

**RELATIONSHIP BETWEEN PARENTAL COMMUNICATION STYLES
AND ADOLESCENT SUBSTANCE USE AMONG SENIOR SECONDARY
SCHOOL STUDENTS IN KADUNA STATE, NIGERIA**

BY

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**DISSERTATION SUBMITTED TO THE DEPARTMENT OF
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DECLARATION

I hereby declare that the work presented in this Thesis entitled, “RELATIONSHIP BETWEEN PARENTAL COMMUNICATION STYLES AND ADOLESCENT SUBSTANCE USE AMONG SENIOR SECONDARY SCHOOL STUDENTS IN KADUNA STATE, NIGERIA”, for the degree of M.Ed (Guidance and Counselling) is entirely the result of my own independent investigation, and has not been presented either wholly or partly for any other degree, and is not being concurrently submitted for any other degrees.

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DATE

CERTIFICATION

This Thesis entitled, “RELATIONSHIP BETWEEN PARENTAL COMMUNICATION STYLES AND ADOLESCENT SUBSTANCE USE AMONG SENIOR SECONDARY SCHOOL STUDENTS IN KADUNA STATE, NIGERIA”, by MUHAMMAD SHAFI’U ADAMU meets the regulations governing the award of M.Ed (Guidance and Counselling) of the Ahmadu Bello University Zaria, and is approved for its contribution to knowledge and literary presentation.

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DEDICATION

This Thesis is dedicated to Almighty God on Whose divine Guidance makes me to accomplish this stage of studies.

ACKNOWLEDGEMENT

The broad theme of this research is the importance of relationships to human development. This theme has been equally vital to my ongoing personal growth and to the development of this research. Personally, this process has heightened my awareness of the closeness that I share with my family and friends, and how much I value those connections. I am especially thankful for the unwavering support and continual sacrifice from my entire family members. These most treasured relationships make the journey worthwhile.

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ABSTRACT

This research work investigated the relationship between parental communication styles and substance use of adolescents among secondary school students in Kaduna State, Nigeria. The study employed the descriptive survey method involving the use of questionnaire. The total population for the study was all substance use adolescents in Kaduna State. Three hundred and sixty-three (363) respondents were purposively selected from 12 selected secondary schools in the three senatorial zones of the state for the study, as 351 responded and returned the completed questionnaires representing 98.3%. The instruments used in the study were the 18-item parental communication measures adopted from life Skills Training questionnaire designed and standardized by Botvin (2007) and Adolescent Alcohol and Drug Involvement Scale adopted from Mobereg's (2011) Students' Behaviour of Substance Use. Three objectives, three questions and three hypotheses were used and tested using Pearson Product Moment Correlation Coefficient. Results showed that there was a significant positive relationship between aggressive parental communication style and substance use of adolescents with ($r = 0.945, p = 0.000$). There is also a significant negative relationship between assertive parental communication style and substance use of adolescents among secondary school students with ($r = -0.574, p = 0.000$). Also, the findings showed a significant positive relationship between passive parental communication style and substance use of adolescents with ($r = 0.482, p = 0.001$). It was recommended that parents, counselors, psychotherapists and stakeholders in education should be exposed to the adequate counselling on the relationship between parental communication style and substance abuse of adolescents.

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Abbreviations

AADIS	Adolescent Alcohol and Drug Involvement Scale
LSTQ	Life Skill Training Questionnaire
PCLST	Parental Communication Life Skill Technique
PCM	Parental Communication Measures
SBSU	Students' behaviour substance Use

Operational Definition of Terms

Adolescent Substance Use: This is known as drug abuse or substance use behaviour disorder embarked upon by an individual who has reached the age of puberty. It is a patterned use of drugs in which the teenage user consumes the substance in amounts or methods which are harmful to themselves or others.

Parent: The term parent as used in this study includes in addition to a natural parent, a legal guardian or other person standing in *loco parentis*, such as grandparent or step parent with whom the child lives, or a person who is legally responsible for a child's welfare.

Parental Communication Styles: These are the ways and manner by which the parents interact and convey relevant information to their children. The parental styles could be aggressive, assertive or passive.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Effective communication within the family plays a vital role in ensuring smoothness of the children's psychosocial development, thereby giving the individual a sound behavioural upbringing. Where communication is lacking, problems of misunderstanding and malfunctioning may probably occur. Communication is the pillar which maintains the structure of peaceful co-existence and mutual understanding among individuals. One of the basic recipients of effective communication in the family is the adolescent, who is a person between the ages of 12 to 20 and is in a period of transition from childhood to adulthood. It is a time the individual experiences rapid physical, social and psychological changes. It is at this stage that the adolescents go through periods of confusion, uncertainties, embarrassment, feelings of emotional insecurity, lack of self-confidence with important persons in their lives, and so on.

Adolescence being a time of significant developmental transition is considered to be second only to infancy in the magnitude of changes that occur (Hart & Carlo, 2005). Adolescents experience numerous developmental challenges at varying pace, including: increasing need for independence; evolving sexuality; transitioning through education and commencing employment; consolidating advanced cognitive abilities; and negotiating changing relationships with family, peers and broader social connections (Blum & Rinehart, 2008). The adolescent period is also marked by increased involvement in maladaptive behaviours that may predispose young people to poor long term outcomes. Many of these deviant behaviours are relatively transitory in nature and are resolved by the beginning of adulthood. However, there is increasing evidence of the significant level of emotional and behavioural difficulties such as depression,

anxiety, conduct disorder, substance misuse, alcoholism and suicidal thoughts that are experienced by some Nigerian adolescents (Abdulkarim, Mokuolu & Adeniyi, 2005).

Substance abuse which the adolescents could turn to, also known as drug abuse and substance use disorder, is a patterned use of a drug in which the user consumes the substance in amounts or with methods which are harmful to themselves or others, and is a form of substance related behaviour disorder. Widely differing definitions of drug abuse are used in public health, medical and criminal justice context. The exact cause of substance abuse is not clear, with theories including: a genetic disposition; learned from others –or a habit which if addiction develops, manifests as a chronic debilitating disease. Drugs most often associated with this term include: alcohol, substituted amphetamines, barbiturates, benzodiazepines (particularly alprazolam, lorazepam, diazepam and clonazepam), cocaine, marijuana, methaqualone, cannabis and opioids. Because of these changes, most parents are concerned about the way their adolescents behave, thus tend to be particular of their interactions.

Research indicates that adolescents in families with low levels of cohesion and communication (disengaged) are at a higher risk for developing conduct/behaviour disorders (maladaptive behaviour), substance abuse or behaviour problems (Prange, Greenbaum, Silver, Friedman, Kutash & Duchnowski, 2002). From observation of adolescents, it can be noticed that some of them are excessively aggressive towards others and are often restless, thus paying less attention to lessons, some show signs of neurosis and constantly exhibit the ability to exploit others due to lack of appropriate communication between them and their parents at home. Adolescent who constantly exhibit various forms of anti-social behaviour is regarded as maladaptive. These forms of behaviours inhibit a person's ability to adjust to particular situations. A common type of

maladaptive behaviour is turning to alcohol or drugs (substances) for refuge instead of working to address a challenge. Some other examples are murder, rape, robbery, theft and so on.

Studies that attempted to uncover the origins of the development of substance use behaviour among adolescents found that family characteristics, and in particular, parental communication styles are being the strongest predictors of deviant behaviour (Fuller, 2000). Previous research discussed the influences of behavioral and emotional issues of parents and how these issues relate to their children. Research suggested that problem behaviour in adolescents has been identified in the early stages of their childhood (Van Der Geest & Biljeveld, 2011). Furthermore, children developing behavior problems in school and their neighbourhoods seem to grow into adolescence with problem behaviours. These problem behaviors identified include: lack of respect, impulse control, poor self-esteem, masculinity development, and lack of social ties to community (Van Der Geest & Biljeveld, 2011). Finally, these children that are continually experiencing emotional and behavioral problems seem to have a range of identified negative parental behaviours (i.e., domestic violence, being excessively drunk, drug abuse, and/or involvement with the justice system) (Dembo, 2007).

Family factors that are found to be associated with substance use behaviour include poor parental attachment, harsh parental discipline and poor relationships with parents, poor supervision, and inconsistent discipline (Loeber, 2006). Parents have a world of influence over their children and basically mold and shape their children into adults. The parental discipline and communication style they use have a great impact. Parental communication styles are the ways and manner by which the parents interact and convey relevant information to their children.

Baumrind (1991) defined three parental communication styles based on Schaefer's (1959) concepts of parental demandingness and responsiveness. Parental demandingness is the degree to which parents set guidelines for their children, and how they discipline them based on these guidelines. Parental responsiveness is the emotional aspect of parenting. Responsiveness refers to the degree to which parents attend to their children's needs and support their children. With these concepts in mind, Baumrind identified three styles: aggressive, assertive and passive parental communication styles.

The aggressive communicator employs manipulation. An aggressive parent attempts to get children do what is needed by force or intimidation/anger, and such needs are required to be met immediately. Aggressive parents are high in demandingness and low in responsiveness. They are often strict and in some families, unfair in punishing their children. They are often described as "cold" and unemotional. Depending on cultural context, rigid discipline can be harmful to a child when maturing.

The assertive style of communication is how parents naturally expresses themselves when self-esteem is intact, thus communicating without manipulation. A parent who is assertive works hard to create mutually satisfying solutions, communicates needs clearly; caring about relationships and strives for better and satisfactory situation. An assertive parent knows limits and refuses to be pushed beyond limits. Assertive style is high in both demandingness and responsiveness. Thus, the parents monitor and discipline their children fairly, while being very supportive at the same time. This is generally considered the best environment in which to rear children.

The third style, passive parental communication style, is low in demandingness and high in responsiveness (Baumrind, 1991). Such parents do not impose rules on their children; their children can do what they want and when they want. Passive parents can either be supportive

(indulgent) or not care about their children (neglectful). This style of communication can also be harmful to a developing child. A passive communicator on the other hand based communication on compliance and hopes to avoid confrontation at all costs. In this style, the parent does not talk much, questions even less and actually does very little. In this style, the parent shies away from responsibilities in training the children, lest be seen as wicked.

Behavioural research has supplied the counselling profession with many strategies for dealing with behaviour problems. One of these strategies is behavioural modification which can be neatly fitted into either of these two categories namely, promoting adaptive behaviour and eliminating maladaptive behaviour. Drug use and alcohol consumption by adolescents are examples of such behavior problems and could be self-defeating, yet self-perpetuating. They cause distress or in some way place the individual in jeopardy, despite even deliberate attempts by the individual to remedy the situation. Substance use behaviour is learned and can be unlearned according to the principles of adaptive behaviour. The concern of this research is to find out whether the identified substance use behaviour among some Nigerian secondary school youths could be traced to their parents' communication styles.

1.2 Statement of the Problem

Parental communication styles have been found to predict child well-being in the domains of social competence, academic performance, psychosocial development, and problem behaviour. Baumrind (1991) discovered behavioural characteristics linked to the various parenting and communication styles. The offspring of assertive communicating parents tended to have the most desirable profiles. These children were friendly with peers, cooperative with adults, independent, energetic and achievement oriented. They also displayed a high degree of self-control. Children

with low self-esteem and self-control are likely to abuse drugs (Simons, Haynie, Crump, Eitel & Saylor, 2001). A number of studies have indicated that adolescents who refrain from drinking alcohol have higher self-esteem than do adolescents who drink (Chen, Bauman, Tang, Forero & Flaherty, 2001; Winters, Latimer & Stinchfield, 2009). This association has also been noted in secondary school students. For example, Chen et al (2001) found that alcohol use and depression were associated in secondary school students.

Children whose parents do not set clear rules against or do not monitor alcohol use by children could be at a greater risk for alcohol use (Jackson, Henrickens, & Dickenson, 2007). Communicating styles of parents that is relatively low warmth and high in hostility predicted greatest risk of alcohol and other drug use by adolescents (Johnson & Padina, 2011). In contrast, positive feedback, encouragement, and physical affection from parents predicted lower risk of alcohol use by adolescents (Jackson, Henricksen, Dickinson & Levine, 2007).

