

Masaryk University

Faculty of Arts

**Family as a context for healthy and risky
development in adolescence**

Habilitation thesis

2020

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I declare that I wrote this habilitation thesis myself using the sources listed in the literature.

Date:

Signature:

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Abstract

This habilitation thesis aims to study several family factors and parenting behaviours and their association with adolescents' health and risk behaviour. The thesis is a collection of 10 studies that have been published over the last 10 years. The studies reflect the consecutive shift in the author's research interests from studying the effects of parental unemployment to focusing on a broader range of family factors to a more nuanced research on parenting with a particular interest in parental control. Study 1 describes changes in family processes during early adolescence; studies 2 and 3 aim to explore the effect of parental unemployment on several family processes as well as adolescents' health; study 4 focuses on several family factors including family structure in relation to adolescent risk behaviour; study 5 explores the mediating process of parental substance use approval between parental and adolescents' risk behaviour; study 6 studies the role of parents in risk behaviour prevention and together with study 7 explores the discrepancies in parental and adolescent perceptions; study 8 uses a person oriented approach to explore the effect of parental control and knowledge on adolescent self-esteem and self-efficacy. Finally, studies 9 and 10 focus on parental control and its various forms in relation to adolescent risk behaviour and self-esteem. The thesis ends with a general discussion, where the studies are discussed within two broad topics: gender differences in family processes and cultural /socio-economical context. The implications for practice and future research are provided.

1. Introduction

1.1 Socialization in adolescence

Socialization is a dynamic process in which individuals acquire skills, values, behavioural patterns that help them to function well and competent in society. Child acquires social skills, social understandings, and emotional maturity that are needed for interpersonal interactions (Maccoby, 2007). A process of socialization occurs within various context. The relative importance of the effect of the particular context differs by a developmental stage in which individual occurs. In adolescence, the context of peers becomes important. Adolescents spend more time with peers (Lam, McHale, & Crouter, 2014; Larson et al., 1996) and friends become the most important sources of social support (Snopek, & Hublová, 2008). This raises a question whether family context and parents are still important socialization figures.

Research in recent 30 years widely shows that family environment and parental behaviour matter in many aspects of adolescent development. New peer relationships seem to be complementary to parent-adolescent relationship not a substitute to them (Smetana, Campione-Barr, & Metzger, 2006). Values, preferences or interests, that adolescents share with their peers are to a greater extent established before adolescents are in more intensive contact with their peers (Darling, & Cumsille, 2003; Steinberg, 2001). Steinberg (2001) stress that in the situation when adolescents are exposed to external peer and institutional influences, parents are particularly important as they may provide a secure base where adolescents return in situations that are too stressful for them. Therefore, the focus on family, parent-adolescent relationship and many other family processes remains important through the course of adolescent development.

Among the most widely used theoretical frameworks for studying individuals in the context is Bronfenbrenner's ecological systems theory (Bronfenbrenner, 1979). Bronfenbrenner was among the first who focused on the fact that individuals develop in their natural environment and thus pointed out the contextual variation in individual development.

According to his theory, the environment contexts are nested structures that are interrelated. At the innermost level is individual's microsystem, followed by mesosystem, exosystem and macrosystem. Bronfenbrenner stated that the more proximal the environment (i.e. microsystem), the greater is the influence on youth functioning. During adolescence the number of microsystems increases (to various peer groups) and meaning and relative importance of each microsystem changes. When applied to the family research, Bronfenbrenner (1986) suggests that beside intrafamilial processes there are several external systems that affect the functioning of the family. To the mesosystems influences such as school or peer group can be included; exosystem is referred to parental work conditions or parental support network; chronosystem refers to developmental changes not only with regard to development of an individual but also developmental stage of the family as whole. Macrosystem is represented by a broader social context, such as culture or socio-economic status of the family.

1.2 Parents and family as socialization context

A socialization in family and parenting has undergone many changes during the 20th century. These have been reflected in viewpoints that have guided the research on family and parenting (Maccoby, 2007). Until the mid-20th century socialization in family was perceived as a process of learning good habits. Well socialized child was the one who learns all necessary well manners habits (such as how to behave at the table, how to speak with older people). Parents were advised to use behaviouristic ideas – to reinforce desired behaviour and to punish undesired behaviour. The second idea behind parenting in more or less the same time period was psychoanalysis that focused on socialization as regulation of impulses, as a process going from external control to self-control. Later on in 60ties, an influential work of Diana Baumrind introduced the typology of parenting styles showing that parents differ in the way how they socialize their children. According to her typology, the most effective parenting style is characterised by high level of parental control and at the same time high level of parental responsiveness to child's needs (i.e. authoritative parenting style). Baumrind stressed the role of a parent as a leader in socialization process within family - parenting is a process that goes

from parent to a “passive” child. In 60’s also Bowlby introduces his attachment theory. Baumrind together with Bowlby shifted the attention of researchers from parenting as rules setting and direct shaping of child behaviour to parenting as emotional process. Recent 30 years of research made a further shift. A more complex models of parenting have been proposed that take into account the role of a child in socialization and individual differences in children, as well as the overall context in which socialization occurs.

Nowadays, most researchers accept the view on the family as a system. According to Family system theory (Cox, & Paley, 1997), family is a hierarchically organized system that comprises of smaller subsystems (e.g. parental, marital, and sibling) but is also embedded within larger systems (e.g. the community). Thus, mothers, fathers and children influence each other both directly and indirectly. From a family system perspective, changes in the condition of one family member or in the patterns of relationships among family subsystems may affect the functioning of the others.

Family factors that are related to adolescent development could be categorized into three main groups: family structure (e.g. single parent families, stepparent families, same-sex parent families), family events (stressful normative or non-normative events, such as divorce, parental unemployment, financial strain, death in the family, etc.) and family processes (parenting, parent-adolescent relationship, conflicts, etc.). In a subsequent text the current state of research related to these factors will be briefly introduced.

Research on family structure and its relation to adolescent development focuses mainly on the comparisons of adolescents who live with both biological parents compared to those living in other family compositions such as single parent, step parent, extended families etc. Family structure is linked with adolescent outcomes through three primary mechanisms (Langton, & Berger, 2011): (1) the family's access to resources, (2) the quality of parenting and the home environments to which children are exposed, and (3) family stress and parental psychological well-being. From this point of view, two-parent families have some important advantages over the other family structures. Overall, children from stable two-parent families benefit from better economic resources, higher quality parenting, closer emotional ties to

parents, and fewer stressful events than do children exposed to other family structures or to family structure transitions (Langton, Berger, 2011).

Results from previous studies showed, that adolescents in other family types have poorer outcomes than those living with both of their biological parents (Brown, & Rinelli, 2010; Langton, & Berger, 2011; Tomčíková et al., 2015; Turner et al., 2014). Several studies however suggest that this might be valid mainly with regard to adolescent externalizing problems, such as risk behaviour but not well-being. Phillips (2012) stated that when both family structure and family processes are considered in one model, it is family process that matters more with regard to adolescent health and well-being. Moreover, parenting behaviours seems not to be related to family structure (Turner et al., 2014).

In the present thesis we include one study (study 4) that focuses (beside other family factors) on family structure in relation to adolescent health risk behaviour.

