The relation of parental practices and self-conceptions to young adolescent problem behaviors and substance use

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The object of the present research was to examine the role of parenting practices for young adolescent psychosocial adjustment and self-regulation problems. The sample included 287 sixth- and seventh-grade subjects from intact families. The participants completed a questionnaire that measured variables including family interaction, parental involvement in children's activities, parental support, joint decision-making, and monitoring of children's behavior. Children's involvement with friends, after-school activities, school achievement, and self-reported externalizing behaviors (problem behaviors, cigarette and alcohol use) were also measured. Self-concept domains (scholastic competence, social acceptance, and behavioral conduct) were assessed with Harter's Self-Perception Profile. The findings indicated that self-conceptions of positive behavioral conduct and higher parental monitoring of children's activities were consistently negatively related to young girls' and boys' behavior problems and substance use. Parental monitoring was higher for girls and for younger children. Lower monitoring was also related to children's pattern of after-school activities that were connected to at-risk behavior. Parental involvement and supervision of children's day-to-day activities seem particularly important in socializing children's behavior at the time of early adolescence.

• *Adolescents*, *Parental practices*, *Problem behavior*.

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Parental child rearing practices during preadolescence and early adolescence are critical in fostering socially competent behavior among children and preventing involvement in risky behavior. The literature on various socialization practices and their effects provides consistent evidence that parental warmth, inductive discipline, nonpunitive punishment practices, and consistency in child rearing are associated with positive developmental outcomes in children (1). The constellation of practices, which was identified in the studies by Baumrind (2, 3), has come to be known as "authoritative" parenting style. Authoritative parenting has been shown to have beneficial effects on adolescent competence and adjustment across a wide array of domains, including academic achievement, mental health, behavior problems, and psychosocial competence (4, 5).

Across early adolescence, susceptibility to peer pressure increases, whereas reliance on parents' opinions and advice seems to decline (6). During this period peer group and friends are known to be important in drawing individuals into delinquent behavior. According to some evidence (7), association with deviant peers is one of the strongest predictors of adolescent deviant activity. Peer substance abuse and serious school misbehavior were found to be the most significant risk factors associated with adolescent substance use (8).

Studies that have examined the link between family and extra-family relations during adolescence have shown that the strength of this relationship does not decrease and that parents retain a substantial influence on the development of adolescent social relationships outside the family. Through particular child-rearing practices parents can have a substantial impact on adolescent behaviors that are of major concern to adults, such as school achievement patterns, drug use, and deviance and self-concept (9, 10).

A large body of literature has shown associations between maladaptive parenting and adolescent problem behaviors (11–13). Heightened parental support and monitoring are thought to decrease the likelihood that adolescents will affiliate with a deviant peer group (14), which has been linked to the development of substance

use (15, 16). Authoritarian parenting has been found to be negatively associated with school grades (17). On the other hand, authoritative parenting (18), which is warm and demanding, has been shown to be related to a broad array of positive adolescent outcomes, including enhanced school performance and psychosocial competence and diminished problem behavior (4). Several researches have reported that children who are raised with authoritative styles are more likely than their counterparts to internalize parental norms and behavior expectations (3, 19).

The aim of the present research was to examine the role of parenting practices in young adolescent psychosocial adjustment and self-regulation problems. Specifically, we have tried to determine whether parental child rearing practices serve as protective factors for risk behavior. In addition to parental practices, measures of self-concept and leisure time activities were also included in the study.

Subjects and methods

Subjects

The sample comprised 287 subjects. They were 144 girls and 143 boys attending the 5th and 6th grades of three elementary schools. The children ranged in age from 11 to 14 years, with a mean of 12.6 years.

Instruments

BACKGROUND INFORMATION

The questionnaire included items on several sociodemographic variables: age, sex, father's level of education, and mother's level of education.

Parenting practices subscales used in this study were adapted from the ones that have been used in previous research studies (4, 9, 17, 20).

PARENTAL MONITORING

This scale taps children's experience of parental monitoring of their everyday activities. On a three-point scale (1 = "don't know"; 3 = "know a lot") children indicated how much their parents *really* knew about their whereabouts (5 items, $\alpha = 0.67$).

PARENTAL SUPPORT

This scale assesses the extent to which adolescents perceive their parents as responsive and feel that their parents use noncoercive discipline and encourage them. Respondents rate the frequency (1 = never; 4 = often) with which their parents have engaged in particular behaviors (5 items, $\alpha = 0.68$).