On the other hand, the tendency to abuse alcohol sometimes runs in families; suggesting a genetic component in alcohol abuse transmission (Annoni, 2010). Further research by Dishion & McMohan (2008) found out that children of alcoholic parents when compared to the children of non-alcoholic parents are four times likely to become alcoholics when they grow up. This is true even when the children of alcoholics are adopted at birth and raised without the knowledge of the real parents. A study of peer group influence on adolescents showed that, though it's an important factor, it is not the dominant socialization agent (Farrell & Barnes, 2013). For example, the study showed that peer-group standards are important in matters dealing with manners and choice of friends. In general teens adopt their parents' values on issues that matter-family, religion, work and morals (Lindner & Hetherington., 2009). There are young people who reject family values and standards in favour of those of the peer group. This happens for young

persons coming from very strict and permissive homes. Adolescents in families where discipline and autonomy are balanced spend more time at home. Peer effects become particularly more powerful when parent-adolescent relationships are of poor quality (Hayes, 2008).

Where parents are loving, supportive and maintain standards of behaviour, they enable the child develop competence, autonomy, independence and self- control (Baumrind, 1991). Such children may not suffer from emotional problems. Children whose emotional needs have not been satisfied by parents are likely to seek gratification from the peers; a situation that may cause them to indulge in drug abuse to be accepted by peers (Ma, 2003). Parents thus remain important in the development of values in teens. Poverty may contribute to alcohol abuse in several ways. The parents who brew alcohol for sale directly expose their children to alcohol abuse at an early age. Some families, due to poverty, start brewing the illicit liquor to get income. A child raised up in such a home is introduced to drinking at such an early stage. An article on alcoholism (Daily Nation, 16th July 2005) reports how Michael Shabani (not his real name) became an alcoholic. Child rearing practice the parent adapts in controlling the child's behaviour may determine the personality. Assertive communicating parents that are both responsive and demanding may bring up children that are: independent, self-controlled, achievement oriented and co-operative (Baumrind, 1991). These children have high self- esteem and may find it easy to refuse drugs. Alcohol and drug abuse are the leading cause of indiscipline among students in Nigerian secondary schools. Despite punitive measures students still abuse alcohol, as every week cases of addiction, stupor and drunkenness are reported. This prompted the researcher to investigate whether the parental communication styles could be a probable cause to alcohol and drug abuse. The study sought to investigate the relationship between parental communication

styles and substance use among secondary school students in Kaduna State, with implication to counselling.

1.3 Objectives of the Study

The objective of this study is to determine the extent of the relationship between parental communication styles and adolescent substance use behaviour among secondary school students in Kaduna State. More specifically, the study has sought to fulfill the following objectives:

- i. To find out the relationship between aggressive parental communication style and substance use of adolescents among secondary school students.
- ii. To investigate the relationship between assertive parental communication style and substance use of adolescents among secondary school students.
- iii. To assess the relationship between passive parental communication style and substance use of adolescents among secondary school students.

1.4 Research Questions

To guide the study, the following research questions were addressed:

- i. What is the relationship between aggressive parental communication style and substance use of adolescents among secondary school students?
- ii. What is the relationship between assertive parental communication style and substance use of adolescents among secondary school students?
- iii. What is the relationship between passive parental communication style and substance use of adolescents among secondary school students?

1.5 Hypotheses

The following null hypotheses guided the study:

HO₁ There is no significant relationship between aggressive parental communication style and substance use among secondary school students.

HO₂ There is no significant relationship between assertive parental communication style and substance use among secondary school students.

HO₃ There is no significant relationship between passive parental communication style and substance use among secondary school students.

1.6 Basic Assumptions

This study was conducted based on the assumptions that;

- i. There is a relationship between aggressive parental communication style and substance use among secondary school students.
- ii. There is a relationship between assertive parental communication style and substance use among secondary school students.
- iii. There is a relationship between passive parental communication style and substance use among secondary school students.

1.7 Significance of the Study

The findings of this study will provide adequate information on the relationship between parental communication styles and adolescents' alcoholic and drug use behaviours among secondary school students. The findings of this study will provide ways on how parents can adequately and

effectively communicate with their children. It will also help the parents to see ways of helping their adolescents fashion out into useful individuals in the society that are free from all sorts of maladaptive behaviours.

Teachers, guidance counsellors and school administrators will be guided by this study on a safer approach towards proffering, during seminars, a comprehensive parent-child communication strategy in order to assist parents/guardians towards having children with effective adaptive behaviour through communication.

The findings of this study will also have a lot of practical implications on parental counselling and child rearing practices which can be developed to forestall the occurrence of adolescent maladaptive behaviours. The government and school administration will also be encouraged to create a suitable environment for child rearing practices and for the provisions of the child's educational needs which may prevent adolescent misbehaviours..

The youth will also find the findings of this study useful in making decisions based on their respective behaviours. It will facilitate their participation in guidance and counselling sessions in secondary schools. The results could be used to identify substance use behaviours, and how the parents can be helped in developing sound communication techniques for better adaptive behaviours from their children.

1.8 Scope and Delimitation of the Study

The study was designed to investigate the relationship between parental communication styles and adolescent substance use behaviour among secondary school students in Kaduna State. It centered on adolescents in public senior secondary schools within Kaduna State. This study was based on the social learning theory and explored other variables of the adolescents such as age

(to determine early and late developments and gender). It was delimited by a convenience sampling to all senior secondary school students who were involved in substance use from twelve selected public schools within the 12 educational zones of the state.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

The review of related literature which deals with related studies on the relationship between parental communication styles and adolescent substance use among secondary school students is presented under the following headings:

- Concept of Adolescent Development
- Parenting Factors Influencing Adolescent Substance use Behaviour
- Baumrind's Parenting Typology
- Theoretical Framework
- Review of Related Studies
- Summary of Literature Review

2.2 Concept of Adolescent Development

Physical changes in the body signify the initial stage of puberty as well as the onset of adolescence (Woolfolk & Perry, 2012). Eric Erickson (1986) explained when youth attempt to try on different identities this process will actually help to facilitate the establishment of their permanent identity (Woolfolk & Perry, 2012). Therefore, adolescents should be allowed to explore the different aspects of their personality as they grow and develop into mature adults. Erikson's psychosocial stages of development explain that the ages of 12–18 are signified by identity versus role confusion (Woolfolk & Perry, 2012). Moreover, adolescent identity

development is essential to the basis of a youth's identity once they reach adulthood. Consequently, when adolescents fail to develop their identity along with failing to integrate ideas of values, work, and commitments, then role confusion is probable (Woolfolk & Perry, 2012). Furthermore, Erickson discussed that the results of role confusion in an adolescent will be experienced by an inability to continue responsibilities as adults.

Research suggests that adult moral development begins during adolescence (Hart & Carlo, 2005). Kohlberg's moral judgment development appears to have a parallel relationship between age and stage. Further research discusses engagement in civic commitments, and community involvement facilitates the development of moral obligation to the community and families. Adolescent moral development also is facilitated by good relationship with parents and family (Hart & Carlo, 2005). For this reason, when adolescents spend more time with their influential peers they tend participate in delinquent activities. These situations can occur when adolescents are not connected to their community and their moral character is underdeveloped (Hart & Carlo, 2005).

Adolescent development is also signified by a change in the relationship with parents; occasionally includes family conflict (Ohannessian, Lerner, Lerner, & von Eye, 2000). Moreover, adolescents begin to question the rules of their parents, norms and levels of control, and the expectations of behavior are usually violated often during this time (Chen et al, 2007). This change in adolescence is usually an indication of an individual's development of multiple perspectives in social relationships. These multiple perspectives can expand into prosocial behavior or antisocial behavior (poor moral judgment during adolescence) (Ma, 2003). "Researchers have shown relatively consistent associations between responsiveness and socially competent and prosocial behaviours in adolescence" (Carlo, McGinley, Hayes, Batenhorst, and

Wilkinson, 2012, p.148). Moral judgment is focused on the cognitive viewpoint as compared to moral orientation. Moral orientation is focused on the aspects of moral development (Ma, 2003). Finally, moral development influences adolescent decision making as well as adolescent behavior.

2.3 Parenting Factors Relating to Adolescent Substance Use Behavior

Substance abuse, also known as drug abuse and substance use disorder, is a patterned use of a drug in which the user consumes the substance in amounts or with methods which are harmful to themselves or others, and is a form of substance related behaviour disorder. Widely differing definitions of drug abuse are used in public health, medical and criminal justice context. The exact cause of substance abuse is not clear, with theories including: a genetic disposition; learned from others –or a habit which if addiction develops, manifests as a chronic debilitating disease.

Drugs most often associated with this term include: alcohol, substituted amphetamines, barbiturates, benzodiazepines (particularly alprazolam, lorazepam, diazepam and clonazepam), cocaine, marijuana, methaqualone, cannabis and opioids.

The adolescent substance use behaviour progression can begin as early as the first grade with advent of delinquent activities from early childhood life (Lehr, Sinclair, & Christenson, 2012). The early development of delinquent behaviour, as discussed in the research, increases the risk of continual involvement with the deviant activities in later years. Additionally, a 19-year study of at-risk children acknowledged that even before the first grade risk factors for truancy are present (Lehr, Sinclair, & Christenson, 2012). These risks factors include the quality of care giving, and early home environment which can predict the future of children dropping out of school (Lehr, Sinclair, & Christenson, 2012). In addition, variables identified some predictors for drop out or truancy which include behavior problems, low grade point averages, quality of care giving,

parent involvement, peer competence, gender, and socioeconomic status (Lehr, Sinclair, & Christenson, 2012; Teasley, 2004).

Adolescent substance use seems to be one of the first signs of antisocial and maladaptive behaviour (Teasley, 2004). The most prevalent problem behaviours adolescents are engaged in while truant include: sexual promiscuity, alcohol, drug use, and delinquency activities (Teasley, 2004). The following can be taken as measures by which adolescents' substance use behaviour could be forestalled:

a) Parental Monitoring

Parental monitoring has been defined as parental awareness of the child's activities, and communication to the child that the parent is concerned about, and aware of, the child's activities (Dishion and McMahon 2008). The monitoring demonstrates that adolescents who are poorly monitored begin alcohol and drug consumption at an earlier age, tend to drink more, and are more likely to develop problematic drinking or drug patterns. Nigerian parents are likely to be unaware of, or to underestimate, their adolescent's alcohol consumption and are more concerned about illicit drug use than alcohol use. Nigerian parents may feel pressured to accept alcohol use by adolescents as "normal". It appears that for many parents, knowing the "right age" to permit their adolescents to consume alcohol, or indeed if they should permit alcohol consumption at all, is a critical question that they feel ill equipped to answer.

b) Parental Behaviour Management

Parental behaviour management encompasses positive practices such as the use of incentives, positive reinforcement, setting limits for appropriate behaviour, providing consequences for misbehaviour, and negotiating boundaries and rules for appropriate behaviour, as well as less

effective strategies such as harsh and punitive discipline, high conflict, and lax, inconsistent or over-permissive approaches. Family standards and rules, rewards for good behaviour, and well-developed negotiation skills were associated with lower initiation of alcohol and drug use in early adolescence, and lower rates of alcohol abuse and drug dependence in early adulthood. Harsh discipline and high conflict were associated with higher rates of alcohol and drug use. When parents were openly permissive toward adolescent alcohol use, adolescents tended to drink more and even resort to taking illicit drugs.

c) Relationship Quality

Parent-adolescent relationship quality underpins all aspects of parenting, and is the product of an ongoing interplay between parents and adolescents. For example, without a warm relationship, adolescents are more likely to resist monitoring, while authoritative parenting may contribute to and enhance strong parent-adolescent relationships. Warm and supportive parent-adolescent relationships were associated with lower levels of adolescent substance use, as well as lower rates of problematic use and misuse.

d) Parental Norms

Parenting norms, values and goals reflect parents' belief systems, attitudes and conceptions concerning adolescent behaviour. Parental norms, attitudes, and beliefs with regard to adolescent substance use have an important influence on adolescent alcohol consumption. When parents show disapproval, their adolescents are less likely to drink, and conversely, when parents are tolerant or permissive, their adolescents are likely to drink more. Nigerian parents and

adolescents differ in their perceptions of the appropriate age that adolescents should be permitted to consume alcohol or drugs.

e) Parental, Family and Broader Environmental Influences

Parents' own use of alcohol was found to increase the likelihood that adolescents would also consume alcohol and use drugs. Biological links between parental alcohol dependence and adolescent alcohol use and drug addiction were evident. Adolescents from intact families were found to less often engage in heavy alcohol use, while adolescents from sole parent families were more often involved in heavy drinking.