Among the family events both normative and non-normative events can be included. Normative family (life) events are characterized by typical developmental patterns such as child's puberty or transition from primary to secondary school, or typical family changes, such as sibling birth. Non-normative transitions refer to major life events that are out of the person's control, such as job loss, parental divorce, or the death of a family member. Both normative and non-normative events in family context cause stress which can result in maladaptive functioning among family members (Walsh, 2012). Stressful events affect the overall quality of home environment, may hinder parental abilities for good parenting, may increase parental depression, what can lead to inter-marital conflicts and further decrease in parenting quality (Chapel, Suldo, & Ogg, 2014; Walsh, 2012). It has been repeatedly shown that family life events are associated with poor child functioning (Camacho-Thompson et al., 2016; Chapel, Suldo, & Ogg, 2014; Fröjd et al., 2009).

In the present thesis the attention is paid to parental unemployment /non-employment as a non-normative family event (studies 2 and 3) that is associated with worse adolescents' health and worse quality of family processes.

The broadest family category, both in the context of international research and as a main focus of our research, is family processes that are present in families with adolescents. In studies focusing on family processes, many different terms have been used. Some studies focused on parenting styles (often using a classic Baumrind's (1966) typology), others on parent-child relationship or on particular parenting practices (e.g. the way how control is asserted). In our work we use term family processes, that captures many aspects of mutual parent-child interaction that does not always reflect a process aspect (Brown, & Rinelli, 2010; Conger, Conger, & Martin, 2010; Mack, Peck, & Leiber, 2015). Family processes include both parental behaviour (parenting style, parenting practices, parental control, monitoring, solicitation, parental warmth, support, interest) and interaction in parent-child relationship (e.g. quality and frequency of communication, conflicts, companionship) (Padilla-Walker, Harper, & Bean, 2011; Vazsonyi, Hibbert, & Blake Snider, 2003).

High quality of family processes is crucial for optimal adolescent development, what has been confirmed by many studies in many diverse age and cultural samples. The question raises however when asking "What is the high quality of family processes?" Since the Bowlby's first work on attachment theory (Bowlby, 1980) it has been widely accepted and empirically supported that parental love, support, closeness and interest are a key ingredients of parenting and can be seen as "a universal feature of human beings independent of developmental context" (Vazsonyi, & Belliston, 2006, p. 491). We can generally say that these are high quality family processes. However, a recent trend in so called helicopter parenting (i.e over-involvement of parents in their children's lives; Odenweller, Booth-Butterfield, & Weber, 2014; Padilla-Walker, & Nelsson, 2012) shows that parenting behaviour that is characterized by parental love, support and interest may turn into a maladaptive parenting strategy and result in overparenting with some negative consequences for adolescents. Moreover, very intensive and close parent-adolescent relationship may lead to loose boundaries between parental and child subsystems (Mayseless, & Scharf, 2009).

Even more complicated is to define the high quality in processes such as parental control. Certain level of parental control (monitoring, rules setting, structure providing) is highly important for child development (Fosco et al. 2012; Gentile et al. 2014; Lipperman-

Kreda et al. 2017). However, if the control is too intense it may be associated with feelings of overcontrol or incompetence (Kakihara, & Tilton-Weaver, 2009; Kapetanovic et al., 2017) and thus not bring desired outcomes. If the control is asserted in the way that is not appropriate (such as psychological control, harsh parenting, verbal aggression, physical punishment, etc.) it again does not lead to positive development. The same situation seems to be when control is asserted in the domains that are perceived as personal by adolescents (Smetana, Crean, & Campione-Barr, 2005).

Research in recent years therefore focuses intensively on the possibility to define, what the “high quality family process” are. There are several theoretical approaches that lead the research and help to understand what is the optimal level or high quality level of family processes.

Stage-environment fit theory stresses the importance of the environment (Eccles et al., 1993). According to this theory, opportunities given by environment and needs of an individual should to be in concordance in order to ensure an optimal development. In the context of parenting, parents have to adjust their behaviour according to their offspring needs in a particular developmental stage. This is particularly needed in early adolescence when adolescents need for autonomy is increasing and many aspects of family processes undergo changes (De Goede, Branje, & Meeus, 2009).

The second very influential theory in studying family processes is Self-determination theory (SDT; Ryan, & Deci, 2000). The central topic of SDT is autonomy as a primary psychological need of each individual. SDT theorists do not perceive autonomy as independence (as is very often defined in developmental books). According to this theory autonomy reflects individual’s feeling that his/her behaviour is fully internally motivated not a result of external factors. Autonomy need satisfaction is perceived as the most important for healthy development of an individual. Beside autonomy SDT stress the other two psychological needs: relatedness and competence. In this sense a high quality family processes would be those that help adolescent to satisfy all three basic psychological needs with the particular focus on autonomy.

A new direction in family processes research has been proposed by Judith Smetana (Smetana, 2010; Smetana, Crean, & Campione-Barr, 2005) who pointed out the importance of particular situation in which family processes take place. According to her Social domain theory (Smetana, 2010), individuals construct their social environment in four basic social domains: moral, conventional, prudential and personal domain. These domains differ in how important are for the individual. For example, in adolescence, the importance of having control over a personal domain issues raises. Adolescents want to decide how will they act in situations such as bedroom cleaning, hair style or selection of friends. Parents, on the contrary, usually prefer to set limits also in personal domain issues. This increases the probability of parent-adolescent conflicts and lowers the quality of parent-adolescent relationship. Parental over-involvement and overcontrol in personal issues might therefore not be considered as appropriate.

2. Present habilitation thesis

The aim of this habilitation thesis is to present authors' work on family and family processes in families with adolescents. The habilitation thesis includes a selection of 10 papers that have been published over the last 10 years.

The studies are the selection of authors' work that reflects the consecutive shift in the author's research interests from studying the effects of parental unemployment to focusing on a broader range of family factors to a more nuanced research on parenting with a particular interest in parental control. Separate studies are the result of several research projects in which the author has participated (APVV 15-0662; APVV-0253-11; APVT –20–028802; APVT –20-003602) or was a principal investigator (VEGA 1/0623/17). Therefore, adolescents of several age groups are included, ranging from early adolescence (study 1, 5, 6, 8, 9 and 10), through middle (study 3 and 4) to late adolescence (study 2 and 7).

The central dependent variables in most of the included studies are indicators of adolescents' health and risk behaviour. However, the primary aim of the studies was not to explore health or risk behaviour and its' antecedents. Rather, we aimed to study how various family factors are associated with adolescent development and indicators of health or risk behaviour were chosen as some of many possible outcomes in adolescent development. Very basic overview of associations that have been explored within the studies are presented in Figure 1.

