



Original article

The Role of Parental Engagement in the Intergenerational Transmission of Smoking Behavior and Identity

Nisha C. Gottfredson, Ph.D.^{a,*}, Andrea M. Hussong, Ph.D.^{b,c}, Susan T. Ennett, Ph.D.^a, and W. Andrew Rothenberg, M.A.^c^a Department of Health Behavior, Gillings School of Global Public Health, UNC-Chapel Hill, Chapel Hill, North Carolina^b Center for Developmental Science, Chapel Hill, North Carolina^c Department of Psychology and Neuroscience, UNC-Chapel Hill, Chapel Hill, North Carolina

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A B S T R A C T

Purpose: Prior research has found that the protective effect of parental engagement on adolescent smoking behaviors may be weaker if parents smoke. We examine parental influence on adolescent smoking using a social learning theory framework. We hypothesize that adolescents are more likely to mimic parental smoking behavior if they perceive parents as being more engaged and if the parent is the same gender of the adolescent.

Methods: Hypotheses were tested using a diverse sample of 6,998 adolescents who were followed for seven waves (grades 6–12). Adolescent gender, time-stable and time-varying effects of parental engagement, adolescent perceptions of parental smoking, and interactions among the effects of these variables are tested using multilevel mediation models. We use a traditional measure of past 3-month adolescent smoking and a novel measure of smoking identity.

Results: Parental smoking was associated with a developmental increase in adolescent smoking and time-stable and time-varying parental engagement protected against adolescent smoking, whereas maternal engagement and smoking exerted independent and opposite effects with no moderation and time-stable paternal engagement moderated the effects of perceived paternal smoking on adolescent smoking outcomes. Parental smoking was more strongly associated with adolescent smoking outcomes when adolescent gender was congruent with parent gender.

Conclusions: Even when parents smoke, parental engagement confers protection. Protective effects of engagement may be enhanced among parents who smoke through increased antismoking communication, particularly as adolescents reach the legal smoking age.

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IMPLICATIONS AND CONTRIBUTION

Parental engagement protects against adolescent smoking, but this effect is counteracted somewhat if parents smoke, especially in later adolescence. Adolescents whose fathers are more engaged are even more likely to exhibit smoking behavior and smoking identity in response to paternal smoking. Adolescents are more likely to mimic smoking of their same-, rather than opposite- gender parent.

Conflicts of Interest: The authors have no conflicts of interest to disclose.

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* Address correspondence to: Nisha C. Gottfredson, Ph.D., Department of Health Behavior, UNC-Chapel Hill, 362 Rosenau Hall, CB # 7440, Chapel Hill, NC 27599.

E-mail address: gottfredson@unc.edu (N.C. Gottfredson).

Heritability estimates for adolescent smoking initiation range from 31% to 39%, indicating that intergenerational transmission of smoking behavior is largely environmentally mediated [1–4]. Engaged parenting and parental smoking each affect adolescent smoking, conferring a safeguard and a risk, respectively [5–7]. Earlier studies have found that parental smoking has even stronger negative effects when parents are more engaged [8–11]. These findings suggest a social modeling

process by which parental smoking increases risk for adolescent smoking as parental engagement increases. However, much remains to be understood about the context in which parental engagement moderates the intergenerational transmission of smoking behaviors. In this study, we build upon prior research to further assess the nature of the interaction between parental engagement and parental smoking on adolescent smoking outcomes.

As other family process researchers have done, we adopt the term “engaged parenting” when referring to a parenting style that is high on two fundamental and highly correlated parenting dimensions: warmth and monitoring [12–17]. Engaged parenting provides support and structure in directing adolescent decision-making and is thus protective against adolescent substance use [6,18–20]. However, the protective role of engaged parenting may vary depending on the health behaviors modeled by parents. Social learning theory (SLT) suggests that modeling helps to account for a portion of the association between parent and adolescent smoking [20–22]. Parental modeling occurs when adolescents identify with their parents and are thus motivated to imitate their behavior [23]. For this reason, engaged parenting may place adolescents at higher risk for smoking if parents smoke.