In addition, social laws and norms were shown to exert a considerable influence on adolescent alcohol consumption, and parental attitudes toward adolescent alcohol use. International research has found that changes to policy or laws can influence adolescent consumption patterns.

f) Parenting and Peer Influences Compared

The effect of peers was shown to mediate the influence of parenting on adolescents' alcohol use and drug use. Peer effects become particularly powerful when parent-adolescent relationships are of poorer quality. The influence of peers is thought to occur through peer modelling, peer pressure, or association with alcohol and drugs using peers. However, direct connections between parental monitoring and adolescent substance use remained after peer influences were taken into account.

2.4 Baumrind's Parenting Typology

[Diana Baumrind](#) is a researcher who focused on the classification of parenting styles, as well as communication styles. Baumrind’s research is known as “[Baumrind’s Parenting Typology](#)”. In her research, she found what she considered to be the four basic elements that could help shape successful parenting: responsiveness vs. unresponsiveness and demanding vs. undemanding. Through her studies Baumrind identified three initial parenting communicating styles: Assertive, aggressive and passive styles of communication by parents. Maccoby and Martin (2003) expanded upon Baumrind’s three original parenting styles by placing parenting communicating styles into two distinct categories: demanding and undemanding. With these distinctions, four new styles were defined:

Baumrind's Three Parental Communicating Styles Maccoby & Martin’s four Parental Communication Styles		
	Demanding	Undemanding
Responsive	Assertive/Propagative	Indulgent (Permissive)
Unresponsive	Aggressive/Totalitarian	Neglectful

Source: *Baumrind’s Parenting Typology*

Baumrind believed that parents should be neither punitive nor aloof. Rather, they should develop rules for their children and be affectionate with them. These styles are meant to describe normal variations in parental communication, not deviant styles, such as might be observed in [abusive](#) homes. In addition, stress by parenting can often cause changes in parental behavior such as inconsistency, increased negative communication, decreased monitoring and/or

supervision, setting vague rules or limits on behavior, being more reactive and less proactive, and engaging in increasingly harsh disciplinary behaviors.

a) Assertive Parental Communication Style

The parent is demanding and responsive. When this style is systematically developed, it grows to fit the descriptions propagative parenting and [concerted cultivation](#).

Assertive parenting is characterized by a child-centered approach that holds high expectations of [maturity](#). Authoritative parents can understand how their children are feeling and teach them how to [regulate](#) their feelings. Even with high expectations of maturity, authoritative parents are usually forgiving of any possible shortcomings. They often help their children to find appropriate outlets to solve problems. Authoritative parents encourage children to be independent but still place limits on their actions. Extensive verbal give-and-take is not refused, and parents try to be warm and nurturing toward the child. Authoritative parents are not usually as controlling as authoritarian parents, allowing the child to explore more freely, thus having them make their own decisions based upon their own reasoning. Often, authoritative parents produce children who are more independent and [self-reliant](#). An authoritative parenting style mainly results when there is high parental responsiveness and high parental demands.

Assertive parents will set clear standards for their children, monitor the limits that they set, and also allow children to develop [autonomy](#). They also expect mature, independent, and age-appropriate behavior of children. Punishments for misbehavior are [measured and consistent](#), not arbitrary or violent. Often behaviors are not punished but the natural consequences of the child's actions are explored and discussed -allowing the child to see that the behavior is inappropriate and not to be repeated, rather than not repeated to merely avoid adverse

consequences. Authoritative parents set limits and demand maturity. However, when punishing a child, the parent will explain his or her motive for their punishment. Children are more likely to respond to authoritative parenting punishment because it is reasonable and fair. A child knows why they are being punished because an authoritative parent makes the reasons known. As a result, children of authoritative parents are more likely to be successful, well-liked by those around them, generous and capable of [self-determination](#)

b) Aggressive Parental Communication Style

Aggressive parenting is a restrictive, punishment heavy style in which parents make their children follow their directions with little to no explanation. Aggressive parenting involves low parental responsiveness and high parental demand; the parents tend to demand obedience without explanation and focus on status. [Corporal punishment](#) is a common choice of punishment. Yelling is another form of discipline for aggressive` parents.

Aggressive parenting is a restrictive, punishment heavy parenting styles in which parents make their children follow their directions with little response. It is apparent that the authoritarian parenting style has distinct effects on children, especially when compared to aggressive parenting and passive or indulgent parenting. Children resulting from this type of parenting may have less social competence because the parent generally tells the child what to do instead of allowing the child to choose by him or herself. Children raised by aggressive parents tend to conform, be highly obedient, quiet and not very happy. These children often suffer from [depression](#) and [self-blame](#). As a result of being raised in an aggressive environment, once the children reach adolescence, rebellion is common. Nonetheless, researchers have found that in some cultures and ethnic groups, aspects of aggressive style may be associated with more

positive child outcomes than Baumrind expects. "[Aspects of traditional Asian child-rearing practices](#) are often continued by Asian American families. In some cases, these practices have been described as authoritarian." The purpose is to prepare the child for negative responses such as anger and aggression that they will face if their behavior is inappropriate. The shock of aggression from someone from the outside world will be less if the child is accustomed to it from their parents. This teaches the child to behave themselves in society as an adult.

c) Passive Parental Communication Style

The parent is responsive but not demanding. Passive parenting, also called permissive, non-directive or lenient, is characterized as having few behavioral expectations for the child. "Passive Communication" is a style in which parents are very involved with their children but place few demands or controls on them". Parents are nurturing and accepting, and are responsive to the child's needs and wishes. Passive parents do not require children to regulate themselves or behave appropriately. The children will grow into adulthood not accustomed to aggression in others due to their inappropriate behavior which would be a great shock to them. As adults, they will pay less attention in avoiding behaviors which cause aggression in others.

Passive parents try to be "friends" with their child, and do not play a parental role. The expectations of the child are very low, and there is little discipline. Passive parents also allow children to make their own decisions, giving them advice as a friend would. This type of parenting is very lax, with few punishments or rules. Passive parents also tend to give their children whatever they want and hope that they are appreciated for their accommodating style. Other passive parents compensate for what they missed as children, and as a result give their children both the freedom and materials that they lacked in their childhood. Baumrind researched

on pre-school children with passive parents and she came up with a result that children were immature, absence in impulsive control and they were irresponsible because of passive parental communication style.

Children of passive parents may tend to be more impulsive and as adolescents may engage more in misconduct such as drug use. "Children never learn to control their own behavior and always expect to get their way." But in the better cases they are emotionally secure, independent and are willing to learn and accept defeat. They mature quickly and are able to live life without the help of someone else.

From a recent study, Maccoby and Martins (2003, pgs 12-13) found that;

- i. The teens least prone to heavy drinking and abuse drugs had parents who scored high on both accountability and warmth.
- ii. So-called 'passive' parents, those low on accountability and high on warmth, nearly tripled the risk of their teen participating in drug abuse and heavy drinking.
- iii. 'Strict parents' or aggressive parents – high on accountability and low on warmth – more than doubled their teen's risk of drug abuse and heavy drinking.

2.4.2 Differing Parenting Communication Styles for Male and Female Children

Mothers and fathers tend to pick up different behaviors of communication based on the sex of their child. Studies have shown that fathers can affect their daughters' emotional adjustment more through the style of parental communication they demonstrate rather than through using disciplinary approaches, such as [punishment](#). Also, both a father and mother sometimes tend to use an assertive style towards their daughters, while feeling more comfortable switching over to

an aggressive style for sons. Similarly, mothers may use a more aggressive style when they parent their daughters. Also, mothers spent more time reasoning with their daughters but mothers tended to favour their sons.

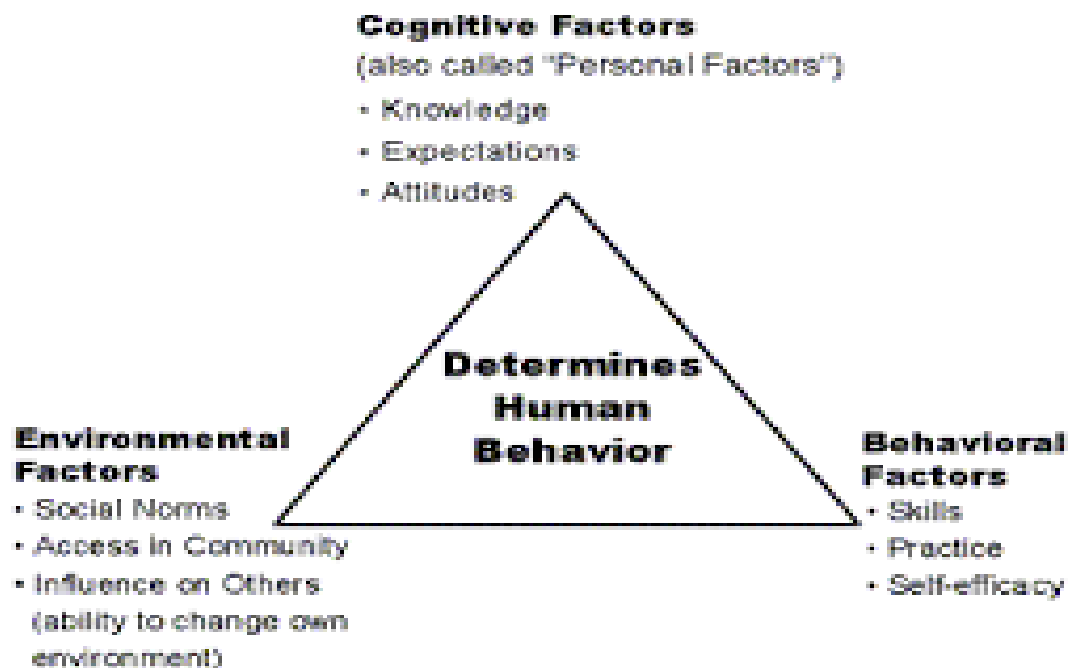
2.5 Theoretical Framework

There are a number of traditional and developing theoretical frameworks used to explain the relationship between childhood experiences, maladaptive behaviours- leading to substance use and protective factors and outcomes for young people. These theoretical frameworks are also used to inform appropriate interventions. However, the link between theory and practice is often overlooked. Practitioners can focus so intently on the content of the intervention that the underlying principles and the theoretical rationale can be disregarded. For example, it is important to give consideration as to why a particular technique might be helpful with one young person and a different approach or therapy more useful for another young person and/or their family. For many years psychological theories of learning and attachment have predominantly guided therapeutic interventions with young people.

2.5.1 Social Learning Theory

In social learning theory Albert Bandura (1977) states behavior is learned from the environment through the process of observational learning. Unlike [Skinner](#), Bandura (1977) believes that humans are active [information processors](#) and think about the relationship between their behavior and its consequences. Observational learning could not occur unless cognitive processes were at work. Children observe the people around them behaving in various ways. This is illustrated during the famous [bobo doll experiment](#) (Bandura, 1961).

Albert Bandura posits that learning is a cognitive process that takes place in a social context and can occur purely through observation or direct instruction, even in the absence of motor reproduction or direct reinforcement. In addition to the observation of behavior, learning also occurs through the observation of rewards and punishments, a process known as vicarious reinforcement. The theory expands on traditional behavioral theories, in which behavior is governed solely by reinforcements, by placing emphasis on the important roles of various internal processes in the learning individual.