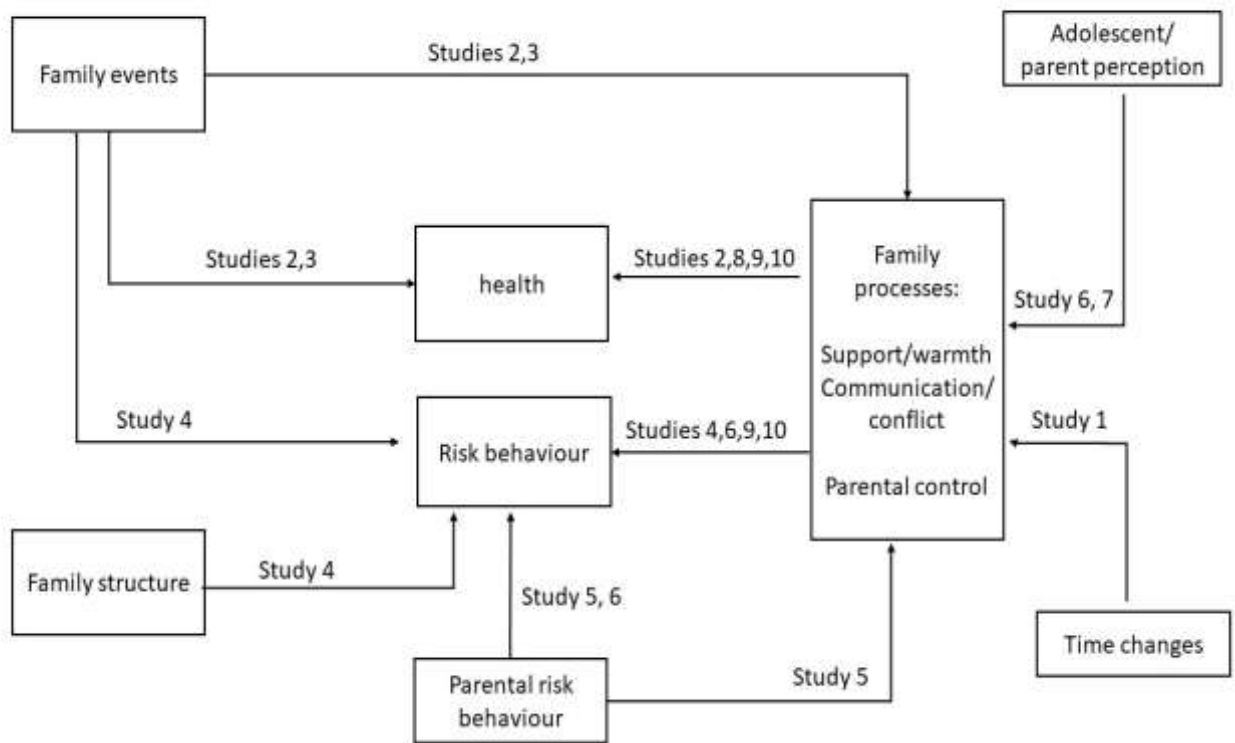


Figure 1 Basic overview of associations explored within studies included in the thesis.

2.1 Indicators of health and risk behaviour used within studies

Family context is important in most aspects of adolescent development. In the studies included within this thesis we have focused on two of the aspects: health and health risk behaviour.

The developmental period of adolescence is a critical period with long-term implications for the health and well-being of each individual. It also is a time of experimentation and identity exploration therefore a prevalence of health risk behaviour is relatively high in this age group. It is also a crucial time for establishing healthy habits and thus promoting both physical and mental health. In adolescence, social factors belong to most important determinants of health and health risk behaviour (Dahlgren, & Whitehead, 1991; Sawyer, 2012).

2.1.1 Health

Health is a multidimensional construct that includes broad range of indicators ranging from objective assessments of physical health and subjective perceptions of general health, through various mental health indicators to many indicators of well-being. According to WHO definition, health is a state of complete physical, mental, and social well-being, and not merely as the absence of disease or infirmity (World Health Organization, 1946). The aim of the studies included in the present thesis was not to study health in its broad conceptualization. Rather, the focus of the studies was more on family processes that are associated with health. Therefore, only several aspects of perceived physical health (self-rated health and health complaints) and several indicators of mental health (vitality, mental health, long-term well-being, self-esteem, and self-efficacy) have been included in the studies.

Although physical health in adolescence is in general very good, the subjective perception might differ and stress the small nuances in adolescent health status. Subjective perception of health in adolescence takes place in many studies. Within our studies two aspect of perceived physical health are considered: self-rated health (study 2 and 3) and health complaints (study 2). Self-rated health is a one-item scale asking respondents to rate their health in general that is widely used in health studies. It is generally accepted as a good predictor of

mortality and morbidity (Larsson et al., 2002). Health complaints included problems that adolescents have experienced in the previous month, such as stomach or head aches, dizziness or pains. In general, subjective assessment of one's health is based on individuals' perception that is, whether consciously or not, done by comparing by age related peers (Bjorner et al., 1996).

With regard to mental health, a particular attention is paid to self-esteem (studies 8, 9 and 10). We focus on global self-esteem that has been defined as individuals' positive or negative attitude toward the self as a totality (Rosenberg et al., 1995, p. 141) and is an important component of mental health. Adolescence is perceived as a critical time for self-esteem development (Rosenberg et al., 1995). The development of self-esteem in adolescence depends on a wide range of intra-individual and societal factors, where parents play crucial role. Parental approval, support and love are among the most important for the optimal development of the self (Mann et al., 2004). Parents may serve as a secure base for experimentation in early adolescence while positive parenting expresses warmth and support that may be internalized and thus increase the overall perception of adolescents' self (Chen et al., 2004).

Further, a measure of vitality and mental health (Ware, & Sherbourne, 1992) has been included in two studies (study 2 and 3). The vitality scale consists of items focusing on energy and fatigue; mental health focuses on psychological distress and well-being. In both indicators, respondents evaluate their feelings during the previous month.

Long-term well-being has been assessed using one item measure in study 2. The measure assesses respondents' feelings about their life in the previous year. It is represented by a seven-point scale consisting of stylised faces. This simple scale may provide a better representation of respondents' feelings than would similar verbal scales (Andrews, 1996).

The final mental health measure used within our studies has been general self-efficacy (study 8). General self-efficacy is referred to as a general confidence in one's abilities to achieve the desired results across numerous domains, to cope with stressful life events or to manage new life situations (Bandura, 1977; Schwarzer et al., 1997).

2.1.2 Health risk behaviour

Adolescent risk behaviour is a category that consists of various types, such as delinquency, substance use, risk driving or risky sexual behaviour. As risk behaviour we consider a behaviour that brings some health risks to individual. Among the most prevalent forms of risk behaviour in adolescence are smoking and alcohol consumption.

In European countries included in the ESPAD study (ESPAD, 2015), the trend between 1995 and 2015 shows the decrease in substance use among adolescents. However, in Slovakia this decrease is not present. In 2015 Slovakia belonged to the countries with highest prevalence of smoking experience (62% of adolescents reported having tried a cigarette at least once in a life). Also the lifetime prevalence of alcohol use in Slovakia was much higher than the countries' average was (91% in Slovakia versus 80% average).

In the present studies we focus both on lifetime prevalence and 30-day prevalence of risk behaviour with a particular attention to smoking and alcohol consumption or drunkenness (studies 4, 5 and 6). In Study 4 also experience with marihuana has been included as a form of risk behaviour, although its incidence in our sample was rather low. According to Jessor's Theory of risk behaviour (Jessor, 1991) various types of risky behaviour co-occur and may be explained by similar mechanisms. Therefore, in Studies 9 and 10 we do not pay attention to separate forms of risk behaviour, rather we work with cumulative index of risk behaviour where both smoking and alcohol consumption have been included.

Study 1

Bačíková, M., Hricová, L., Orosová, O. (2018). Zmeny a stabilita v rodinných procesoch v priebehu skorej adolescencie (Changes and stability in family processes during early adolescence). *Československá psychologie*, 62, 3, 197-211.

