



Differential effects of parenting strategies on child smoking trajectories: A longitudinal assessment over twelve years



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ABSTRACT

Past studies exhibit mixed findings regarding the effect of parenting strategies on children's behavior. We propose that it is due to behavioral heterogeneity among children – they differ in sensitivity to parental influence – and simultaneously examine the effects of parenting strategies on a child's: (1) probability to follow a specific trajectory for smoking growth; (2) growth pattern within a particular smoking trajectory; and (3) tobacco dependence at adulthood. Using nationally representative longitudinal data gathered over twelve years, we reveal five distinct smoking trajectories, namely stable nonsmokers (62.5%), gradual escalators (17.5%), rapid escalators (9.4%), stable light smokers (9.3%), and quitters (1.2%). Parenting strategies have differential effects on these segments. The shapes of these trajectories, in turn, affect children's tobacco dependence at adulthood. This research provides a novel profiling approach to depict the “typical” child in each segment, and offers social workers and policy makers new avenues to design targeted tobacco prevention/cessation programs.

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1. Introduction

Cigarette smoking is a leading cause of preventable death in the U.S. Despite the well-known negative health consequences of cigarette smoking, recent evidence suggests that 1 in 4 American high school students is a current smoker, and 88% of daily adult smokers tried smoking before the age of 18 (U.S. Department of Health & Human Services, 2012). Smoking, drinking, and drug use tend to be clustered, and smoking is likely a first step on the path to other maladaptive behaviors (Yang & Schaninger, 2010). Further, since nearly 90% of adult smokers tried smoking before the age of 18 and smokers tend to increase this behavior after high school (U.S. Department of Health and Human Services, 2012), designing effective adolescent smoking prevention programs has become a major public health priority (Andrews, Netemeyer, Kees & Burton, 2014).

Corresponding to this trend, child health psychologists have conducted an extensive body of research to understand the risk factors leading to tobacco dependence. Of the array of predictors, friends' smoking, parental smoking, and family structure have been found to affect children's smoking (De Leeuw, Scholte, Sargent, Vermulst & Engels, 2010). Child smoking has also caught the attention of marketing and business scholars. In 2008 tobacco companies spent over \$9.4 billion on cigarette marketing, and the three most heavily advertised brands – Marlboro, Newport, and Camel – are also the brands most preferred by

the 12 to 17 and 18 to 25 year old age groups (U.S. Department of Health and Human Services, 2012). This has led to numerous studies published in business journals addressing media and socialization influences affecting adolescent smoking (e.g., Andrews, Netemeyer, Kees & Burton, 2014; Pechmann & Wang, 2010; Yang & Schaninger, 2010; Zhao & Pechmann, 2007). In fact, such research is now a mainstay of a body of literature known as transformative consumer research (TCR), as it has become increasingly apparent that businesses must be made aware of, some say held accountable for, the unintended consequences of the products they market used by vulnerable populations, e.g., teens and tobacco (Martin et al., 2013). Further, given marketing's role in designing anti-tobacco campaigns, the role of business scholars in such designs has become important to both practitioners and the academic business press (Pechmann & Wang, 2010; Wakefield, Loken & Hornik, 2010).

Based on studies from child health psychology and business academics, a variety of new intervention and communication programs have been advanced to curtail teen smoking. However, these approaches are mainly children-oriented. Recent research in psychology (Foster et al., 2007; Wakefield et al., 2006) and marketing (Mason et al., 2013; Yang, Schaninger & Laroche, 2013) has examined the effect of parental styles/parenting strategies on children's smoking patterns. This research stream echoes a large body of marketing literature on the topic of consumer socialization, in which parental strategies are used as predictors of numerous children socialization outcomes, including consumption independence, television viewing, advertisement puffery filtering, susceptibility to peer influence, and early drinking (e.g., Bao, Fern & Sheng, 2007; Evans, Carlson & Hoy, 2013; Rose,

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1999; Yang, Kim, Laroche & Lee, 2014). Recognizing the importance of parental style/strategies in affecting child smoking, social workers have started to develop parent-oriented programs to curtail teen smoking. Tobacco Free Kids, for example, has targeted parents with advertising and web sites focusing on how to modify parental behaviors as a way to reduce children's cigarette use.

Although previous research provides intriguing findings that lead to actionable prevention strategies, existing parent- and child-oriented programs have several drawbacks. First, these programs are all developed based on the *general* pattern of the whole teen population (Colder et al., 2001; Maggi, Heartzman & Vaillancourt, 2007). The effectiveness of such “a one size fits all” approach is questionable. Current prevention and intervention programs seem to work for some people, but not for others, especially not for those who have already started smoking before the intervention (Maggi, Heartzman & Vaillancourt, 2007). Even worse, delivering anti-smoking messages to the wrong audience may boost rather than curtail their tobacco use—“boomerang effects” (Wakefield et al., 2006). Because of these issues, Costello, Dierker, Jones and Rose (2008) call for research that can better customize teen smoking prevention/intervention programs. A promising avenue is to assess the potential differences in teen smoking growth rates (trajectories), and identify key variables that affect these trajectories. More recently, Yang and Schaninger (2010) call for studies that provide profiles of different groups of teen smokers. Effective profiling allows public policy officials and marketers to better identify target audiences and refine anti-smoking strategies according to their unique attributes.