Source: *Bandura's (1991) Determinants of Human Behaviour*

Social learning theory integrated behavioral and cognitive theories of learning in order to provide a comprehensive model that could account for the wide range of learning experiences that occur in the real world. As initially outlined by Bandura and Walters in 1963 and further detailed in 1977; pg. 67-71, key tenets of social learning theory are as follows:

1. Learning is not purely behavioral; rather, it is a *cognitive* process that takes place in a social context.
2. Learning can occur by observing a behavior *and* by observing the consequences of the behavior (**vicarious reinforcement**).
3. Learning involves observation, extraction of information from those observations, and making decisions about the performance of the behavior (observational learning or **modeling**). Thus, learning can occur without an observable change in behavior.
4. Reinforcement plays a role in learning but is not entirely responsible for learning.
5. The learner is not a passive recipient of information. Cognition, environment, and behavior all mutually influence each other (**reciprocal determinism**).

Social learning theory draws heavily on the concept of modeling, or learning by observing a behavior. Bandura (1991) outlined three types of modeling stimuli:

- Live model in which an actual person is demonstrating the desired behavior.
- Verbal instruction in which an individual describes the desired behavior in detail and instructs the participant in how to engage in the behavior.
- Symbolic in which modeling occurs by means of the media, including movies, television, Internet, literature, and radio. Stimuli can be either real or fictional characters.

Exactly what information is gleaned from observation is influenced by the type of model, as well as a series of cognitive and behavioral processes, Bandura (1977) included the following:

- **Attention:** In order to learn, observers must attend to the modeled behavior. Attention is impacted by characteristics of the observer (e.g., perceptual abilities, cognitive abilities, arousal, past performance) and characteristics of the behavior or event (e.g., relevance, novelty, affective valence, and functional value).
- **Retention:** In order to reproduce an observed behavior, observers must be able to remember features of the behavior. Again, this process is influenced by observer characteristics (cognitive capabilities, cognitive rehearsal) and event characteristics (complexity).
- **Reproduction:** To reproduce a behavior, the observer must organize responses in accordance with the model. Observer characteristics affecting reproduction include physical and cognitive capabilities and previous performance.
- **Motivation:** The decision to reproduce (or refrain from reproducing) an observed behavior is dependent on the motivations and expectations of the observer, including anticipated consequences and internal standards.

An important factor in social learning theory is the concept of **reciprocal determinism**. This notion states that just as an individual's behavior is influenced by the environment, the environment is also influenced by the individual's behavior. In other words, a person's behavior, environment, and personal qualities all reciprocally influence each other. For example, a child who plays violent video games will likely influence their peers to play as well, which then encourages the child to play more often. This could lead to the child becoming desensitized to violence, which in turn will likely affect the child's real life behaviors.

ii. Applications of the Social Learning Theory

a. In Criminology

Social learning theory has been used to explain the emergence and maintenance of deviant behavior, especially aggression and substance use. Criminologists Ronald Akers and Robert Burgess integrated the principles of social learning theory and operant conditioning with Edwin Sutherland's Differential Association Theory to create a comprehensive theory of criminal behavior. Burgess and Akers emphasized that criminal behavior is learned in both social and nonsocial situations through combinations of direct reinforcement, vicarious reinforcement, explicit instruction, and observation. Both the probability of being exposed to certain behaviors and the nature of the reinforcement are dependent on group norms.

b. In Developmental psychology

In her book *Theories of Developmental Psychology*, Patricia H. Miller (2000) lists both moral development and gender-role development as important areas of research within social learning theory. Social learning theorists emphasize observable behavior regarding the acquisition of these two skills. For gender-role development, the same-sex parent provides only one of many models from which the individual learns gender-roles. Social learning theory also emphasizes the variable nature of moral development due to the changing social circumstances of each decision: "The particular factors the child thinks are important vary from situation to situation, depending on variables such as which situational factors are operating, which causes are most salient, and what the child processes cognitively. Moral judgments involve a complex process of considering and weighing various criteria in a given social situation".

For social learning theory, gender development has to do with the interactions of numerous social factors, involving all the interactions the individual encounters. For social learning theory, biological factors are important but take a back seat to the importance of learned, observable

behavior. Because of the highly gendered society in which an individual might develop, individuals begin to distinguish people by gender even as infants. Bandura's account of gender allows for more than cognitive factors in predicting gendered behavior: for Bandura, motivational factors and a broad network of social influences determine if, when, and where gender knowledge is expressed.

iii. Why this type of social modeling helps with social change

Through observational learning and excellent communication techniques, a model can bring forth new ways of thinking and behaving. With a modeled emotional experience, the observer shows an affinity towards people, places and objects. They dislike what the models do not like and like what the models care about. Television helps contribute to how viewers see their social reality. "Media representations gain influence because people's social constructions of reality depend heavily on what they see, hear and read rather than what they experience directly". Any effort to change beliefs must be directed towards the sociocultural norms and practices at the social system level. Before a drama is developed, extensive research is done through focus groups that represent the different sectors within a culture. Participants are asked what problems in society concern them most and what obstacles they face, giving creators of the drama culturally relevant information to incorporate into the show.

The pioneer of entertainment-education is Miguel Sabido a creative writer,-producer director in the 70's at the Mexican national television system Televisa. Sabido spent 8 years working on a method that would create social change and is known as the Sabido Method. He credits Albert Bandura's social learning theory, the drama theory of Eric Bentley, Carl Jung's theory of archetypes, MacLean's triune brain theory and Sabido's own soap opera theory for influences his

method. Sabido's method has been used worldwide to address social issues such as national literacy, population growth and health concerns such as HIV.

2.5.2 Erickson's Psychosocial Theory

Erik Erikson (1950, 1963) does not talk about psychosexual Stages, he discusses psychosocial stages. His ideas though were greatly influenced by Freud, going along with Freud's (1923) theory regarding the structure and topography of personality.

However, whereas Freud was an id psychologist, Erikson was an ego psychologist. He emphasized the role of culture and society and the conflicts that can take place within the ego itself, whereas Freud emphasized the conflict between the id and the superego.

According to Erikson, the ego develops as it successfully resolves crises that are distinctly social in nature. These involve establishing a sense of trust in others, developing a sense of identity in society, and helping the next generation prepare for the future.

Erikson extends on Freudian thoughts by focusing on the adaptive and creative characteristic of the ego, and expanding the notion of the stages of personality development to include the entire lifespan. Erikson proposed a lifespan model of development, taking in five stages up to the age of 18 years and three further stages beyond, well into adulthood. Erikson suggests that there is still plenty of room for continued growth and development throughout one's life. Erikson put a great deal of emphasis on the adolescent period, feeling it was a crucial stage for developing a person's identity.

Like Freud and many others, Erik Erikson maintained that personality develops in a predetermined order, and builds upon each previous stage. This is called the epigenic principle.

The outcome of this 'maturation timetable' is a wide and integrated set of life skills and abilities that function together within the autonomous individual. However, instead of focusing on sexual development (like Freud), he was interested in how children socialize and how this affects their sense of self.

a) Psychosocial Stages

Erikson's (1959) theory of psychosocial development has eight distinct stages.

Like Freud, Erikson assumes that a crisis occurs at each stage of development. For Erikson (1963), these crises are of a psychosocial nature because they involve psychological needs of the individual (i.e. psycho) conflicting with the needs of society (i.e. social). According to the theory, successful completion of each stage results in a healthy personality and the acquisition of basic virtues. Basic virtues are characteristic strengths which the ego can use to resolve subsequent crises.

Stage	Psychosocial Crisis	Basic Virtue	Age
1	Trust vs Mistrust	Hope	Infancy (0 to 1½)
2	Autonomy vs Shame	Will	Early Childhood (1½ to 3)
3	Initiative vs Guilt	Purpose	Play Age (5 to 12)
4	Industry vs Inferiority	Competency	School Age (5 to 12)

5	Ego Identity vs Role Criticism	Fidelity	Adolescence (12 to 18)
6	Intimacy vs Isolation	love	Young Adult (18 to 40)
7	Generativity vs Stagnation	Care	Adulthood (40 to 65)
8	Ego Integrity vs Despair	Wisdom	Maturity (65+)

Source: *Erickson's (1959) Psychosocial Development*

Failure to successfully complete a stage can result in a reduced ability to complete further stages and therefore a more unhealthy personality and sense of self. These stages, however, can be resolved successfully at a later time.

Here we are only concerned with the 5th stage, i.e. Ego Identity vs Role Confusion of the adolescence which has the basic virtue of fidelity.

i. Identity vs. Role Confusion

During adolescence (age 12 to 18 yrs), the transition from childhood to adulthood is most important. Children are becoming more independent, and begin to look at the future in terms of career, relationships, families, housing, etc. The individual wants to belong to a society and fit in. This is a major stage in development where the child has to learn the [roles](#) he will occupy as an adult. It is during this stage that the adolescent will re-examine his identity and try to find out exactly who he or she is. Erikson suggests that two identities are involved: the sexual and the occupational.

According to Bee (1992), what should happen at the end of this stage is “a reintegrated sense of self, of what one wants to do or be, and of one’s appropriate sex role”. During this stage the body image of the adolescent changes. Erikson claims that the adolescent may feel uncomfortable

about their body for a while until they can adapt and “grow into” the changes. Success in this stage will lead to the virtue of **fidelity**.

Fidelity involves being able to commit one's self to others on the basis of accepting others even when there may be ideological differences. During this period, they explore possibilities and begin to form their own identity based upon the outcome of their explorations. Failure to establish a sense of identity within society ("I don't know what I want to be when I grow up") can lead to role confusion. Role confusion involves the individual not being sure about themselves or their place in society. In response to role confusion or **identity crisis** an adolescent may begin to experiment with different lifestyles (e.g. work, education or political activities). Also pressuring someone into an identity can result in rebellion in the form of establishing a negative identity, and in addition to these feelings of unhappiness.

ii. Critical Evaluation

Erikson is rather vague about the causes of development. What kinds of experiences must people have in order to successfully resolve various psychosocial conflicts and move from one stage to another? The theory does not have a universal mechanism for crisis resolution. Indeed, Erikson (1964) acknowledges his theory is more a descriptive overview of human social and emotional development that does not adequately explain how or why this development occurs. For example, Erikson does not explicitly explain how the outcome of one psychosocial stage influences personality at a later stage. One of the strengths of Erikson's theory is its ability to tie together important psychosocial development across the entire lifespan. Although [support](#) for Erikson's stages of personality development exists (McAdams, 2009), [critics](#) of his theory

provide evidence suggesting a lack of discrete stages of personality development (McCrae & Costa, 2010).

2.6 Review of Related Studies

When considering parental communication styles and child substance use behavior, there is ample research to indicate that communicating styles are related to the use of alcohol and drugs in children and adolescents. A study done by Weiss and Schwartz (2006), based on the three communicating styles, consistently yielded results indicating that styles of communication parents adopt can enhance or diminish acceptable behavioral outcomes in children. In previous studies, assertive parental communication style has been associated with positive behavioral outcomes including increased competence, autonomy, and self-esteem as well as better problem solving skills, better academic performance, more self-reliance, less deviance, and better peer relations (Barnes, 2012; Baumrind, 1991b; Bystritsky, 2010; Lindner & Hetherington, 2009; Lomeo, 2009; Petito & Cummings, 2010; Steinberg, Darling, & Fletcher, 2005). In contrast, the aggressive communicator has been linked with negative behavioral outcomes including aggressive behavior, decreased emotional functioning, depression and lower levels of self-confidence (Barnes, 2012; Beyers & Goossens, 2013; Pychyl, Coplan, & Reid, 2012; Scales, 2010).