Although some studies have found evidence of an interaction between parenting and parent smoking behavior [8–11], no study has compared time-varying and time-stable effect of engaged parenting on adolescent outcomes in this context. Consistently engaged parenting may serve a different function than acute, time-varying spikes in engaged parenting; episodic spikes in engagement may arise in reaction to adolescent behavior or other situational factors. The nature of parental influence on adolescent smoking outcomes may change over the course of adolescent development; the benefits of consistent, engaged parenting might not come to fruition immediately but might only be observed in later adolescence when smoking behavior becomes more socially normative. Similarly, time-varying spikes in parental engagement might be beneficial in preventing deviant behavior in younger adolescents, but it might represent a reaction to deviant behavior in older adolescents.

Previous gender-dependent findings [8,10] underscore the importance of the interaction between the gender of the parent and that of the adolescent. Consistent with SLT, we hypothesized that adolescents are more likely to imitate smoking behavior of their same-gender parent [24], particularly in the presence of engaged parenting.

Study overview

In this study, we use longitudinal data from 6,998 adolescents to address the following research questions. First, do the associations between adolescent reports of mother or father smoking and adolescent smoking outcomes depend upon average (time-stable) parental engagement observed over time? Second, over and above the influence of stable parental engagement across adolescence, do time-varying spikes in parental engagement predict spikes in adolescent smoking outcomes, and do these time-varying effects differ for those with smoking versus nonsmoking parents? Third, does parent-adolescent gender congruency predict stronger links between parent behavior and adolescent smoking outcomes?

Methods

Sample and procedure

Data are from the University of North Carolina Institutional Review–approved Context of Adolescent Substance Use Study. All middle-school students in three public school districts in North Carolina were invited to complete surveys in school every 6 months, starting in spring 2002, for a total of seven assessments. At wave 1, 10 middle schools were included; beginning with wave 2 when eighth graders transitioned to high school, six high schools were included. All three counties were included in waves 1 through 5, and two of the three counties continued participation into waves 6 and 7.

At each wave, all enrolled students at the targeted grades, except those with limited English-language reading skills or in self-contained classrooms designated for Exceptional Child, were eligible. Adolescents who provided written assent and whose parents did not refuse their participation were surveyed. Due to new student enrollments, the sample included both continuing and new participants at each wave. The sample sizes for each wave were: 5,122 (1), 4,975 (2), 4,987 (3), 4,949 (4), 4,615 (5), 2,728 (6), and 2,376 (7), with 6,998 unique respondents across all waves.

Models for father effects used data from all adolescents who ever reported about their father ($N = 5,969$) and models for mother effects used data from all adolescents ever reported about their mother ($N = 6,404$). Adolescents (49% male, 52% white, and 37% black) ranged in age from 10 to 18 years ($M = 14.36$ years; standard deviation = 1.39). Approximately, 87% of adolescents lived in a two-parent household, and for 39%, the highest education attained by either parent was high school or less.

Measures

Descriptive statistics for time-varying measures are provided in Table 1 as a function of age (which was used to measure time in all analyses). Adolescents were asked to identify “one woman who is a mother, stepmother, or someone else who is like a mother (such as a grandmother or aunt).” If there was more than one such woman, adolescents chose the woman whom they lived with most of the time. Adolescents identified a male parent or guardian in the same manner. Adolescents who did not identify a mother or father, or who reported seeing the parent less than once per year, skipped these questions.

Covariates. Covariates were as follows: high school attended (effects coded; the largest school was used as the reference group), gender (effects coded; male = 1, female = −1), adolescent-reported household structure measured in wave 1 (effects coded; lives with one parent = 1; lives with two parents = −1), adolescent report of the highest educational level ever obtained by either parent (a six-point scale, centered at the median and modal response, “some college”; assessed at every wave), and race/ethnicity (black (1) or white/other [−1]).

Adolescent perceptions of parental smoking. In each wave, adolescents reported on mother and father smoking separately with a single item asking “About how many cigarettes do you think (s)he now smokes in a day?” Reports of parental smoking were stable across waves: 20% and 25% of adolescents consistently reported active maternal and paternal smoking; 71% and 62% consistently

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