Adolescence is a period characterized by huge changes in most aspects of adolescents' development. In many developmental psychology text books (e.g. Thorová, 2015; Vágnerová 2000) we can read about the changes in the relationship between parents and their children that occur in the beginning of adolescence, what is usually attributed to increased need for autonomy and identity formation of adolescent. In Slovakia this has however not been empirically tested yet. In this paper we have studied several family processes that have been composed in two dimensions: emotional dimension and the dimension of control. Previous studies in different cultural contexts have reported decrease in emotional dimension of family processes: perceived parental support, quality of attachment, or parental warmth (De Goede, Branje, & Meeus, 2009; Furman, & Buhrmester, 1992; van Eijck et al., 2012). Further, there is an increase in intensity and frequency of conflicts (De Goede, Branje, & Meeus, 2009; Hadiwijaya et al., 2017). The results regarding dimension of control are mixed (Keijsers, & Poulin, 2013; Nilsson, 2016; Lippold, Greenberg, & Collins, 2013). However, neither of the previously published studies focused on a short period of early adolescence.

The aim of this study was to analyse data from 5 waves of data collection during a time period of one and a half year (497 adolescents; T1 mean age 11.52; T5 mean age 13.09; 59.4% of girls) in order to identify changes in perceived family processes in both emotional and control dimension. The results of Linear mixed models show that in the beginning of adolescence within one and a half year there is a significant decrease in satisfaction with relationship with mother and father and in perceived supportive relationship in family (caring relationships; opportunities for meaningful participation) with no interaction effect of gender. On the other hand, no time changes in control dimension were identified. Despite of linear decrease in the

quality of several family processes, the decrease is relatively low. Together with relatively low percentage of explained variance, our results are in line with the current view of parent-adolescent relationship. This has shifted from earlier ideas that parent-adolescent relationships are characterised by “storm and stress” to current view that in families that had functioned well before adolescence, the parent-adolescent relationship remains good (Laursen, & Collins, 2009; Smetana, Campione-Barr, & Metzger, 2006). The relationship undergoes changes from vertical to more horizontal relationship (Meeus, 2016).

Author's contribution: 70%

Výzkumné studie

ZMENY A STABILITA V RODINNÝCH PROCESOCH V PRIEBEHU SKOREJ ADOLESCENCIE

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ABSTRACT

Changes and stability in family processes in early adolescence

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Objectives. Adolescence is a period characterized by huge changes in most aspects of adolescents' development. However, research on the changes in family processes and parent-adolescent relationships has not been very frequent. Moreover, a closer look at the developmental changes within the specific period of early adolescence is needed.

Sample. A five wave longitudinal study was performed with 497 adolescents (T1 mean age 11.52; T5 mean age 13.09; 59.4% of girls).

Hypotheses. This study aims to examine the changes in several family processes in adolescents between the ages of 11.5 and 13. A decrease in the emotional dimension of family processes and in parental knowledge and an increase in behavioural control is expected.

Statistical analysis. The changes in family processes were studied using Linear mixed models (LMM) in SPSS.

Results. The LMM with longitudinal data revealed the following results: a significant decrease in satisfaction with the relationship with mother ($F=14.15$, $p\leq.000$), father ($F=4.6$, $p\leq.01$), caring relationships ($F=6.01$, $p\leq.01$) and opportunities for meaningful participation ($F=8.04$, $p\leq.001$) with no interaction effect of gender.

Limits. The study only focuses on partial aspects of family processes as perceived by adolescents. A focus on other family processes as well as data received from parents would be interesting.

key words:

early adolescence,
family processes,
developmental changes

klúčové slová:

skorá adolescencia,
rodinné procesy,
vývinové zmeny

TEORETICKÉ VÝCHODISKÁ

Vzájomné vzťahy a interakcie medzi rodičmi a ich deťmi patria medzi najštudovanejšie oblasti vývinu v období dospievania. Hoci význam vplyvu rovesníkov s nástupom adolescencie stúpa (Furman, Buhrmester, 1992; Gaertner, Fite, Colder, 2010), rodičia zostávajú dôležitým faktorom socializácie a individuácie adolescentov, o čom svedčia mnohé výskumné zistenia.

Učebnice vývinovej psychológie (Thorová, 2015; Vágnerová, 2000) zhodne uvádzajú, že na začiatku adolescencie dochádza k zmenám vo vzťahu medzi deťmi a ich rodičmi, ktoré súvisia so zvýšenou potrebou autonómie a s formovaním identity dospievajúceho. V slovenských podmienkach však táto téma ešte nebola predmetom výskumu.

Došlo: 18. 5. 2017; M. B., Katedra pedagogickej psychológie a psychológie zdravia, FF UPJŠ v Košiciach, Moyzesova 9, 040 01 Košice, Slovenská republika; e-mail: maria.bacikova@upjs.sk
Štúdia bola podporená Vedeckou grantovou agentúrou Ministerstva školstva VEGA 1/0623/17 a Agentúrou pre vedu a výskum APVV-15-0662 a APVV-0253-11.
Autorky ďakujú Jozefovi Janovskému za konzultácie k štatistickým analýzám.

V predkladanom texte bude používaný pojem „rodinné procesy“, ktorý je operationalizovaný ako spoločné pomenovanie rôznych aspektov interakcie adolescent – rodič (napr. Brown, Rinelli, 2010; Conger, Conger, Martin, 2010; Mack, Peck, Leiber, 2015), a nie vždy nevyhnutne reflektuje procesuálny aspekt. V súlade s Dimenzionálnym a komponentovým modelom výchovy (Čáp, Boschek, 1994; Gillernová, 2009), budú rodinné procesy reflektované v dvoch dimenziách. Prvou je dimenzia emocionálneho vzťahu (napr. kvalita vzťahu dieťa – rodič, blízkosť, opora, kvalita a frekvencia komunikácie, konfliktovosť), druhou dimenzia riadenia (napr. behaviorálna a psychologická kontrola, monitorovanie aktivít dieťaťa, podpora autonómie, stanovovanie pravidiel) (Padilla-Walker, Harper, Bean, 2011; Vazsonyi, Hibbert, Blake Snider, 2003).

Vývinové zmeny v emocionálnej dimenzii

Emocionálna dimenzia rodinných procesov je charakterizovaná mierou blízkosti, emocionálnej vrelosti či opory, ktorú rodičia poskytujú deťom. Mnohé štúdie konzistentne ukazujú, že v priebehu adolescencie dochádza k poklesu percipovanej sociálnej opory, kvality vnímanej vzťahovej väzby či vrelosti zo strany rodičov. Zdá sa, že k poklesu dochádza najmä medzi skorou a strednou adolescenciou (De Goede, Branje, Meeus, 2009; Furman, Buhrmester, 1992; McGue et al., 2005; Shanahan et al., 2007; van Eijck et al., 2012), zatiaľ čo v období neskej adolescencie sa percipovanie sociálnej opory zo strany rodičov stabilizuje (De Goede, Branje, Meeus, 2009; Furman, Buhrmester, 1992), hoci existujú dôkazy aj o ďalšom poklese kvality vzťahov v neskej adolescencii (Tsai, Telzer, Fuligni, 2013).

