

Parental Bonding and its Effect on Adolescent Substance Use and Sexual Debut

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Abstract

The purpose of this study was to examine what relationships exist among parental bonding factors and the early onset of sexual behaviors and substance use. The Parental Bonding Instrument and the Demographic Informational Form, given to 772 UCF undergraduate students, were used to collect the data analyzed in this study. Findings from this study would provide parents and professionals with evidenced-based information related to the role of parental care and overprotection in the delay of risky behaviors in adolescents. Examination of factors that might delay the onset of risky behaviors are timely and important considering the incidence of unintended teen pregnancy, STIs, and substance use among adolescents.

Research Questions

Question 1: What differences exist between parental care and overprotection by family status?

• **H₀1:** There is no difference in parental care and parental overprotection between the three different family structures.

Question 2: What differences exist in parental care and overprotection and age of onset of alcohol use, drug use, and coital debut?

• **H₀1:** There will be no difference in parental care and parental overprotection and age of onset of alcohol use.

• **H₀2:** There will be no difference in parental care and parental overprotection and age of onset of drug use.

• **H₀3:** There will be no difference in parental care and parental overprotection and age of onset of coital debut.

Methodology

Following UCF IRB approval, the Informed Consent, Parental Bonding Inventory, and the Demographic Informational Form were distributed to undergraduate students in University of Central Florida general education courses. The Parental Bonding Instrument is a 25 item questionnaire that asks participants to think of their parents (one for both the mother and father is completed) and rate them on scales that determine care and overprotection. On the care scale, items range from emotional warmth, affection, and empathy to emotional coldness, indifference, and neglect. On the overprotection scale, items range from control, intrusion, and excessive contact to items suggesting independence. The results give each parent a parental bonding type. The Demographic Informational Form captured demographic information along with questions indicating at what age the participant began engaging in certain activities such as dating, sex and sexual activities, and use of drugs. Data was analyzed using the Statistical Package for Social Sciences (SPSS). 772 students participated in this study with a mean age of 18.76.

The demographics of the participants were as follows:

Variable		% (N)	Variable	% (N)	
Gender	Male	46.4 (358)	Family Income	Less than \$26K	8.2 (63)
	Female	53.6 (414)		\$26K - \$48K	16.1 (124)
Ethnicity	White	64.8 (500)		\$48K - \$70K	24.5 (189)
	Black	10.8 (83)		\$70K - \$92K	16.8 (130)
	Hispanic	13.1 (101)	Greater than \$92K	32.6 (252)	
	Asian	7.3 (56)	Family Status	Two bio parents	72.2 (557)
	Other	4.0 (31)		Two parents, biological mother	8.3 (64)
		Single Mother		1.6 (12)	

KEY STATISTICS

Drug use and sexual activity among adolescents continues to be a growing issue. According to a survey conducted by the Center for Disease Control (CDC):

- In 2007, **48%** of high school students were sexually active and of those students **15%** had four or more sexual partners in their lifetime
- Approximately **9 million** of new cases of STIs can be attributed to people ages 13-24
- **23%** of the high school students who had sex during the past 3 months drank alcohol or used drugs before their last sexual encounter

Lowered inhibitions due to drug or alcohol use lead to decreased condom use, which may have long term implications such as unplanned pregnancy and STIs; costly at both an individual and societal level.

Results

Variable Means and Standard Deviations of Interest				
Family Status				
		N	Mean	Standard Deviation
PCare	Two Biological Parents	530	18.0887	9.79244
	Two Parents Biological Mother	59	24.4407	11.27290
	Single Mother	88	23.8295	9.84853
	Total	677	19.3885	10.22475
POver	Two Biological Parents	533	53.6360	12.36881
	Two Parents Biological Mother	59	50.3559	12.68554
	Single Mother	90	51.2111	11.36078
	Total	682	53.0323	12.30578
Alcohol				
		N	Mean	Standard Deviation
PCare	Under 15	194	21.6856	10.86751
	Between 15-18	388	19.0232	10.13740
	Over 18	21	18.4762	10.35190
	Total	603	19.8607	10.44415
POver	Under 15	200	52.0450	13.36548
	Between 15-18	391	53.4578	12.03468
	Over 18	21	51.4286	9.43171
	Total	612	52.9265	12.41176
Drugs				
		N	Mean	Standard Deviation
PCare	Under 15	44	21.2955	9.85613
	Between 15-18	280	21.0679	11.43436
	Over 18	15	15.3333	8.37229
	Total	339	20.8437	11.16243
POver	Under 15	44	51.7955	14.61535
	Between 15-18	288	51.9757	13.23848
	Over 18	16	55.6250	12.29566
	Total	348	52.1207	13.36248
Coitus				
		N	Mean	Standard Deviation
PCare	Under 15	33	22.6970	12.99636
	Between 15-18	388	20.6237	10.58777
	Over 18	22	20.0000	9.82223
	Total	443	20.7472	10.73727
POver	Under 15	35	53.0571	12.22568
	Between 15-18	392	52.2908	12.63058
	Over 18	22	54.2727	12.84034
	Total	449	52.4477	12.59048