JOINT DECISION-MAKING

This is a three-item scale ($\alpha = 0.64$) that measures the extent to which parents engaged their child in joint decision-making rather than making unilateral decisions.

PARENTAL INVOLVEMENT

This scale taps parental emphasis on achievement and engagement in children's school and afterschool activities (3 items, $\alpha = 0.59$).

SELF-CONCEPT

This was assessed with 6-item scales from the Self-Perception Profile for Children (21). *The Scholastic Competence Scale* measures the child's perception of his/her competence or ability within the realm of scholastic performance ($\alpha = 0.76$). *The Social Acceptance Scale* taps the extent to which the child is accepted by peers or feels popular ($\alpha = 0.71$). The Behavioural Conduct Scale evaluates the extent to which children like the way they behave, do the right thing, act the way they are supposed to, and avoid getting into trouble ($\alpha = 0.68$).

LEISURE TIME ACTIVITIES

This consists of two subscales measuring the frequency (1 = never; 4 = almost daily) with which the adolescent engaged in various activities during spare time. *Involvement with Peers* contains three items questioning how frequently the adolescent spent time with friends, went to the movies, and attended parties ($\alpha = 0.57$). *Organized Leisure Time* evaluates involvement in afterschool and religious activities (four items, $\alpha = 0.43$).

ADOLESCENT BEHAVIORS

Five measures assess adolescent behaviors that were expected to be related to parenting practices. The average grade scored on a 5-point scale was used as a measure of academic achievement. Substance use was evaluated as lifetime frequency (1 = never, 5 = almost daily) of involvement with cigarettes and alcohol (wine, beer, or liquor).

PROBLEM BEHAVIORS

Children indicated how often in the past month (1 = never; 5 = almost daily) they had done things that might be against the rules. Principal component analysis, followed by an oblimin rotation, suggested two distinct factors that explained 45.6% of the variance. *The School Misconduct Scale* taps bullying others, aggressive and disrespectful behaviors, and vandalism (six items, Cronbach $\alpha = 0.81$). *The Deviant Behavior Scale* measures more serious rule breaking (four items, Cronbach $\alpha = 0.76$).

Results

Factor and item analyses

PARENTING PRACTICES

Factor and item analyses were performed on parenting practices subscales. Items with loadings lower than 0.30 or with loadings on several factors were discarded, as were items with low correlations with total score. The

Table 1. Factor pattern of parental practices items for a sample.

Factors and items	Factor loadings
Factor 1: Parental support	
How often do your parents:	
Show that they are pleased when you do something right	0.58
Keep pushing you to do your best in whatever you do	0.77
Keep encouraging you to think independently	0.69
Encourage you to try harder when you get a poor grade	0.58
Praise you when you get a good grade in school	0.51
Percentage of total variance	25.10
Factor 2: Parental monitoring	
How much do your parents really know about:	
Who your friends are	0.40
How you spend your money	0.54
Where you are after school	0.79
Where you go during the evening or at night	0.77
What you do with your free time	0.61
Percentage of total variance	9.60
Factor 3: Parental involvement	
How often do your parents:	
Help you with homework when asked	0.74
Watch you in sports or other activities	0.60
Help you in choosing afterschool activities	0.64
Percentage of total variance	8.40
Factor 4: Joint decision-making	
How often do your parents:	
Ask you what you think before deciding on family matters	−0.64
Consider your opinion when deciding on your matters	−0.73
Give reasons for their decisions	−0.59
Percentage of total variance	7.40

other items were factor analyzed, using principal-components analysis with oblimin rotation. The analysis yielded four factors accounting for 59.2% of the total variance. Table 1 presents factor loadings and the percentage of the total variance accounted for by these four factors.

Relatively high Cronbach alphas and low correlations between factors (from −0.23 to 0.22) and subscales (from 0.30 to 0.39) enabled us to use each subscale as a separate measure of parental practices.

PROBLEM BEHAVIORS

Several factor and item analyses were performed on the *Problem Behavior Scale*. Items with loadings lower than 0.30 or with loadings on several factors were discarded, as were items with low correlations with total score. The other items were factor-analyzed, using principal-components analysis with oblimin rotation. The analysis showed two factors accounting for 58.3% of the total variance. Correlation between factors was 0.31. Table 2 presents factor loadings and the percent-

Table 2. Factor pattern of problem behavior items.

