



Social control and strenuous exercise among late adolescent college students: Parents versus peers as influence agents



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ABSTRACT

In the context of a model of health-related social control, we compared the associations among social control strategies, affective and behavioral reactions, and exercise for parental and peer influence agents. Late adolescent college students ($n = 227$) completed questionnaires that focused on social control from a parent or a peer who attempted to increase their exercising. Results from this cross-sectional study revealed that most relationships in the model were similar for parent and peer influence agents, however, (a) negative social control was a stronger predictor of reactance among parents than peers; (b) positive affect was a stronger predictor of attempts to change among peers than parents; and (c) positive affect predicted frequency of strenuous exercise only among parents. Decreasing parents' use of negative social control strategies and increasing adolescents' positive affective reactions to parental social control agents may be keys to promoting positive lifestyle changes in late adolescence.

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Regular physical activity is essential for healthy development as youth transition from adolescence to adulthood. Nevertheless, according to the [U.S. Department of Health and Human Services \(HHS, 2008, 2011\)](#), 39% of young adults between 18 and 24 years old do not meet national recommended physical activity levels for adults. The evidence suggests that young adults in college may experience increased weight gain, and reduced physical activity and exercise ([Racette, Deusinger, Strube, Highstein, & Deusinger, 2005](#)). Moreover, research has found considerable continuity between physical activity levels in adolescence, and later adulthood ([Hallal, Victoria, Azevedo, & Wells, 2006](#); [Perkins, Jacobs, Barber, & Eccles, 2004](#)). Thus, a sedentary and physically inactive lifestyle in college is a risk factor for many chronic diseases during adulthood, including heart disease, stroke, colon cancer, diabetes, and osteoporosis ([U.S. Department of Health and Human Services, 2000](#)).

Socialization and exercise in late adolescence

Socialization primarily occurs within the context of close relationships, and developmental researchers have traditionally focused on the influence of the family ([Brewer & Caporael, 1990](#); [Cooper, 1994](#)). Although parents remain salient as socializers, peers become increasingly important agents of social influence throughout adolescence ([Collins & Steinberg, 1998](#)). The shift toward peers yielding more social influence is evident in the increasing amounts of time adolescents spend with peers than

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with parents (Larson & Verma, 2000). Some of the domains in which peers exert influence include personal appearance, interpersonal behavior, entertainment, and leisure activities (Hartup, 1996).

Within the exercise and physical activity domain, a few studies have compared the relative influence of peers versus parents. For example, research focusing on social support has consistently found that peer support is more predictive of adolescent physical activity than parental support (Beets, Vogel, Forlaw, Pitetti, & Cardinal, 2006; Prochaska, Rodgers, & Sallis, 2002). Within college-age samples, research has tended to focus solely on the support of peers when examining influences on exercise (Gruber, 2008; Okun et al., 2003). Despite the power of peer norms on youth physical activity (Okun, Karoly, & Lutz, 2002), gaps still remain in our understanding of parental and peer influence on physical activity among college age adolescents. In the context of a health-related model of social control, the present study examines type of influence agent (parent versus peer) as a moderator of the direct and indirect relations between influence strategies and strenuous exercise among late adolescents. The decision to focus only on strenuous exercise was based on the finding that social support and social negativity contribute much more to the prediction of strenuous exercise than to the prediction of moderate or mild exercise (Okun et al., 2003).

The model of health-related social control

Social control refers to deliberate efforts to influence and regulate the behavior of another person (Rook, 1995; Rook & Pietromonaco, 1987). Social control is conceptually different from social support; the latter focusing on the psychological, physical, and financial help provided by others in an individual's social network (Lin, Simeone, Ensel, & Kuo, 1979; Sarason, Sarason, & Pierce, 1994). Explicit acts of health-related social control occur when network members attempt to persuade an individual to increase health-enhancing behaviors or reduce health-compromising behaviors. Positive social control strategies involve providing information, positively reinforcing healthy behavior, and showing concern for the recipient. Negative social control strategies, in contrast, involve behaviors such as ridiculing, pressuring, and making an unflattering comparison between the recipient and someone else (Lewis & Rook, 1999).

Tucker and Anders (2001) proposed that positive social control is positively related to both positive affect and engaging in positive health behaviors whereas negative social control is associated with both negative affect and negative behavioral reactions such as ignoring the social influence attempts, doing the opposite of what the social influence agent wants, and hiding unhealthy behavior. Furthermore, they proposed that positive affect mediates the association between positive social control and engaging in healthy behaviors and that negative affect mediates the associations between negative social control and taking no action, hiding unhealthy behavior, and increasing the frequency of unhealthy behavior. Several tests of components of this mediational model have demonstrated its utility (Logic, Okun, & Pugliese, 2009; Okun, Huff, August, & Rook, 2007; Tucker, 2002; Tucker & Anders, 2001; Tucker, Elliott, & Klein, 2006; Tucker, Orlando, Elliott, & Klein, 2006).

In studies of the consequences of health-related social control, researchers have taken one of two approaches. One approach has been to examine a single social control agent such as spouses or romantic partners (Logic et al., 2009; Okun et al., 2007; Tucker & Anders, 2001). The second approach has been to allow participants to choose their most important social control agent and then to ignore type of social control agent in the analyses (Lewis & Rook, 1999; Tucker, 2002; Tucker, Elliott, et al., 2006; Tucker, Orlando, et al., 2006). In contrast, the present study focused on participants who indicated that either parents or peers were currently exerting the most influence on their exercise behavior. The type of social control agent was treated as a moderator in a model examining the relationships among social control strategies, affect, behavioral reactions, and strenuous exercise. Similar to prior research, both the direct and indirect relations between social control strategies and affective reactions on strenuous exercise were examined.

The hypothesized mediational model of the association between social control strategies and frequency of strenuous exercise

Fig. 1 depicts the hypothesized mediational model that we tested in the present study.

Parent–child relationships undergo a developmental transition from a high degree of parental control in childhood, to increasing independence and autonomy exerted by offspring throughout adolescence and emergent adulthood (Collins, 1990). The transition may be characterized by variability in the degree of conflict and tension due to parental control

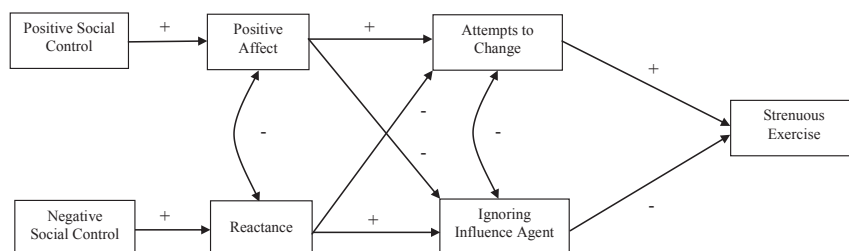


Fig. 1. Hypothesized mediational model of the relation between type of influence strategy and frequency of strenuous exercise.

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