Podobne, intenzita a frekvencia konfliktov medzi dospelujúcimi a rodičmi významne vzrástla medzi skorou a strednou adolescenciou (De Goede, Branje, Meeus, 2009; Hadiwijaya et al., 2017; McGue et al., 2005), ale opäť klesla medzi strednou a neskorou adolescenciou (De Goede, Branje, Meeus, 2009; Hadiwijaya et al., 2017). Metaanalýza štúdií publikovaných medzi rokmi 1926 až 1994 (Laursen, Coy, Collins, 1998) však poukázala na to, že vzťah medzi konfliktovosťou medzi dospelujúcim a rodičmi a rastúcim vekom je skôr lineárneho charakteru. Podľa autorov frekvencia konfliktov s rodičmi s rastúcim vekom adolescenta klesá, avšak stúpa ich afektívna intenzita (Laursen, Coy, Collins, 1998). To, že niektorí autori uvádzajú skôr pokles konfliktovosti v neskej adolescencii, môže súvisieť s faktom, že s rastúcim vekom stúpa aj ochota riešiť konflikty s matkou (nie však s otcom) konštruktívne pomocou kompromisov a diskusie (Van Doorn, Branje, Meeus, 2011). Zároveň sa s rastúcim vekom mení obsah konfliktov. Adolescenti prestávajú vnímať zásahy svojich rodičov do osobnej sféry (napr. oblečenie, hudba, ktorú počúvajú) ako legitímne, čo sa stáva novým zdrojom konfliktov (Smetana, Daddis, 2002).

Vývinové zmeny v dimenzii riadenia

Dimenzia riadenia je charakterizovaná mierou, s akou rodičia riadia, monitorujú či štruktúrujú aktivity dospelujúceho (Barber, Maughan, Olsen 2005; Criss et al., 2015; Soenens, Vansteenkiste, Luyten, 2010), a s nimi súvisiace poznanie, informovanosť rodiča o aktivitách svojho dieťaťa (Stattin, Kerr, 2000). Medzi výskumníkmi nepanuje jednoznačná zhoda v tom, či a akým spôsobom dochádza k zmenám v rodinných procesoch v dimenzii riadenia. S nástupom adolescencie trávia dospelujúci stále viac času s rovesníkmi (Lam, McHale, Crouter, 2014; Larson et al., 1996), preto môžeme predpokladať, že sa zvyšuje snaha rodičov monitorovať aktivity a voľný čas svojho dieťaťa. Na druhej strane, zvýšenú mieru kontroly zo strany rodičov môžu adolescenti vnímať ako neprimerane zasahujúcu do ich autonómie a snahy o nezávislosť (Kakiha-

ra, Tilton-Weaver, 2009). To môže súvisieť so zvýšeným utajovaním informácií pred rodičmi (Keijsers et al., 2009; Keijsers et al., 2010), čo vedie k zníženiu množstva informácií, ktoré rodič o voľnočasových aktivitách adolescenta má. Podľa Nilssonovej (2016) k poklesu informovanosti dochádza medzi 12–16 rokom a medzi 16–17 rokom opäť mierne narastá. Iný výskum uvádza pokles medzi 12 a 19 rokom s mierne stabilným obdobím u dievčat v období strednej adolescencie (Keijsers, Poulin, 2013). Lippold a kolegovia (Lippold, Greenberg, Collins, 2013) uvádzajú, že k zmenám v monitoringu v priebehu adolescencie nedochádza. Najmä tí dospelávajúci, ktorí boli málo monitorovaní vo veku 12 rokov, zostávajú málo monitorovaní i vo veku 14 rokov. Naopak, štúdie zamerané na starších adolescentov poukazujú na pokles behaviorálnej kontroly zo strany rodičov (Keijsers, Poulin, 2013; Keijsers et al., 2009).

Z uvedeného sa zdá, že k najväčšej zmene v rodinných procesoch dochádza v období skoraj adolescencie, zmeny v ďalšom období sú už miernejšie, prípadne žiadne. Proces zmeny zároveň neprebíha v jednotlivých rodinných procesoch nezávisle, ale zmena v jednom z procesov úzko súvisí so zmenami v iných. De Goede, Branje a Meeus (2009) napr. uvádzajú, že väčší pokles vo vnímanej opore matky a otca súvisel s vyšším nárastom konfliktovosti.

Zdá sa však, že v dobre fungujúcich rodinách sú zmeny dočasné a vedú od zvýšenej konfliktovosti, poklesu v sociálnej opore a rodičom riadeného vzťahu k vyrovnanjšiemu, harmonickejšiemu partnerskému vzťahu medzi dospelávajúcim a rodičom okolo 18teho roku života (Meeus, 2016).

Rodové rozdiely

Socializácia chlapcov a dievčat v rodine prebieha rozdielne (Smetana, Robinson, Rote, 2015). Je preto predpoklad, že i zmeny v rodinných procesoch v adolescencii budú prebiehať rozdielne vzhľadom na rod adolescenta. Doterajšie poznanie však nie je jednoznačné. Zdá sa, že rodové rozdiely v zmenách v rodinných procesoch súvisia s vekom. Výsledky štúdií naznačujú, že zmeny v rodinných procesoch medzi skorou a strednou adolescenciou prebiehajú rovnako pre chlapcov i dievčatá (De Goede, Keijsers, 2009; Furman, Buhrmester, 1992; Keijsers 2013), hoci McGue et al. (2005) uvádzajú, že k väčšiemu nárastu konfliktovosti a poklesu rodičovskej vrelosti percipovanej adolescentom dochádza u dievčat ako u chlapcov. V období medzi strednou a neskorou adolescenciou sa objavujú niektoré rodové rozdiely. Rodičovská opora medzi strednou a neskorou adolescenciou bola u chlapcov stabilná, zatiaľ čo u dievčat narástla (De Goede, Branje, Meeus, 2009; Furman, Buhrmester, 1992), zároveň otvorená komunikácia chlapcov s rodičmi po prvotnom poklese zostáva v strednej adolescencii stabilne nižšia, u dievčat však opäť stúpa (Keijsers, Poulin, 2013).

Cieľ

Väčšina z doteraz publikovaných štúdií sa zameriavala na dlhšie časové obdobie od začiatku po koniec adolescencie. Hlavným cieľom našej štúdie je sledovať zmeny (prípadne stabilitu) v rodinných procesoch (v emocionálnej dimenzii a dimenzii riadenia) tak, ako ich percipujú adolescenti na začiatku dospelovania, približne medzi 11tym a 13tym rokom života. Základné výskumné otázky zneli: Ako sa menia jednotlivé rodinné procesy z pohľadu adolescenta v priebehu času? Sú trajektórie zmeny rozdielne vzhľadom na rod adolescenta? Na základe predchádzajúcich výskumov očakávame pokles v emocionálnej dimenzii a v informovanosti rodičov, a naopak zvýšenie miery behaviorálnej kontroly zo strany rodičov. Očakávame, že tieto zmeny nebudú závisieť od rodu respondentov.

METODA

Výskumný súbor

V prezentovanej štúdii sú analyzované údaje získané z piatich vln zberu. Prvá vlna zberu bola realizovaná v septembri 2013, na reprezentatívnej vzorke žiakov zo 60 základných škôl na Slovensku. Školy boli vyberané využitím stratifikovaného náhodného výberu na základe kritérií – kraj (východné, stredné a západné Slovensko) a veľkosť mesta/obce z hľadiska počtu obyvateľov. V každej zo škôl bola vybraná jedna trieda šiesteho ročníka. Výskum bol realizovaný so súhlasom Etickej komisie UPJŠ v Košiciach a s podporou Ministerstva školstva, vedy, výskumu a športu Slovenskej republiky. Účasť žiakov vo výskume bola podmienená súhlasom ich rodičov.