Factors and items	Factor loadings
Factor 1: Problem behaviors in school	
During the past 30 days have you:	
Given the teacher hell	0.72
Damaged school property on purpose	0.57
Bullied others	0.87
Hit and pushed other students in your classroom	0.84
Made fun of others	0.62
Lied or made up things to get others in trouble	0.55
Percentage of total variance	40.30
Factor 2: Deviant behavior	
During the past 30 days have you:	
Stolen from others	0.83
Stolen from the store	0.81
Skipped classes	0.79
Percentage of total variance	17.90

Table 3. Interrelations between sociodemographic variables, parental practices, self-conceptions, leisure time activities, and problem behaviors.

	Parents				Self			Leisure		Behaviors				
Variables	PM	PS	PI	JD	BC	SA	SC	IP	OA	AG	AU	CS	SM	DB
Sociodemographic														
Sex	0.16	−0.03	−0.04	0.07	0.09	−0.08	−0.02	−0.07	0.00	0.13	−0.16	−0.10	**−0.24**	−0.10
Age	−0.18	−0.07	−0.11	−0.06	−0.07	−0.03	−0.02	0.03	−0.08	−0.01	0.02	**0.24**	0.01	0.01
Father's education	−0.04	0.01	0.04	0.14	0.10	−0.06	**0.27**	−0.02	0.08	**0.34**	0.05	−0.05	0.08	0.07
Mother's education	−0.01	0.01	0.06	0.14	0.18	−0.04	**0.23**	0.01	0.11	**0.28**	−0.01	−0.05	0.04	0.07
Parental practices														
Monitoring (PM)					**0.40**	**0.24**	**0.24**	−0.08	0.14	0.11	**−0.29**	**−0.29**	**−0.30**	**−0.35**
Support (PS)					0.16	**0.23**	0.14	−0.04	0.11	0.03	−0.12	−0.11	−0.05	−0.12
Involvement (PI)					**0.27**	0.18	0.09	0.11	**0.25**	0.06	−0.10	**−0.20**	**−0.20**	−0.11
Joint decisions (JD)					0.16	**0.24**	**0.25**	0.00	**0.21**	0.12	−0.03	−0.03	−0.09	**−0.20**
Self-concept														
Behavioral conduct (BC)								−0.02	0.18	0.19	**−0.22**	**−0.26**	**−0.35**	−0.19
Social acceptance (SA)								**0.22**	**0.27**	−0.05	−0.10	0.02	0.01	−0.07
Scholastic competence (SC)								−0.13	0.19	**0.46**	−0.05	−0.13	−0.06	−0.01
Leisure time														
Involvement with peers (IP)										**−0.28**	0.02	0.04	0.05	−0.01
Organized activities (OA)										0.13	−0.09	−0.16	−0.07	−0.06
Behaviors														
Average grade (AG)											0.07	−0.06	0.01	−0.05
Alcohol use (AU)												**0.35**	**0.38**	0.13
Cigarette smoking (CS)													**0.21**	0.13
School misconduct (SM)														**0.39**
Deviant behavior (DB)														–

$P \leq 0.05$; $\underline{P \leq 0.01}$; $\mathbf{P \leq 0.001}$.

Higher results denote female; older children; higher education; parental and self-concept variables; more frequent leisure activities and problem behaviors; experimenting with alcohol and cigarette smoking (0 = never tried, 1 = once or more times).

Table 4. Summary of stepwise multiple regression analyses predicting school achievement, substance use, and problem behaviors (significant predictors in the regression equation, standardized betas; $*P<0.05$; $**P<0.01$; $***P<0.001$).

Predictors	Criterion variables				
	Average grade	Alcohol use	Cigarette smoking	School misconduct	Deviant behavior
Sex	0.12*			−0.19**	
Age			0.19**		
Father's education	0.24***				
Scholastic competence	0.37***				
Behavioral conduct		−0.13*	−0.19**	−0.29***	
Social acceptance			0.17**	0.12*	
Involvement with peers	−0.22***				
Organised activities			−0.13*		
Parental monitoring		−0.23***	−0.20**	−0.18**	−0.35***
R square	0.32	0.09	0.18	0.19	0.12
F value	29.56***	12.92***	10.55***	15.68***	35.13***

age of the total variance accounted for by these four factors.

In addition to the *Problem Behaviors Subscales*, two other indicators of problem behaviors were used in the analysis: smoking and using alcochol. Taking drugs and ''sniffing'' were reported by a very small percentage of children and were discarded from the analysis.