The passive parental communicator has been related to future delinquency and aggression. Poor supervision, neglect, and indifference are all passive parental practices that play a crucial role in engaging in future delinquency. Adolescents from passive communicating homes report a higher frequency of involvement in deviant behaviors, such as drug and alcohol use, school misconduct and emotional, impulsive, non-conforming behaviors (Darling & Steinberg, 2012; Miller, DiOrio, & Dudley, 2012).

With passive communicating style, children tend to look for acceptance in other places and associate with peer groups with similar family backgrounds (Mounts, 2012). Also, if family environments fail to provide structure, then child conduct problems are more likely to be maintained or worsen. While many researchers have found a clear relationship between parental communicating styles and the behavioral outcomes of children, other studies have found that there is no clear relationship between communicating style and child psychopathology (Havill, 2006; Olafsson, 2011; Reive Petterson, 2008).

Thus, it is important to note that the influence of parental communicating styles is often moderated or mediated by a number of variables such as temperament (Owens-Stively et al., 2007), gender (Beyers & Goossens, 2013), the child/teen's perception of the communicating style (Paulson, 2014; Slicker, 2008), socioeconomic status and ethnicity (McCarthy, 2005), the age of the child (Harris, 2008; Reive-Petterson, 2008), religiosity (Feinman, 2011; Lindner & Hetherington, 2009), and family structure or cohesion (Bystritsky, 2010; Webster-Stratton & Hammond, 2009).

Substance use behavior stems from several factors including: poor academic achievement, low self-esteem, lack of acceptance from peers, and unstable family environments. These factors not only influence a person during the transition to adolescence but during the transition into college as well. College is seen as a life journey that many face during the end of adolescence. If parental communicating styles have an influence on the alcohol or drug use behavior of children and adolescents, then it seems likely that they impact the behavior of college students as well. Annoni (2010) found this to be true when looking at college students. This study found that students with assertive parents demonstrated greater levels of academic competence, more self-control, and better adjustment. Students of aggressive and passive communicating parents

demonstrated poor academic grades, poor college adjustment, and lower self-esteem. The same study also indicated that children who have assertive parents engage in less aggressive behavior than their peers who have experienced other parental communicating styles.

In addition, harsh childhood discipline is strongly associated with the later development of alcohol and drug use behaviors. The purpose of this research was to further examine the relationship between parental communicating styles and substance use behavior secondary school students in an effort to replicate previous findings. This research thesis attempted to improve on the existing literature by controlling for a number of variables such as age and gender, besides the different communicating style of the parents.

2.7 Empirical Studies

Related studies on the relationship between parental communication styles and substance use of adolescents revealed that much has been done in this area especially in the aspect of parenting and behavior problems of the adolescents. The empirical studies assessed in this aspect present few research findings from similar studies globally.

Glynn (2004) in a review of the literature found two broad categories of family characteristics associated with adolescent substance use. The first category, parent substance use, was highly related to adolescent substance use. Family atmosphere, the second broad category linked to adolescent substance abuse included family structure, parenting factors such as communication styles, parental involvement, parental discipline, and discrepancies in perceptions of family members. Adolescent substance abusers in this review described the family environment as hostile and lacking love, cohesiveness, and cooperation.

Barnes, Reifman, and Cairns (2006) reported similar findings. In this study, a lack of parental support was highly related to adolescent alcohol abuse, and additionally, heavy alcohol use in

adolescence was associated with having alcohol-abusing parents. Several related studies cited family factors such as weak affectional parent-adolescent bonds, a lack of family support and communication (Storm et al 2011), lack of parental support (Lambert et al, 2001), and lower levels of family cohesion (Cohen, Richardson & LaBree, 2004) as strong correlates of adolescent substance problems.

Additional findings reported that parental conflict (Weiss & Schwartz, 2006), and family structure were related to adolescent substance abuse. They found that the risk of substance abuse in adolescents is highest in father-only households. They also reported that amount of time the adolescent spent at home alone was a predictive factor of adolescence substance abuse. Among the protective factors associated with alcohol abstinence tendency were adolescents that resided in two-parent families (Klagsburn & Davis, 2007), family religious involvement (Bahr & Hoffmann 2010) affiliation with prosocial peers, and intervention focused on parent-adolescent interactions (Miller, DiOrio & Dudley, 2002). Moberg (2005) investigated emotional stress in adolescents and found family coping methods effective in reducing stress. Increased family coping strategies may be protective factors for substance abuse.

In summary, adolescent substance abuse was highly related to the family context in this review of the literature. Multiple family interactions, family structure, and parental substance use were strong predictors of adolescent substance abuse though it is less clear which of these family factors is most related. Additionally, these findings suggest that intervention at the family level is an appropriate context for both treatment and prevention of adolescent substance abuse.

Research on family systems and related concepts and adolescent outcomes suggests associations between ineffective parenting and adolescent behavioral problems. A developmental model of antisocial behavior cites ineffective parenting practices as the first step in determinants for the

development of conduct/behavioral disorders (Patterson, Reid & Dishion, 2009). In a study, Simons & Conger (2007) found several parental socialization practices consistently linked to adolescent behavior problems. A lack of parental involvement in their child's activities was significantly related to severe conduct problems. Additionally, a lack of parental supervision and knowledge of the adolescent's activities and harsh or inconsistent parental discipline were recurring practices linked to adolescent behavior/conduct problems leading to substance use.

Simons et al, (2008) evaluated the effects of family socialization on deviant and violence in adolescent males. Low parental support was associated with drug, alcohol and other delinquent behaviors. Weiss & Schwartz (2006) found an association between parental monitoring and low levels of adolescent deviant behavior. Similar findings linking poor parental monitoring and adolescent behavior problems were also reported by Ary, Duncan, Hops & Duncan, (2009).

Barnes, Reifman, Farrell & Dintcheff, (2008) evaluated family correlates of adolescent problems and found a lack of parental supervision and poor parental control linked to adolescent substance use problem behavior. In a later study, Barber, Shagle & Olsen, (2014) assessed parental behavioral control and the associated behavioral outcome in adolescents. Insufficient behavioral control was defined as disengaged with a lack of parental control, restrictions, or rules. Results from this study found a significant relationship between insufficient parental behavioral control and adolescent externalizing behaviors such as drug addiction and alcoholism.

In addition to parental supervision and control, further research indicates that family cohesion and support are associated with adolescent behavioral outcomes. Prange, et al. (2002) found a relationship between disengaged families and increased risk of developing substance abuse, conduct/behavior disorders, and other behavior problems. In a related study of 84 adolescents, several family variables were linked to alcoholic behavior. However, the most significant factor

was the association between desired low levels of family cohesion and adolescent deviant and antisocial behavior (Teichman, Barnea & Rahav 2009). Farrell and Barnes (2013) found higher levels of cohesion resulted in greater family functioning for parents and adolescents.

In summary, these research findings point to multiple family processes and more specifically, parent-adolescent interactions as contributing factors in adolescent developmental outcomes. A family systems lens suggests that maladaptive family interactions such as poor cohesion, rule or boundary issues, or lack of flexibility contribute to the development of adolescent behavior problems. Furthermore, findings indicate that intervention at the family level has been effective as a protective mechanism in preventing problems as well as reducing problem behaviors like substance use.

2.8 Summary

The foregoing review has involved variety of the concepts of adolescent development. Family and parental factors leading to adolescent substance use activities are also highlighted, which are parental monitoring, parental behaviour management, parental norms, and so on. It was immediately followed with Baumrind's parental typology. The typology included the three parental communication styles (aggressive, assertive and passive), as well as other styles of communication. The study used two theories which were the social learning theory and Erickson's psychosocial theory. The chapter was concluded with a review of related empirical studies on the different variables used in the study.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter describes the procedure used in the course of this research. It includes the research design, the population and sampling technique, instrumentation, validity, reliability, procedures for data collection and analysis.

3.2 Research Design

The research design adopted for this study is the descriptive survey method involving use of questionnaire. It is a method characterized by selection of samples of the larger population of interest, and can describe the attitudes of the population from which the sample is drawn. According to Denzin & Lincoln (2010), survey methods represent one of the most common types of quantitative research. This method enables a study of small and large populations, which can enhance the researcher to discover relative incidence and distribution on the characteristics of the population (Shabu, 1997). Therefore, this design is adopted because the study deals with the relationship between parental communication styles and adolescent substance use behavioural activities that involve the students' personal data and opinion.

3.3 Population of the Study

The population of this study comprised all the secondary schools in Kaduna state. A total number of 529 public secondary schools in the 12 Educational zones were in session during the period of the study. Kerlinger (1973) states that increase in the sample size will make any result statistically significant. The target population for the population were all the adolescents identified to have been involved in substance among the senior secondary school students within the state, the selection thus being purposive. 12 schools from all the educational zones in the state were selected through a random sampling technique. The random sampling method as described by Ndagi (2002) gives every member of the population an equal opportunity of being selected or included in the sample without bias. The lottery sample or the fish bowl technique was employed. This involved the selection of the schools at random from the sampling frame through the use of number tables (Denzin & Lincoln, 2000). Numbers were assigned for each student in the list of the schools by senatorial zones and these numbers

were written down on pieces of paper and drawn from a box. The process was repeated until the sample size was reached.

Table 3.1 Showing a summary of the number of schools by Zone in the state

S/No	Zone	No. of Schools
1	Anchau	63
2	Birnin Gwari	20
3	Giwa	33
4	Godogodo	36
5	Kachia	56
6	Kaduna	39

7	Kafanchan	50
8	Lere	43
9	Rigachikun	30
10	Sabon Tasha	65
11	Zaria	47
12	Zonkwa	47
	Total	529

Source: 2014 Kaduna state Ministry of Education School list by zones

With this schools' population, a number of twelve public senior secondary schools were selected through a random sampling technique. All students who exhibited any form of substance use tendency were used as research subjects. The distribution of the selected schools and research subjects is illustrated from the table in 3.2 below:

3.4 Sample and Sampling Technique

The descriptive survey study was administered in determining the relationship between parental communication styles on adolescents' substance use behaviour among senior secondary school students in Kaduna State. Purposive non-probability sampling technique was used to get the sample size. Purposive sampling represents a group of different non-probability sampling techniques (Patton, 2012). Also known as judgmental, selective or subjective sampling, purposive sampling relies on the judgment of the researcher when it comes to selecting the units (e.g., people, cases/organizations, events, pieces of data) that are to be studied. Usually, the

sample being investigated is quite small, especially when compared with probability sampling techniques.

The sample used comprised of all students who are involved in substance use within the sampled schools, (i.e. consumption of alcohol and taking illicit drugs). These substance used adolescents were obtained from the schools with the help of the school authorities, discipline masters and school counsellors. The table below shows the population of senior secondary school students in the selected schools and the number of substance used adolescents that had been purposively selected.

Table 3.2 Sample size from each selected schools

S/No	Name of School	Educ. Zone	Sample
1.	Government Sec. School, Muchia	Zaria	28
2.	Government Sec. School, Zaria	Zaria	19
3.	Government Sec. School, Makarfi	Anchau	24
4.	Government Sec. School, Saminaka	Lere	33
5.	Government Sec. School, Yakawada	Giwa	20
6.	Government Sec. School, Kawo	Kaduna	37

7.	Government Sec. School, Rigachikun	Rigachikun	33
8.	Government Sec. School, Jaji	Rigachikun	29
9.	Government Sec. School, Kafanchan	Kafanchan	36
10.	Government Sec. School, Manchok	Kafanchan	34
11.	Government Secondary School, Kachia	Kachia	37
12.	Government Secondary School, Kakuri	Sabon Tasha	33
Total			363

Source: Field Study, 2015

3.5 Instrumentation

Two instruments were used for the study. These instruments were the parental communication measures (PCM) and the Adolescent Alcohol and Drug use Involvement Scale (AADIS).

3.5.1 Parental Communication Measures (PCM)

The Parental Communication Measure (PCM) was adapted from Life Skills Training Questionnaire (LSTQ) designed and standardized by Botvin (2007). The dimension (made of 18 items), is divided into 3 parental communication measures - Assertive, aggressive and passive.