Prvej vlne zberu údajov sa zúčastnilo 1298 žiakov (53,3 % dievčat, priemerný vek = 11,52, SD = 0,61). Nasledujúce 4 vlne zberu boli uskutočnené vždy dva mesiace pred koncom polroka, teda v decembri 2013, apríli 2014, decembri 2014 a apríli 2015. Žiaci vyplňovali papierovú formu dotazníka počas dvoch vyučovacích hodín. Zber realizoval zaškolený asistent bez prítomnosti učiteľa. Z celkového pôvodného súboru sa všetkých piatich vln zberu zúčastnilo 497 žiakov. Redukciou výskumného súboru sa len mierne zmenila stratifikácia. Východoslovenský kraj bol zastúpený signifikantne častejšie (41 % oproti pôvodným 37 %; $\chi = 6,32$; $p \leq 0,05$), dievčat bolo signifikantne viac (59,5 % oproti pôvodným 53,3 %; $\chi = 12,84$; $p \leq 0,001$), zastúpenie respondentov podľa veľkosti obce zostalo nezmenené. Finálny výskumný súbor prezentovanej štúdie teda pozostával zo 497 žiakov (40,5 % tvorili chlapci).

Metodiky

V štúdii boli použité metodiky na sledovanie emocionálnej dimenzie rodinných procesov a dimenzie riadenia. Prezentované výsledky sú súčasťou širšie koncipovanej štúdie primárne zameranej na rizikové správanie dospievajúcich a jeho prediktory. Vzhľadom na to, že ide o pomerne rozsiahlu štúdiu, prostredníctvom ktorej bolo získaných mnoho cenných údajov, pristúpili sme k sekundárnej analýze longitudinálnych dát a spracovali dostupné informácie o rodinných procesoch. Použité metodiky boli zaradené do jednej z dvoch dimenzií rodinných procesov, nie sú však reprezentatívnym výberom.

Emocionálna dimenzia rodinných procesov

Spokojnosť so vzťahom s matkou/otcom bola zisťovaná pomocou dvoch jednopoložkových škál: Ako si obvykle spokojný so svojim vzťahom s otcom (so svojim vzťahom s matkou)? Možnosti odpovede boli od 1 veľmi nespokojný po 5 veľmi spokojný. Obe položky boli v rámci analýz spracovávané samostatne. Položky boli použité v medzinárodnej štúdii ESPAD (Hibbel et al., 2012). V kontexte celkovej spokojnosti so životom je však využívanie jednopoložkových škál časté (Lucas, Donnellan, 2012). Štúdie porovnávajúce tieto jednopoložkové škály so známou metodikou SWLS (Satisfaction with Life Scale; Diener et al., 1985) uvádzajú dobrú konštruktívnu validitu u dospelých (Cheung, Lucas, 2014) aj adolescentov (Jovanovic, 2016). Preto predpokladáme, že i jednopoložková škála zameraná špecificky na jednu oblasť spokojnosti so životom (vzťah s rodičmi) môže byť akceptovaná ako validný výskumný nástroj.

Podporné vzťahy a zmysluplná participácia. Obe premenné sú súčasťou dotazníka RYDM (Resilience and youth development module; Constantine, Benard, 2001), ktorý meria vnútorné i vonkajšie zdroje reziliencie. Pre analýzy, prezentované v tomto príspevku, boli zvolené premenné sledujúce niektoré aspekty emocionálnej dimen-

zie rodinných procesov. Obe subškály boli merané pomocou troch otázok: podporné vzťahy (napr. „U mňa doma je rodič, ktorý sa so mnou rozpráva o mojich problémoch.“); zmysluplná participácia na rodinných aktivitách, rozhodnutiach („Doma robím zábavné veci alebo chodím na zábavné miesta s mojimi rodičmi.“). Hodnota Cronbachovho alfa poukazuje na dobrú reliabilitu škál (podporné vzťahy v čase T1 $\alpha = 0,860$; zmysluplná participácia v T1 $\alpha = 0,800$).

Dimenzia riadenia

Rodičovská behaviorálna kontrola. Behaviorálna kontrola v našej štúdií bola operacionalizovaná ako stanovovanie pravidiel správania rodičmi. Sledovaná bola pomocou dvoch položiek: „Moji rodičia určia záväzné pravidlá toho, čo smiem robiť doma.“ „Moji rodičia určia záväzné pravidlá toho, čo smiem robiť mimo domu.“ Respondenti odpovedali na 5bodovej škále Likertovho typu 1 nikdy – 5 skoro vždy. Skóre pre obe otázky bolo sčítané a tak vytvorená premenná – behaviorálna kontrola. Čím vyššie skóre respondenti uvádzali, tým častejšia bola rodičovská behaviorálna kontrola. Reliabilita v čase T1 vypočítaná pomocou Spearman-Brownovho koeficientu je $\rho = 0,692$. Validitu metodiky sme overili na inom výskumnom súbore. 145 adolescentov (priemerný vek 13,98, SD 0,74) vyplnilo vo výskume často používanú škálu behaviorálnej kontroly navrhnutú Stattinom a Kerrovou (2000) ako i nami použitú dvojpoložkovú metodiku. Pearsonov korelačný koeficient medzi oboma škálami bol $r = 0,719$, čo naznačuje vysokú mieru zhody.

Rodičovská informovanosť. Podobne, ako v predchádzajúcej premennej, rodičovská informovanosť bola sledovaná pomocou dvoch položiek s rovnakými možnosťami odpovedí: „Moji rodičia vedia, s kým som po večeroch.“ „Moji rodičia vedia, kde som po večeroch.“ Vyššie sumárne skóre indikuje vyššiu mieru rodičovskej informovanosti. Spearman-Brown koeficient reliability $\rho = 0,869$. Položky sledujúce behaviorálnu kontrolu ako i rodičovskú informovanosť boli prevzaté zo štúdie ESPAD (Hibbel et al., 2012).

Vysoké očakávania. Premenná sledujúca mieru očakávaní, ktoré majú rodičia voči deťom je takisto súčasťou dotazníka RYDM (Constantine, Benard, 2001). Sledovaná bola pomocou troch položiek, napr. „U mňa doma je rodič, ktorému záleží na tom, aby som stále pracoval najlepšie ako viem“. Táto premenná je prekladaná i ako vkladanie nádeje (Berinšterová, Orosová, Miovský, 2016). Reliabilita subškály v čase T1 je $\alpha = 0,825$.

Štatistická analýza

Údaje prezentované v článku boli spracované pomocou štatistického softwaru IBM SPSS 21. Na sledovanie zmien v priebehu času sme využili metódu lineárnych zmiešaných modelov (linear mixed models). Táto metóda využíva techniku mnohostupňového (hierarchického) modelovania na analýzu longitudinálnych údajov. Na rozdiel od tradičných modelov opakovaných meraní (napr. repeated measures ANOVA), umožňujú lineárne zmiešané modely sledovať zmenu na dvoch úrovniach. Prvá úroveň modelu umožňuje sledovať, ako sa premenná mení v čase u jednotlivých ľudí vo výskumnom súbore (within-person change), druhá úroveň modelu popisuje, ako tieto zmeny variujú medzi jednotlivými respondentmi (between person differences) (Singer, Willet, 2003). Ďalšou z výhod lineárnych zmiešaných modelov je možnosť pracovať aj s prípadnými chýbajúcimi údajmi v niektorej z vln zberu údajov (West, 2009). Z toho dôvodu prípadne chýbajúce údaje v niektorej zo sledovaných premenných neboli v analýzach nahrádzané.

