspective. Given an opportunity, adolescents will succeed in taking responsibility related to the use of alcohol – for their health, well-being and the future.

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This thesis is for adolescents who sometimes might feel uncertain about themselves during adolescence, a sensitive time in a person's life. I hope you get the confidence to feel that you are good enough just the way you are. I also hope that you remember to value and take care of your health. Being in good health is a huge asset that will enable you to live your life as you want to.

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Appendices

Appendix 1. The main four search phrases and the number of found items in the literature search for the summary during 2004–2022.

	Items found				
Search phrase	**CINAHL**	**PubMed**	**Web Of Science**	**PsycINFO**	**Scopus**
I (responsibilit* OR duty* OR duti* OR accountabilit* OR liability* OR obligation*) AND (teen* OR adolescen* OR youth* OR juvenile* OR "young people") AND (alcohol* OR drink* OR substance*)	n = 664	n = 1,162	n = 3,502	n = 980	n = 1,967
II (responsibilit* OR duty* OR duti* OR accountabilit* OR liability* OR obligation*) AND (teen* OR adolescen* OR youth* OR juvenile* OR "young people") AND (alcohol* OR drink* OR substance*) AND ("school nurs*" OR "school health care*")	n = 4	n = 2	n = 6	n = 2	n = 4
III (teen* OR adolescen* OR youth* OR juvenile* OR "young people") AND (alcohol* OR drink* OR substance*) AND ("school nurs*" OR "school health care*")	n = 197	n = 134	n = 107	n = 96	n = 207
IV (responsibilit* OR duty* OR duti* OR accountabilit* OR liability* OR obligation*) AND (teen* OR adolescen* OR youth* OR juvenile* OR "young people") AND ("health behaviour" OR "health habit" OR "health choice")	n = 10	n = 32	n = 41	n = 20	n = 410

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