Sex and age differences

PROBLEM BEHAVIOR

Boys showed more problem behavior in school. The mean value on the *Problem Behavior in School scale* was 1.66 for boys and 1.34 for girls (t value $= 4.30$; $P < 0.000$). Older children also showed more frequent smoking behavior. Mean values for younger and older children were 1.19 and 1.44, respectively (t value $= 2.99$; $P = 0.003$).

PARENTAL PRACTICES

The only significant difference in parental practices toward girls and boys was found for the *Monitoring scale*. Mean values for boys and girls were 2.59 and 2.71, respectively (t value $= -0.264$; $P = 0.009$)

Parental monitoring and involvement were higher for younger children. The mean value for younger children on the Monitoring scale was 2.71, and that for older children 2.60 (t value $= -2.55$; $P = 0.001$). For the Involvement scale these values were 2.86 and 2.68, respectively ($t = 2.13$; $P = 0.034$)

Predictors of average grade and problem behavior

Interrelations between sociodemographic variables, parental practices, self-conceptions, leisure time activities, and problem behaviors are presented in Table 3.

A summary of stepwise multiple regression analyses predicting school achievement, substance use, and problem behaviors is presented in Table 4.

Disscusion

Parental monitoring is higher for girls and for younger children. Obviously, parents tend to monitor their daughters' behavior more closely. They also tend to monitor more strictly the behavior of younger children and are more involved in their school and afterschool activities.

Boys show problem behaviors and alcohol use more frequently than girls, whereas older children report more frequent smoking behavior. Other studies also show that boys show more risk behaviors and more frequent substance use than girls (8, 22). In addition, parents seem less inclined to monitor boys' activities, which might be related to their beliefs about sex-appropriate behavior. Parental monitoring of older children's everyday activities is lower, which might make the children more susceptible to peer pressure and involvement in problem behavior.

High parental monitoring is the only aspect of parental behavior that is consistently negatively related to childrens' behavior problems and substance use. This finding is consistent with the evidence that parents promote problem behavior because of inconsistent disciplinary measures and deficits in monitoring (23). But there is also the possibility of reciprocal effects between parental monitoring and adolescent problem behavior and substance use, as was shown in the study by Stice & Barrera (24). Adolescent problem behavior can increase parental tolerance of this behavior (25), resulting in decreased parental control attempts. Furthermore, as an adolescent's behavior becomes increasingly threatening, parents may respond by becoming less suportive and controlling.

By definition, authoritative parents are careful monitors of their children's behavior. But one study shows that they also intentionally or inadvertently monitor their children's associates as well (10). In that study

adolescents whose friends have authoritative parents were found to show lower levels of delinquency and substance use. It seems that the prevalence of authoritativness among one's friends' parents may proximally diminish the likelihood of an adolescent engaging in delinquent activities, perhaps because of the higher level of shared social control provided by network of authoritative parents. (26).

In addition to parental monitoring, two components of self-concept predict problem behavior. These are behavioral conduct and social acceptance. Behavioral conduct taps the extent to which children like the way they behave, do the right thing, act the way they are supposed to, and avoid getting into trouble. In our study this aspect of self-concept is consistently negatively related to alcohol use, cigarette smoking, and school misconduct. It is possible that authoritative parenting may result in children's identification with their parents, which in turn may promote the internalization of parental and societal norms shown in high behavioral conduct (16).

On the other hand, social acceptance is positively connected to cigarette smoking and school misconduct. It seems that feelings of social acceptance might be related to adolescents' affiliations with peers who misbehave in school and experiment with substance use. One study (27) showed that one of the reasons adolescents gave for alcohol and other drug use is their desire to belong. Of course, this is only a hypothesis, since our study does not include data about whether children associate with deviant peers and those using alcohol, cigarettes, and other drug substances.

In addition to these factors, cigarette smoking is also negatively related to organized leisure time activities. The findings indicated that involvement in organized afterschool activities might confer protection against the development of misconduct and addictive behavior. Various studies suggest that stability and structure, including a support system, and religious involvement in the social environment can all serve as protective factors against alcohol and drug use (28–30). Tyler & Lichtenstein (8) showed that participation in religious and recreational activities and consistent contact with parents and other adults may help steer youth away from substance use.

Other variables were not related to problem behavior and substance use, although some studies suggest that school grade and maternal education play a significant role in whether adolescents will use alcohol and other drugs (31). Out data do not support these findings.

It can be concluded that parental monitoring of children's day-to-day activities seems particularly important in socializing children's behavior at the time of an early adolescence.

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