Analýzy boli realizované v dvoch krokoch (Shek, Ma, 2011; Singer, Willet, 2003). V prvom kroku bol odhadnutý model nepodmienенých priemerov (unconditional mean model), ktorý slúži na overenie interindividuálnej variácie v závislej premennej bez ohľadu na ďalšie premenné, v tomto prípade čas (vypočítaním medzitriedneho korelačného koeficientu – intraclass correlation coefficient, ICC). V druhom kroku bol do modelu pridaný ako prediktor čas a rod respondentov a ich interakcie.

Kontrola distribúcie reziduí ukázala mierne zošíkmenie vo väčšine premenných, avšak distribúcie nevykazovali extrémny rozptyl ani extrémne hodnoty a boli unimodálne. Pre overenie prezentovaných výsledkov boli ešte odhadnuté modely, ktoré nestoja na parametrických predpokladoch a závislé premenné sú dichotomizované (použitím Generalized mixed models v SPSS). Výsledky týchto modelov sú v zhode s výsledkami lineárnych zmiešaných modelov.

VÝSLEDKY

V tab. 1 sú prezentované deskriptívne údaje pre jednotlivé premenné v čase zberu údajov T1 až T5 pre chlapcov a dievčatá osobitne.

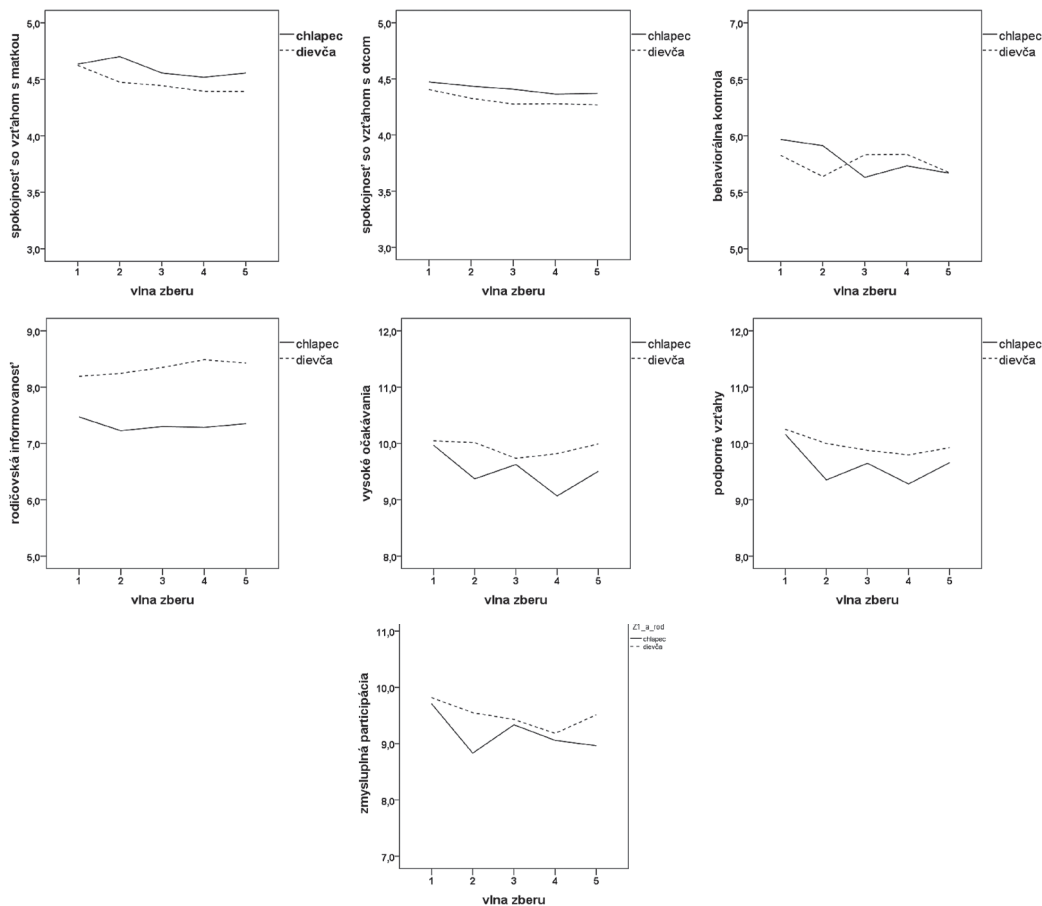
Tab. 1 Deskriptívne charakteristiky sledovaných rodinných procesov v jednotlivých vlnách zberu

| | T1 | T2 | T3 | T4 | T5 |
|--------------------------------|--------------|--------------|--------------|--------------|--------------|
| | Priemer (SD) | Priemer (SD) | Priemer (SD) | Priemer (SD) | Priemer (SD) |
| chlapci | | | | | |
| spokojnosť s matkou (1–5) | 4,63 (0,81) | 4,70 (0,63) | 4,56 (0,85) | 4,52 (0,81) | 4,56 (0,80) |
| spokojnosť s otcom (1–5) | 4,47 (0,98) | 4,43 (1,01) | 4,41 (1,00) | 4,36 (1,00) | 4,37 (1,03) |
| behaviorálna kontrola (2–10) | 5,97 (2,33) | 5,91 (2,37) | 5,63 (2,35) | 5,73 (2,35) | 5,67 (2,35) |
| informovanosť (2–10) | 7,47 (2,85) | 7,23 (3,03) | 7,30 (2,82) | 7,29 (2,88) | 7,35 (2,76) |
| vysoké očakávania (3–12) | 9,97 (2,40) | 9,37 (2,79) | 9,63 (2,45) | 9,07 (2,83) | 9,51 (2,72) |
| podporné vzťahy (3–12) | 10,16 (2,35) | 9,35 (2,92) | 9,65(2,50) | 9,28 (2,30) | 9,66 (2,60) |
| zmysluplná participácia (3–12) | 9,71 (2,15) | 8,83 (2,78) | 9,33 (2,50) | 9,06 (2,67) | 8,96 (2,50) |
| dievčatá | | | | | |
| spokojnosť s matkou (1–5) | 4,62 (0,82) | 4,47 (0,97) | 4,44 (0,95) | 4,39 (1,04) | 4,39 (0,96) |
| spokojnosť s otcom (1–5) | 4,40 (1,08) | 4,32 (1,05) | 4,27 (1,14) | 4,28 (1,07) | 4,27 (1,09) |
| behaviorálna kontrola (2–10) | 5,83 (2,08) | 5,63 (2,29) | 5,83 (2,19) | 5,83 (2,29) | 5,67 (2,29) |
| informovanosť (2–10) | 8,19 (2,65) | 8,24 (2,61) | 8,34 (2,44) | 8,48 (2,37) | 8,42 (2,37) |
| vysoké očakávania (3–12) | 10,05 (2,27) | 10,01 (2,09) | 9,73 (2,51) | 9,81 (2,40) | 9,98 (2,31) |
| podporné vzťahy (3–12) | 10,25 (2,30) | 9,99 (2,35) | 9,87 (2,61) | 9,79 (2,62) | 9,91 (2,49) |
| zmysluplná participácia (3–12) | 9,42 (2,66) | 9,17 (2,72) | 9,42 (2,66) | 9,17 (2,72) | 9,50 (2,68) |

Zmeny v čase

V rámci lineárnych zmiešaných modelov sme sledovali interakciu (moderačnú úlohu) rodu a zmien v jednotlivých rodinných procesoch v čase. Ani v jednom zo sledovaných rodinných procesov nebola interakcia medzi rodom a časom zberu štatisticky významná, teda zmeny prebiehali rovnako u chlapcov a dievčat. Grafické znázornenie rodových

rozdielov je uvedené v grafoch 1 až 7. Pre jednoduchšiu interpretáciu výsledkov sme modely analyzovali znova, kontrolované pre rod respondentov, ale bez interakčných efektov rodu s časom. Tieto výsledky prezentujeme v nasledujúcom texte a tabuľkách.