Research Question 1:

ANOVA			
		F	Significance
PCare	Between Groups	20.954	.000
	Within Groups		
	Total		
POver	Between Groups	3.041	.048
	Within Groups		
	Total		

• There was a statistically significant difference at the $p < .05$ level in parental care: $F(2, 674) = 20.954, p = .00$. The effect size, calculated using eta squared, was .05 indicating a medium effect size. Post hoc Scheffe comparisons showed significantly higher levels of parental care in (a) two parents, biological mother over two biological parents and (b) single mother over two biological parents.

• There was also a statically significant difference at the $p < .05$ level in parental overprotection: $F(2, 679) = 3.041, p = .05$. The effect size, calculated using eta squared, was .01 indicating a small effect size. Post hoc comparisons showed no significance in multiple comparisons, which can be explained by the .01 effect size.

Research Question 2:

ANOVA			
		F	Significance
PCare	Between Groups	4.444	.012
	Within Groups		
	Total		
POver	Between Groups	1.016	.363
	Within Groups		
	Total		

• **H₀1:** (See table above) There was a statistically significant difference at the $p < .05$ level in parental care and onset of alcohol use: $F(2, 600) = 4.44, p = .012$. Post hoc Scheffe comparisons showed parental care was significantly higher in the "under 15" group compared to the "15-18" group. The effect size, calculated using eta squared, was only .01 indicating a small effect size. Post hoc comparisons showed no significance in multiple comparisons, which can be explained by the .01 effect size.

• **H₀2:** No significance was found in onset of drug use.

• **H₀3:** No significance was found in onset of coital debut.

Discussion

For research question one, we rejected the null hypothesis that there would be no difference in parental care and overprotection and the three different family structures. The finding that parental care was significantly higher in (a) two parents, biological mother over two biological parents and (b) single mother over two biological parents suggests that children of fragmented families living with their mother report greater levels of care from their parents than children from a household with both biological parents. Although we found a statistically significant difference in parental overprotection, the effect size (.01) was small and pair wise comparisons amongst the groups indicated no significant difference.

Analyses results for the second research question suggested that parental care was significantly higher in those who reported alcohol use below the age of fifteen, than those who reported alcohol use between the ages of fifteen and eighteen.

Higher levels of care in single mother and two-parent, biological mother households may first seem counterintuitive. However, there may be an over permissiveness in parenting in single mother and two-parent, biological mother households which accounts for the higher levels of care. This permissiveness may also account for participants who began using alcohol under the age of fifteen reporting the highest levels of care.

Conclusion

• Children from fragmented families reported greater levels of parental care than those raised with both biological parents.

• Results suggest possible over compensating with respect to parental care in fragmented families.

• There is extensive data regarding the impact of decreased income and decreased child monitoring in fragmented families. This data contributes to a missing area of the research.

• Future research should examine if greater permissiveness exists with higher care, possibly contributing to earlier onset of alcohol use.

Limitations

• The first limitation in this study was the sample of participants was not representative of the population. 72.2% of participants came from households with two biological parents, while the national average of divorce is approximately 50%. Though significance was found in this study, findings may have been even stronger with a more heterogeneous population.

• The second limitation in this study was the lack of diversity representation. 64.8% of the participants were White, 13.1% were Hispanic, and 10.8% were Black.

• The final limitation was this study was retrospective. The participants were asked to remember past experiences, leaving the possibility for memory errors.

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