First, aggressive communication styles consisting of 6 items, ranging from parental harshness, critical, aggression, neglect, lack of appreciation, unhealthy relationship with the teachers, hard discipline and rigid rules. The second, assertive parental communication style consisting of 6 items; parents/adolescent healthy relationship, friendliness, positive responses, supervision of class work, encouragement in activities, participation in school activities, encouragement in home work, motivate academic interest, encourage development of social skills, encourage high performance at school. The third is passive communication style consisting of 6 items: parental passiveness, lack of supervision, lack of monitoring, no demanding, lack of active participation

in school activities, lack of encouragement in school activities, lack of provision of school materials, parental negligence, and lack of parental assistance in homework.

The scoring of the Parental Communication Measure was based on the modified four-point Likert scale of measurement in form of Always (4), Sometimes (3), Seldom (2) and Never (1).

The options of the items are weighted in the Likert format with 4,3,2 and 1.

3.5.2 Adolescent Alcohol and Drug Involvement Scale (AADIS)

The Adolescent Alcohol and Drug Involvement Scale (AADIS) was adapted from Moberg's (2011) Students' Behaviour of Substance Use (SBSU), and it is meant to identify various uses of alcohol and, or drugs relating to their parental communication styles. The instrument is divided into 3 parts. The first section solicited information on the bio-data of the participants. The items include the gender of the participants, the age, and the school location.

The scoring of this part of the questionnaires was also based on the modified four-point Likert scale of measurement of Always (4), Sometimes (3), Seldom (2) and Never (1) with the options of the items are weighted in the Likert format with 4,3,2 and 1 in that order.

3.6 Validity of the Instrument

The instrument used has face and construct validity. Porter (2004) claimed that validity of an assessment is the degree to which the instrument measures what it is supposed to measure. The face validity was established by experts in test construction in the department of counselling psychology of Ahmadu Bello University, Zaria requesting their suggestions, comments and possible improvement on them. Corrections were effected on them by the researcher. Some items that were found vague or were not properly responded to, were removed. For example items Nos

7, 8, 12 and 16 on the parental communication measures were reframed. In the adolescent alcohol and drug involvement scale, statement items were removed and only the substance used by the adolescents are indicated.

3.7 Reliability of the Instrument

The instruments were pretested using 20 substance used adolescents from Government Secondary School, Shika who were not part of the sample used for the study. The adolescent alcohol and drug involvement scale measures comprised of 13 items. The Chronbach alpha method was used to establish the construct validity of the instrument. The Cronbach alpha, which is a measure of internal consistency, is indicative of construct validity. The split half method was used to establish the reliability of the instrument. The Pearson product moment correlation coefficient was employed. The reliability alpha level was $r = .74$ for the parental communication measures and $.72$ for the adolescent alcohol and drug involvement scale. However, school location, gender and age were treated as bio-data. The school location as a variable did not go through the process of validation. Hence gender, which is indicative of sex (i.e. male = 0 female – 1); and age (in form of adolescent development) were subdivided into dimensions 12 -15 = 0; 16 – 19 = 1. It should be noted that all participant responses male or female, ages 12-15, and 16 – 19 and above 20 attracted nominal scores which had marks (Wilson; 2008).

3.8 Procedure for Data Collection

A letter of introduction was collected from the department of Educational Psychology and Counselling, A.B.U. Zaria, which enabled the researcher had access to the schools that were used. The letter was prepared and addressed to the authorities of the schools involved in the study, which sought permission to allow the researcher carry out the study in their schools.

Another letter was prepared and attached to the instrument that was addressed to the respondents, making introduction to the respondents and stating the purpose and significant of the study to them. In order acquire more appropriate responses; the students were made to understand the questionnaire.

The instrument used for the study comprised adolescent alcohol and drug involvement scale (AADIS) and parental communication styles questionnaire. 365 copies of the questionnaire were produced. Two research assistants were trained and used for the administration of the questionnaire. The research assistants went round the 12 selected secondary schools in Kaduna State to distribute the questionnaire. Incentives (i.e. pencils, sharpeners, and biros) were introduced for participants' motivational purpose (Scott, 1986). About 351 copies of the questionnaire were retrieved, scored, analyzed and used for the study.

3.9 Procedure for Data Analysis

Descriptive statistics in form of frequencies and percentages were used to determine distribution of respondents by sex, age and school location. The second section answers the first three research questions with item frequencies, means, standard deviations standard errors and item frequencies. The null hypotheses 1-3 were tested using Pearson Product Moment Correlation. Correlation is a technique for investigating the relationship between two quantitative, continuous variables, for example, parental communication styles and adolescent substance use. Pearson's correlation coefficient (r) is a measure of the strength of the association between the two variables.

When two samples are taken from the same population it is very unlikely that the means of the two samples will be identical. When two samples are taken from two populations with very

different mean values, it is likely that the means of the two samples will differ. Our problem is how to differentiate between these two situations using only the data from the two samples. The PPMC was computed on the relationship between the 3 dimensions of communication styles and adolescent substance use.

All hypotheses were tested at 0.05 level of probability. These hypotheses were either rejected or accepted at 0.05 level of significance.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

This study investigated the relationship between parental communication styles and adolescents' substance use among secondary schools in Kaduna state. A total of 363 respondents were purposively selected for this study. However a total of 351 respondents returned questionnaire representing a total of 98.3. The analysis is presented in two sections; the first section present descriptive statistics of frequencies and percentages to determine distribution of respondents by their sex, age and school locations. The second section answers the three research questions with item frequencies means, standard deviations, standard errors and item frequencies. A total of

three null hypotheses were tested using the Pearson Product Moment correlation. Summary of findings and recommendations were also included in this chapter.

4.2 Demographic Variables of the Respondents

Three hundred and sixty-three (363) respondents, consisting of 195 males and 168 females were purposively selected from all the sampled schools within the state. A demographic data of the respondents was selected in this study to give a clear picture of the students. Their common demographic variables included in the study were gender, age and school location of the respondents. Tables 4.01 and 4.02 below shows the frequency and percentage distribution of the respondents by their demographic variables.

Table 4.01: Gender of the Respondents

Gender	Frequency	Percent
Male	191	54.4
Female	160	45.6
Total	351	100.0

Source: Field Study (2015)

The table above describes the gender of the respondents which shows that one hundred and ninety-one (191) or 54.4% of them are males, while the rest one hundred and sixty (160) representing 45.6% are female students. This indicated that there were more male respondents than the female.

Table 4.02: Age of the Respondents

Age	Frequency	Percent
less than 15 yrs	123	35.0
15-17 yrs	162	46.2
18-20 yrs	57	16.2
above 20 yrs	9	2.6
Total	351	100.0

Source: Field Study (2015)

According to the table above on respondents age, 123 or 35.0% of them are less than 15 years while 162 or 46.2% others are between 15 – 17 years as against 57 or 16.2% that are between years 18-20 years and the rest 9 representing 2.6% are above 20 years

4.3 Presentation and Analysis of Data

Research questions were answered with the testing of the stated null hypotheses and the results are presented below:

Hypotheses Testing

Research Hypothesis One: There is no significant relationship between aggressive parental communication style and substance use of adolescents among secondary school students.

Table 4.03: Pearson Product Moment Correlation (PPMC) statistics on the relationship between aggressive parental communication style and substance use of adolescents among secondary schools students.

Variables	N	Mean	s.d	Correlation Index r	Sig (p)
Substance Use	351	17.3390	3.93325		
Aggressive Parental communication style	351	21.1538	4.02694	0.945	0.000

** . Correlation is significant at the 0.05 level (2-tailed)

An understanding of the computed Pearson Product Moment Correlation statistics above revealed that ($r = 0.945$, $p = 0.001$) thus showing a significant relationship existing between substance use and aggressive parenteral communication style on adolescents among secondary schools students in Kaduna state. This is because the calculated significant (p) value of 0.001 is lower than the 0.05 alpha level of significance at a correlation index r level of 0.945 at df of 349. This shows that the higher the aggressive parental communication style, the higher the substance use of adolescents. Therefore the null hypothesis which states that there is no significant relationship between the influence aggressive parenteral communication style and substance use of adolescents among secondary schools students in Kaduna State is hereby rejected.

Research Hypothesis Two: There is no significant relationship between assertive parental communication style and substance use of adolescents among secondary school students.

Table 4.04: Pearson Product Moment Correlation (PPMC) statistics on the relationship between assertive parental communication style and substance use of adolescents among secondary schools students.

Variables	N	Mean	s.d	correlation Index r	Sig (p)
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Substance Use	351	17.3390	3.93325		
Assertive parental communication style	351	17.1311	5.12305	-0.574	0.000

** . Correlation is significant at the 0.05 level (2-tailed)

The outcome of the items analyzed in table 4.05 above shows that ($r = -0.574$, $p = 0.001$), and so a significant inverse relationship exists between the substance use and assertive parenteral communication style on adolescents of secondary schools students in Kaduna state

This is because the calculated significant (p) value of 0.001 is lower than the 0.05 alpha level of significance at a correlation index r level of -0.574 at df of 349. This shows that the higher the assertive parental communication styles, the lower the substance use of adolescents. The relationship is inversely proportional. Therefore the null hypothesis which states that there is a negative relationship existing between Substance use and assertive parental communication style of adolescents among secondary schools students in Kaduna State is hereby rejected.

Research Hypothesis Three: There is no significant relationship between Passive parenteral communication style and substance use of adolescents among secondary schools students.

Table 4.05: Pearson Product Moment Correlation (PPMC) statistics on the relationship between Passive parenteral communication style and substance use of adolescents among secondary schools students.

Variables	N	Mean	s.d	Correlation Index r	Sig (p)
Substance Use	351	17.3390	3.93325		
Passive parental communication style	351	17.5584	4.97495	0.482	0.001

** . Correlation is significant at the 0.05 level (2-tailed)

The result of the above Pearson Product Moment Correlation statistics revealed that ($r = 0.482$, $p = 0.001$), thus a significant relationship exists between substance use and Passive parental communication styles on adolescents among secondary schools students in Kaduna state. This is because the calculated significant (p) value of 0.001 is lower than the 0.05 alpha level of significance at a correlation index r level of 0.482 at df of 349. This shows that the higher the Passive parental communication styles of adolescents, the higher their substance use. The relationship is directly proportional. Therefore the null hypothesis which states that there is no significant relationship between Passive parenteral communication style and substance use of adolescents among secondary schools students in Kaduna State is hereby rejected.

4.4 Summary of Major Findings

The following is the summary of the major findings of the study:

1. There is a significant relationship between aggressive parental communication style and substance use of adolescents among secondary school students ($r = 0.945$, $p = 0.000$). As it has been found, the calculated significant (p) value of 0.000 is lower than the 0.05 alpha level of significance at a correlation index (r) level of 0.945 at df of 349.
2. There is a significant negative relationship between assertive parental communication style and substance use of adolescents among secondary school students ($r = -0.574$, $p = 0.000$).
3. A significant positive relationship exist between passive parental communication style and substance use of adolescents among secondary school students ($r = 0.482$, $p = 0.001$).

4.5 Discussion of Major Findings

The study aimed at finding out the relationship between parental communication styles and substance use of adolescents among secondary school students in Kaduna State of Nigeria. Three research questions and corresponding null hypotheses were raised to guide the study. All the research questions were answered using frequency counts, mean score and standard deviation, while the null hypotheses were tested by Pearson Product Moment Correlation. All the hypotheses were tested at 0.05 level of significance.

Null hypothesis one stated that there is no significant relationship between aggressive parental communication style and substance use of adolescents among secondary schools in Kaduna state.

The hypothesis was rejected because the level of correlation between the two variables is at a correlation index level of 0.945, implying that there is a relationship. This outcome is not surprising as several studies have shown that the higher the aggressive parental communication style the higher the level of substance use behaviour of the adolescents. This finding agrees with Weiss and Schwarz (2006) who found out that secondary school students using drugs had unengaged and aggressive parents. The findings of this research further concur with a study by Cohen, Richardson & LaBree (2004), that found out that students who smoke and drink perceive their parents as less assertive than students who do not. It is therefore of necessity that parents should not use lots of aggressive communication styles on their adolescent as this will have negative influence on their substance use activities.