Second, existing literature is somewhat equivocal regarding parenting strategies' effects on children's behavior after they grow up. Some research shows parenting strategies exerting significant impact on children's behavior even after they become independent (Shim, 1996; Mahabee-Gittens, Xiao, Gordon, and Khoury, 2012); other research suggests that parental influence diminishes in late adolescence and early adulthood (McNeal, 1991; Youniss & Smollar, 1985). Such mixed findings may be due to behavioral heterogeneity among children: different children have different levels of sensitivity to parental influence. Parenting strategies may have positive, negative, or null effects on children's smoking progression, depending upon the characteristics of these children, and as such, may require differing smoking intervention attempts. Intervention strategies that ignore this heterogeneity, ask wrong questions, or those that take too harsh of an approach may actually exacerbate the maladaptive adolescent behaviors that they are designed to minimize.

This paper attempts to disentangle the heterogeneity in child smoking patterns and propose public policies and intervention programs that are tailored to specific smoking segments. We study the same child's smoking behavior from childhood (ages 10–11) to early adulthood (ages 22–23), and examine the effects of parenting strategies on a child's: 1) probability to follow a particular smoking growth trajectory from childhood to late adolescence; 2) growth pattern within a particular smoking trajectory; and 3) tobacco dependence at adulthood. Looking into the same individuals' smoking growth provides an ideal platform to study the differential effects of parenting strategies over time, and allows us to gain valuable insights about the mixed findings in the literature.

2. Theoretical development

A necessary premise for our research framework is that multiple smoking trajectories exist within the youth population. As such, we first offer rationale for why we expect such trajectories and then use these trajectories as a baseline for the hypotheses that follow.

2.1. Heterogeneity in smoking growth

In understanding human behavior, it is natural to attempt to describe the “average” person engaging in a behavior. However, a simple

average may not capture the complexity of the behavior, particularly when the behavior is smoking over time. For example, one group of adolescents may have a low start and a gradual raise; whereas another group may start high and remain high throughout all years of observation; while others may start slow and increase rapidly in smoking frequency. Prevention/cessation programs neglecting this heterogeneity in smoking growth are unlikely to be successful (Costello, Dierker, Jones & Rose, 2008).

Previous research has identified such heterogeneity. For example, one study reports five segments: early rapid escalators (increasing smoking after age 13); late moderate escalators (light smokers until age 14 with moderate escalation); late slow escalators; stable light smokers; and stable puffers (Colder et al., 2001). More recent studies (Costello, Dierker, Jones & Rose, 2008; Maggi, Heartzman & Vaillancourt, 2007) identify five and six trajectories consistent with previous classifications (e.g., non-smokers, experimenters, stable light smokers, stable high, late escalators, and quitters). All-in-all, the trajectories (heterogeneity) found in these studies are remarkably consistent with one another, and show compelling evidence that there is between-group heterogeneity in smoking growth over time. Thus, we anticipate several distinct smoking segments, including stable non-smokers, stable light smokers, gradual escalators, rapid escalators, and quitters.

2.2. Parenting strategies and adolescent smoking

To our knowledge, no study has examined the effects of parenting strategies on different smoking trajectories over an extended period of time. We expect that parenting strategies in childhood are important predictors of the probability that a child will follow a specific smoking trajectory later in adolescence. In fact, recent evidence suggests that parenting strategies in a child's developmental years can affect adolescent and young adult behavior (Hoeve, Dubas, Gerris, van der Laan & Smeenk, 2011). Within each trajectory then, parenting strategies also simultaneously exert substantial influence on its characteristics.

Parenting strategies refer to parent-child interactions in daily life. Three parenting strategies have been widely used to explain teen substance use: parental responsiveness; psychological control; and behavioral control (Barber, 1996). *Parental responsiveness* is the extent to which parents are supportive, warm, and attentive to their child. *Psychological control* is the degree to which parents use negative psychological manipulation, verbal abuse, guilt tripping, neglect/disengagement, and withdrawal of love. *Behavioral control* involves the extent to which parents monitor, set clear rules, and conduct consistent discipline on their child's behavior (Chassin et al., 2005).

Recent studies show that deficits in authoritative parenting (low parental warmth or control) are associated with higher rates of smoking onset, and adolescents with authoritative and warm parents are less likely to increase their smoking as compared to adolescents with disengaged parents (Barber, 1996). Others have also shown that parents showing warmth have adolescents less likely to have tried cigarettes (Yang, Schaninger & Laroche, 2013). These findings suggest that higher levels of parental responsiveness or behavioral control decrease the likelihood of initiating smoking and reduce the increase (or affect a decrease) in smoking over time. Higher levels of psychological control suggest the opposite effects (Yang & Schaninger, 2010).

2.3. Differential effects of parenting strategies on smoking trajectories

We expect a more complicated picture regarding the effect of parenting strategies on child smoking. We anticipate that parenting strategies not just distinguish multiple developmental curves with unique etiologies of cigarette use (i.e., stable non-smokers, stable light smokers, gradual escalators, rapid escalators, and quitters), but the effect of parenting strategies also differs across these groups; thus it is important to develop distinct parent-oriented strategies for each group.

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