Null hypothesis two stated that there is no significant relationship between assertive parental communication style and substance use of adolescents among secondary school students in Kaduna state. This hypothesis was also rejected because the level of correlation index between assertive parental communication style and adolescents substance use is at a correlation index of -0.574. This necessitated why the null hypothesis was rejected, as in this case, the assertive

parental communication style has negative influence on the adolescents' substance use activities. These findings are in agreement with the findings of Baumrind (1991) who found out those assertive communicating parents by being warm and supportive to their children help to develop a high self-esteem, which according to Brennaan (2006) is an important factor in controlling drug abuse. They also disagree with Jackson, Henrickson, Foshee (2008) who found out that parental nurturance, associated more highly with assertive communicating style, was inversely related to adolescents' reported susceptibility to peer pressure and deviant self-image, both which are significantly high risk factors for alcohol use and misuse. This implies that the higher the use of assertive parental communication style, the lower the level of substance use activities of the adolescents, it therefore suggested that parents should strive to be more assertive in communicating with their adolescents as this has positive influence on their adolescents.

Null hypothesis three stated that there is no significant relationship between substance use of adolescents and passive parental communication style among secondary school students. The result shows that the substance use activities of adolescents are significantly related to their parents' passive communication style. This is the reason why the null hypothesis was rejected. Passiveness is the same as ignoring or overlooking the bad behaviour of adolescents. Parents should be more concerned about their adolescents and take appropriate measure to correct them instead of just overlooking them with careless abandon. The findings of this hypothesis go with Baumrind's (1991) who observed that children of passive communicating parents have low self-esteem and lower control over impulsive behaviour. Children with low self-esteem and self-control are likely to abuse drugs (Darling & Steinberg, 2012; Miller, DiOrio & Dudley, 2012). The findings also concur with Mounts (2012) who found out that inadequate (passive) parental communication style, which is characterized by lack of affection, inconsistent discipline and

supervision, and general lack of involvement, provides the foundation for the development of an aggressive, antisocial behaviour including drug abuse. This will have negative influence on their substance use activities as the higher the use of passive parenting communication styles by parents, the higher their substance use behaviour. Results of the findings also agree with Teichman, Barnea & Rahav (2009) who stated that most significant factors of substance use was the association between low levels of family cohesion and adolescent deviant and antisocial behaviour.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary, conclusion and recommendations on relationship between parental communication styles and adolescents' substance use among secondary schools in Kaduna state. Implication for counselling practice is also highlighted, as well as a suggestion for further studies.

5.2 Summary

The study was carried out to determine the relationship between parental communicating style and substance use of adolescents among secondary school students in Kaduna State, Nigeria. The major objective of the study was to determine the relationship between parental communicating styles and substance use of adolescents among secondary school students in Kaduna State. In

order to achieve the objective of the study, three specific objectives were raised among which was: to find out the relationship between the three (3) parental communicating styles and substance use of the adolescents. In line with the objectives, three research questions were formulated, one of which was; what is the relationship between aggressive parental communicating style and substance use of adolescents among secondary school students in Kaduna State? Also, three null hypotheses were postulated, one of which was: there is no significant relationship between aggressive parental communicating style and substance use of adolescents among senior secondary school students in Kaduna State.

A descriptive survey method was the research design used for the study. Fourteen thousand and twenty-nine (14,029) students formed the total population of students. Three hundred and sixty-three (363) respondents were purposively selected as sample for the study. Structured instruments (18-item parental communication measures and students' behaviour of substance use) were used to gather data from the respondents, and were analyzed and presented in tables. Data collected from students were statistically analyzed using mean, standard deviation and standard error for the research questions. The null hypotheses were tested using Pearson Product Moment Correlation Coefficient (PPMC) at 0.05 level of significance. The findings of the study established that:

1. There is a significant relationship between aggressive parental communication style and substance use of adolescents among secondary school students ($r = 0.945$, $p = 0.000$). As it has been found, the calculated significant (p) value of 0.000 is lower than the 0.05 alpha level of significance at a correlation index (r) level of 0.945 at df of 349.

2. There is a significant negative relationship between assertive parental communication style and substance use of adolescents among secondary school students ($r = -0.574$, $p = 0.000$).
3. A significant positive relationship exist between passive parental communication style and substance use of adolescents among secondary school students ($r = 0.482$, $p = 0.001$).

5.3 Conclusion

Based on the findings of this study, it is concluded that parents should not use lots of aggressive communication style on their adolescents as this will have negative influence on their substance use activities. The higher the use of assertive parental communicating style the lower the level of substance use. It is therefore suggested that parents should be more assertive in communication so as to influence a positive behaviour on their children. Also, most significant factors of substance use was the association between low levels of family cohesion and adolescent deviant and anti-social behaviours. Parents should thus improve in their demandingness and responsiveness so as to influence a good behaviour on their children.

5.4 Implications for Counselling

The study has a lot of practical and clinical implications on parental counselling and child rearing practices. Passive parenting communication style influences adolescent delinquency. Parental demandingness and responsiveness play crucial role in adequate parenting of adolescent. The following are some implications for counselling:

1. Counselling should be given to parents (especially mothers), by inviting them to the school and accordingly parenting education.

2. Counsellors within the academic environment should organize talks and workshops to the parents through PTA forum on adequate monitoring, control, supervision irrespective of the gender, school location and age which are paramount factors in positive and effective child rearing.
3. Adequate parental love, warmth, care, attention are factors for effective parenting. Dialogue, communication, explanations and establishment of good and cordial relationships between parents and adolescents could enhance positive and effective parenting. These qualities can be instil through a good relationship between the counsellor and the parents.
4. Parents should be sensitized on the creation of suitable environment for child rearing and provision of the child needs may prevent adolescents' maladaptive behaviour. Parental over reaction to issues, harsh environment and parental aggression may make adolescents take to the streets and prong adolescents into deviant behaviours.
5. Schools should be encouraged to set aside particular days within the term so that experts can be invited to give talks to parents, especially mothers on proper parenting.

5.5 Recommendations:

The following recommendations are hereby put forward as a result of the analysis result.

1. Students who smoke, take drugs and drink perceive their parents as less assertive than students who do not. It is therefore of necessity that parents should not use lots of aggressive communication styles on their adolescent as this will have negative influence on their substance use activities.

2. The higher the use of assertive parental communication style, the lower the level of substance use activities of the adolescents, it therefore suggested that parents should strive to be more assertive in communicating with their adolescents as this has positive influence on their children.
3. Most significant factors of substance use was the association between low levels of family cohesion and adolescent deviant and antisocial behaviour being the result of passiveness in their communication. It is therefore recommended that parents should strive to avoid the passive communicating style.

5.6 Suggestions for further studies

This study is limited to finding out the relationship between parental communication styles and substance use of adolescents among secondary school students in Kaduna State of Nigeria. It does not cover so many other variables which may have negative effect on the adolescents' behaviour. This study is by no means exhaustible as further studies are suggested in the following areas:

1. Relationship between parental structure and support and adolescent problems of substance abuse, and peer in self-esteem deficits.
2. Examining family structure and parenting processes as predictors of substance use among adolescents in Nigerian secondary schools.
3. Relationship between Family cohesion and the risk of adolescent drug use among secondary school students in Nigeria.
4. Influence of Parental socialization factors and adolescent drinking behaviors among secondary school students.

5. Relationship between adolescent alcohol involvement and the experience of social environments among secondary school students in Nigeria.

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APPENDIX

PARENTAL COMMUNICATION MEASURES AND ALCOHOL AND DRUG INVOLVEMENT SCALE QUESTIONNAIRES

SECTION A: Introductory Letter to the Respondents

Department of Educational Psychology & Counselling,
Faculty of Education, A.B.U. Zaria.

26th May, 2015.

Dear Student,

I am a Post graduate student of the Department of Educational Psychology and Counselling, Ahmadu Bello University, Zaria currently conducting a study on “The Relationship between Parental Communication Styles and Adolescent Substance use among Secondary School Students in Kaduna State”.

The questionnaire below is designed for collecting data primarily for the study. Respond as honestly as possible. Your responses will be confidentially treated, as this study is for academic purpose only.

Information supplied will strictly be used for the purpose of the study and will be treated with utmost confidentiality. Furthermore, your timely response will be highly appreciated. Thank you.

Yours faithfully,

Muhammad Shafi’u ADAMU
M.Ed/EDUC/08305/2010-2011

SECTION B: PERSONAL DATA

Kindly indicate the appropriate answer to each of the following items by ticking (√) the best option(s) applicable to you.

1. Name of School: -----

2. Gender: Male () Female ()

3. Age: ----- Years

4. School Location: Rural () Urban ()

SECTION C: PARENTAL COMMUNICATION MEASURES

Instrument Name: Life Skills Training Questionnaire 2007 – Communication with the Parent

Directions: Please indicate your degree of agreement or disagreement in each of the items of the questionnaire by making a tick (√) in each column provided at the right hand side of the questionnaire, using the following scale:

- Always = 4
- Sometimes = 3
- Seldom = 2
- Never = 1

S/No	Item	4	3	2	1
------	------	---	---	---	---

1	My parents strictness and conduct rules make me use alcohol and drugs				
2	My parents often impose curfew on me to prevent me from any movement.				
3	My parents always punish me for any form of disobedience.				
4	My parents spank me when they don't like what I do or say.				
5	They use threats as a form of punishment with little or no justification.				
6	My parents always ask me to do something even if it is against my wish.				
7	They create a safe environment for me and often approach me about my concerns.				
8	I always receive compliment, praises and encouragement from my parents.				
9	My parents initiate family meetings to discuss my problems or issues that I am dealing with.				
10	My opinion is being respected and I am always encouraged to express them.				
11	They talk to me about family rules on alcohol, tobacco and other drug use.				
12	My parents provide me with reasons for the expectations they have for me.				
13	My parents talk to me about how to refuse an offer from peers to use drugs.				
14	My parents hardly ask me to do anything in the house.				
15	My parents never punish me or take any privileges away from me (e.g., TV, games, visiting friends).				
16	My parents find it difficult to discipline me.				
17	They always give into me when I cause a commotion about something.				
18	They ignore my bad behaviour.				

SECTION D: SUBSTANCE USE SCALE
Adolescent Alcohol and Drug Involvement Scale (AADIS)
A. DRUG USE

For each drug named, please indicate whether you have ever tried it. Then, if you have, state how often you typically use it Consider only drugs taken without prescription from your doctor; for alcohol, don't count just a few sips from someone else's drink. The scores are also like the ones answered above with;

Always = 4

Sometimes = 3

Seldom = 2

Never = 1

	4	3	2	1
Smoking Tobacco (Cigarettes, cigars)				
Alcohol (Beer, Wine, Liquor)				
Marijuana or Hashish (Weed, grass)				
LSD, MDA, Mushrooms Peyote, other hallucinogens (ACID, shrooms)				
Amphetamines (Speed, Ritalin, Ecstasy, Crystal)				
Powder Cocaine (Coke, Blow)				
Rock Cocaine (Crack, rock, freebase)				
Barbiturates, (Quaaludes, downers, ludes, blues)				
PCP (angel dust)				
Heroin, other opiates {smack, horse, opium, morphine}				
Inhalants (Glue, gasoline, spray cans, whiteout, rush, etc.)				
Valium, Prozac, other tranquilizers (without Rx)				
How often do (did) you use alcohol or other drugs?				

Output Analysis

Correlations

Descriptive Statistics

	Mean	Std. Deviation	N
Substance Use_Activities_scale	51.9003	7.21847	351
Assertive_parental_Comm_Styles	41.6550	7.70185	351

Correlations

		Maladaptive_Activities_scale	Assertive_parenting_Comm_Styles
Substance Use_Activities_scale	Pearson Correlation	1	.601**
	Sig. (2-tailed)		.000
	N	351	351
Assertive_parental_Comm_Styles	Pearson Correlation	.601**	1
	Sig. (2-tailed)	.000	
	N	351	351

** . Correlation is significant at the 0.01 level (2-tailed).

2

Correlations

Descriptive Statistics

	Mean	Std. Deviation	N
Substance Use_Activities_scale	51.9003	7.21847	351
Aggressive_Parental_Comm_Styles	33.9892	7.62463	351

Correlations

		Maladaptive_Activities_scale	Aggressive_Parenting_Comm_Styles
Substance Use_Activities_scale	Pearson Correlation	1	.460**
	Sig. (2-tailed)		.002
	N	351	351
Aggressive_Parental_Comm_Styles	Pearson Correlation	.460**	1
	Sig. (2-tailed)	.002	
	N	351	351

** . Correlation is significant at the 0.01 level (2-tailed).

3

Correlations

Descriptive Statistics

	Mean	Std. Deviation	N
Substance Use_Activities_scale	51.9003	7.21847	351
Pasive_Parental_Comm_Style	10.4447	2.61989	351

Correlations

		Maladaptive_Activities_scale	Pasive_Parenting_Comm_Style
Substance Use_Activities_scale	Pearson Correlation	1	.436**
	Sig. (2-tailed)		.009
	N	351	351
Pasive_Parental_Comm_Style	Pearson Correlation	.436**	1
	Sig. (2-tailed)	.009	
	N	351	351

** . Correlation is significant at the 0.01 level (2-tailed).

Frequencies

Notes

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Missing Value Handling	Cases Used	Statistics are based on all cases with valid data.
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Statistics

		Gender	Age	school location
N	Valid	351	351	351

Missing	0	0	0
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Frequency Table

Gender

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Male	191	54.4	54.4	54.4
Valid Female	160	45.6	45.6	100.0
Total	351	100.0	100.0	

Age

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid less than 15 yrs	123	35.0	35.0	35.0
Valid 15-17 yrs	162	46.2	46.2	81.2
Valid 18-20 yrs	57	16.2	16.2	97.4
Valid above 20 yrs	9	2.6	2.6	100.0
Total	351	100.0	100.0	

school location

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Urban	161	45.9	45.9	45.9
Valid Rural	190	54.1	54.1	100.0
Total	351	100.0	100.0	

Adolescent development

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Early Adolescent development	287	81.8	81.8	81.8
Late Adolescent development	64	18.2	18.2	100.0
Total	351	100.0	100.0	

GET

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v17 v18 v19 v20 v21 v22 v23 v24 v25 v26 v27 v28 v29 v30 v31 v32 v33 v34 v35
v36 v37 v38 v39

/STATISTICS=MEAN

/ORDER=ANALYSIS.

Frequencies

Notes

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	Elapsed Time		00:00:00.11

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Frequency Table

Smoking Tobacco (Cigarettes, Cigars)

	Frequency	Percent	Valid Percent	Cumulative Percent
Never	152	43.3	43.3	43.3
Seldom	102	29.1	29.1	72.4
Valid Sometimes	66	18.8	18.8	91.2
Always	31	8.8	8.8	100.0
Total	351	100.0	100.0	

Alcohol (beer, wine, liquor)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	209	59.5	59.5	59.5
	Seldom	93	26.5	26.5	86.0
	Sometimes	25	7.1	7.1	93.2
	Always	24	6.8	6.8	100.0
	Total	351	100.0	100.0	

Marijuana or Hashish (weed, grass)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	166	47.3	47.3	47.3
	Seldom	99	28.2	28.2	75.5
	Sometimes	59	16.8	16.8	92.3
	Always	27	7.7	7.7	100.0
	Total	351	100.0	100.0	

LSD, MDA, Mushrooms petyote, other hallucinogens (acid, shrooms)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	160	45.6	45.6	45.6
	Seldom	105	29.9	29.9	75.5
	Sometimes	60	17.1	17.1	92.6
	Always	26	7.4	7.4	100.0
	Total	351	100.0	100.0	

Amphetamines (speed, Ritalin ectasy, crystal)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	162	46.2	46.2	46.2
	Seldom	102	29.1	29.1	75.2
	Sometimes	60	17.1	17.1	92.3
	Always	27	7.7	7.7	100.0
	Total	351	100.0	100.0	

Powder cocaine (coke, blow)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	159	45.3	45.3
	Seldom	97	27.6	72.9
	Sometimes	67	19.1	92.0
	Always	28	8.0	100.0
	Total	351	100.0	100.0

Rock cocaine (crack, rock, freebase)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	212	60.4	60.4
	Seldom	90	25.6	86.0
	Sometimes	25	7.1	93.2
	Always	24	6.8	100.0
	Total	351	100.0	100.0

Barbiturates (Quaaludes, downers, ludes, blues)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	161	45.9	45.9
	Seldom	97	27.6	73.5
	Sometimes	65	18.5	92.0
	Always	28	8.0	100.0
	Total	351	100.0	100.0

PCP (angel dust)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	152	43.3	43.3
	Seldom	105	29.9	73.2
	Sometimes	64	18.2	91.5
	Always	30	8.5	100.0
	Total	351	100.0	100.0

Heroin, other opiates (smack, horse, opium, morphine)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	152	43.3	43.3
	Seldom	105	29.9	73.2
	Sometimes	64	18.2	91.5
	Always	30	8.5	100.0
	Total	351	100.0	100.0

Inhalants (glue, gasoline, spray cans, whiteout, rush, etc)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	163	46.4	46.4
	Seldom	98	27.9	74.4
	Sometimes	60	17.1	91.5
	Always	30	8.5	100.0
	Total	351	100.0	100.0

Valium, Prozac, other tranquilizers without Rx)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	208	59.3	59.3
	Seldom	94	26.8	86.0
	Sometimes	25	7.1	93.2
	Always	24	6.8	100.0
	Total	351	100.0	100.0

How often do (did) you use alcohol or other drugs?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	166	47.3	47.3
	Seldom	94	26.8	74.1
	Sometimes	63	17.9	92.0
	Always	28	8.0	100.0
	Total	351	100.0	100.0

FREQUENCIES VARIABLES=p1 p2 p3 p4 p5 p6 p7 p8 p9 p10 p11 p12 p13 p14 p15 p16 p17 p18 p19 p20 p21 p22 p23 p24 p25 p26 p27 p28 p29 p30

/STATISTICS=STDDEV MEAN

/ORDER=ANALYSIS.

Frequencies

Notes

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Frequency Table

My parents strictness and conduct rules make me use alcohol and drugs

	Frequency	Percent	Valid Percent	Cumulative Percent
1	69	19.7	19.7	19.7
2	91	25.9	25.9	45.6
Valid 3	101	28.8	28.8	74.4
4	90	25.6	25.6	100.0
Total	351	100.0	100.0	

My parents often impose curfew on me to prevent me from any movement

	Frequency	Percent	Valid Percent	Cumulative Percent
1	54	15.4	15.4	15.4
2	100	28.5	28.5	43.9
Valid 3	119	33.9	33.9	77.8
4	78	22.2	22.2	100.0
Total	351	100.0	100.0	

My parents always punish me for any form of disobedience

	Frequency	Percent	Valid Percent	Cumulative Percent
1	54	15.4	15.4	15.4
2	80	22.8	22.8	38.2
Valid 3	169	48.1	48.1	86.3
4	48	13.7	13.7	100.0
Total	351	100.0	100.0	

My parents spank me when they don't like what I do or say

	Frequency	Percent	Valid Percent	Cumulative Percent
1	77	21.9	21.9	21.9
2	155	44.2	44.2	66.1
Valid 3	65	18.5	18.5	84.6
4	54	15.4	15.4	100.0
Total	351	100.0	100.0	

They use threats as a form of punishment with little or no justification

	Frequency	Percent	Valid Percent	Cumulative Percent
1	44	12.5	12.5	12.5
2	100	28.5	28.5	41.0
Valid 3	123	35.0	35.0	76.1
4	84	23.9	23.9	100.0
Total	351	100.0	100.0	

My parents always ask me to do something even if it is against my wish

	Frequency	Percent	Valid Percent	Cumulative Percent
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	1	56	16.0	16.0	16.0
	2	79	22.5	22.5	38.5
Valid	3	145	41.3	41.3	79.8
	4	71	20.2	20.2	100.0
	Total	351	100.0	100.0	

They create a safe environment for me and often approach me about my opinion

		Frequency	Percent	Valid Percent	Cumulative Percent
	1	66	18.8	18.8	18.8
	2	109	31.1	31.1	49.9
Valid	3	133	37.9	37.9	87.7
	4	43	12.3	12.3	100.0
	Total	351	100.0	100.0	

I always receive compliments, praises and encouragement from my parents

		Frequency	Percent	Valid Percent	Cumulative Percent
	1	48	13.7	13.7	13.7
	2	100	28.5	28.5	42.2
Valid	3	113	32.2	32.2	74.4
	4	90	25.6	25.6	100.0
	Total	351	100.0	100.0	

My parents family meetings to discuss problems or issues that I am dealing with

		Frequency	Percent	Valid Percent	Cumulative Percent
	1	56	16.0	16.0	16.0
	2	83	23.6	23.6	39.6
Valid	3	135	38.5	38.5	78.1
	4	77	21.9	21.9	100.0
	Total	351	100.0	100.0	

My opinion is being respected and I am always encouraged to express them

		Frequency	Percent	Valid Percent	Cumulative Percent
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	1	57	16.2	16.2	16.2
	2	83	23.6	23.6	39.9
Valid	3	162	46.2	46.2	86.0
	4	49	14.0	14.0	100.0
	Total	351	100.0	100.0	

They talk to me about family rules on alcohol, tobacco and other illicit drugs

		Frequency	Percent	Valid Percent	Cumulative Percent
	1	80	22.8	22.8	22.8
	2	169	48.1	48.1	70.9
Valid	3	74	21.1	21.1	92.0
	4	28	8.0	8.0	100.0
	Total	351	100.0	100.0	

My parents provide me with reasons for the expectations they have for me

		Frequency	Percent	Valid Percent	Cumulative Percent
	1	48	13.7	13.7	13.7
	2	100	28.5	28.5	42.2
Valid	3	113	32.2	32.2	74.4
	4	90	25.6	25.6	100.0
	Total	351	100.0	100.0	

My parents hardly ask me to do anything in the house

		Frequency	Percent	Valid Percent	Cumulative Percent
	1	56	16.0	16.0	16.0
	2	83	23.6	23.6	39.6
Valid	3	135	38.5	38.5	78.1
	4	77	21.9	21.9	100.0
	Total	351	100.0	100.0	

My parents never punish me or take any privileges away from me (T.V., games, visiting friends, etc.)

	Frequency	Percent	Valid Percent	Cumulative Percent
1	57	16.2	16.2	16.2
2	83	23.6	23.6	39.9
Valid 3	162	46.2	46.2	86.0
4	49	14.0	14.0	100.0
Total	351	100.0	100.0	

My parents find it difficult to punish or discipline me

	Frequency	Percent	Valid Percent	Cumulative Percent
1	75	21.4	21.4	21.4
2	147	41.9	41.9	63.2
Valid 3	83	23.6	23.6	86.9
4	46	13.1	13.1	100.0
Total	351	100.0	100.0	

They always into me when I cause a commotion about something

	Frequency	Percent	Valid Percent	Cumulative Percent
1	44	12.5	12.5	12.5
2	100	28.5	28.5	41.0
Valid 3	123	35.0	35.0	76.1
4	84	23.9	23.9	100.0
Total	351	100.0	100.0	

They ignore my bad behaviour

	Frequency	Percent	Valid Percent	Cumulative Percent
1	56	16.0	16.0	16.0
2	79	22.5	22.5	38.5
Valid 3	145	41.3	41.3	79.8
4	71	20.2	20.2	100.0
Total	351	100.0	100.0	