Grafy 1–7 Vzťah medzi jednotlivými rodinnými procesmi a vlnou zberu vzhľadom na rod respondenta

V prvom kroku analýz boli vytvorené modely nepodmienенých priemerov pre jednotlivé premenné a následne vypočítaný medzitriedny korelačný koeficient (ICC), ktorý slúži na overenie interindividuálnej variancie v závislej premennej bez ohľadu na ďalšie premenné, v tomto prípade čas. Hodnoty ICC pre jednotlivé premenné sú nasledujúce: spokojnosť so vzťahom s matkou ICC = 0,306; spokojnosť so vzťahom s otcom ICC = 0,445; behaviorálna kontrola ICC = 0,436; informovanosť ICC = 0,463; vysoké očakávania ICC = 0,346; podporné vzťahy ICC = 0,378 a zmysluplná participácia ICC = 0,378. To naznačuje, že v jednotlivých premenných 30 %, 45 %, 44 %, 46 %, 34 %, 38 % a 38 % variancie je vysvetlenej interindividuálnymi rozdielmi.

Tab. 2 uvádza výsledky prvej úrovne modelu, teda to, ako sa jednotlivé procesy menia v čase (within-person change) kontrolujúc modely pre rod respondentov.

Tab. 2 Zmeny v jednotlivých rodinných procesoch, výsledky zmiešaných lineárnych modelov

| | odhad regresného koeficientu | št. chyba (S.E.) | stupne voľnosti (D.F.) | sig |
|---------------------------------|------------------------------|------------------|------------------------|---------|
| <i>spokojnosť s matkou</i> | | | | |
| konštanta (intercept) | 4,83 | 0,09 | 586 | < 0,001 |
| rod | -0,11 | 0,05 | 488 | 0,039 |
| čas | -0,04 | 0,01 | 476 | < 0,001 |
| <i>spokojnosť s otcom</i> | | | | |
| konštanta (intercept) | 4,59 | 0,13 | 563 | < 0,001 |
| rod | -0,11 | 0,07 | 489 | 0,123 |
| čas | -0,03 | 0,01 | 458 | 0,032 |
| <i>podporné vzťahy</i> | | | | |
| konštanta (intercept) | 9,57 | 0,29 | 593 | < 0,001 |
| rod | 0,32 | 0,17 | 491 | 0,055 |
| čas | -0,09 | 0,03 | 420 | 0,015 |
| <i>zmysluplná participácia</i> | | | | |
| konštanta (intercept) | 9,19 | 0,29 | 580 | 0,001 |
| rod | 0,30 | 0,17 | 495 | 0,079 |
| čas | -0,09 | 0,03 | 432 | 0,005 |
| <i>behaviorálna kontrola</i> | | | | |
| konštanta (intercept) | 5,83 | 0,27 | 572 | 0,001 |
| rod | 0,01 | 0,15 | 496 | 0,946 |
| čas | -0,03 | 0,03 | 459 | 0,265 |
| <i>rodičovská informovanosť</i> | | | | |
| konštanta (intercept) | 6,08 | 0,32 | 591 | < 0,001 |
| rod | 1,05 | 0,18 | 463 | 0,001 |
| čas | 0,05 | 0,03 | 481 | 0,157 |
| <i>vysoké očakávania</i> | | | | |
| konštanta (intercept) | 9,26 | 0,28 | 587 | 0,001 |
| rod | 0,40 | 0,16 | 483 | 0,012 |
| čas | -0,06 | 0,03 | 425 | 0,113 |

V priebehu 5 vln zberu údajov došlo k štatisticky významnému ($p \leq 0,001$) poklesu spokojnosti so vzťahom s matkou. Priemerný pokles spokojnosti bol o 0,04 bodu medzi jednotlivými vlnami. Dievčatá uvádzali štatisticky významne nižšiu spokojnosť so vzťahom s matkou ako chlapci. Rodové rozdiely v spokojnosti s otcom zazname-

Tab. 3 Druhá úroveň lineárneho zmiešaného modelu, miera variability medzi respondentmi

| | spokojnosť s matkou | spokojnosť s otcom | podporné vzťahy | zmysluplná participácia | behaviórna kontrola | rodičovská informovanosť | vysoké očakávania |
|--|------------------------|-----------------------|---------------------|----------------------------|------------------------|-----------------------------|----------------------|
| | odhad (S.E.) sig | odhad (S.E.) sig | odhad (S.E.) sig | odhad (S.E.) sig | odhad (S.E.) sig | odhad (S.E.) sig | odhad (S.E.) sig |
| variancia reziduí ^a | 0,48 (0,02)*** | 0,58 (0,02)*** | 3,84 (0,16)*** | 3,99 (0,16)*** | 2,72 (0,10)*** | 3,40 (0,13)*** | 3,73 (0,15)*** |
| variancia konštanty ^a | 0,23 (0,06)*** | 0,53 (0,08)*** | 2,68 (0,56)*** | 1,61 (0,49)*** | 2,46 (0,39)*** | 5,12 (0,63)*** | 2,40 (0,53)*** |
| variancia v čase (sklon) ^b | 0,02 (0,01)*** | 0,01 (0,01)** | 0,09 (0,04)* | 0,04 (0,04) | 0,08 (0,03)** | 0,20 (0,04)*** | 0,12 (0,42)** |
| kovariancia času a konštanty ^c | -0,02 (0,01) | -0,03 (0,02) | -0,18 (0,14) | 0,08 (0,12) | -0,15 (0,09) | -0,62 (0,14)*** | -0,22 (0,13) |

^aVariancia konštanty – rozptyl v premennej v čase T1

^bVariancia v čase – nakoľko sa zmeny líšia medzi jednotlivými subjektami

^cKovariancia – do akej miery sa líšia zmeny v čase vzhľadom na počítateľnú úroveň premenne

nané neboli, avšak podobne ako v predchádzajúcej premennej došlo k poklesu spokojnosti so vzťahom s otcom ($p \leq 0,05$; priemerný pokles o 0,03 bodu).

Štatisticky významný pokles bol zistený aj v premenných podporné vzťahy ($p \leq 0,05$) a zmysluplná participácia ($p \leq 0,05$). Priemerný pokles v podporných vzťahoch, ako i v zmysluplnej participácii bol o 0,09 bodu medzi jednotlivými vlnami zberu. V premenných behaviorálna kontrola, rodičovská informovanosť a vysoké očakávania neboli zaznamenané štatisticky významné zmeny v čase. Zaznamenané však boli rodové rozdiely. Dievčatá uvádzali štatisticky významne vyššiu mieru očakávaní zo strany rodičov aj rodičovskej informovanosti.

Údaje v tab. 3 reprezentujú výsledky druhej úrovne lineárneho zmiešaného modelu, teda mieru variability medzi jednotlivými respondentami (between-person differences). Variancia konštanty hovorí o tom, aký je rozptyl v závislej premennej v čase 1. Variancia času udáva, nakoľko sa zmeny v čase líšia medzi jednotlivými subjektami (rozptyl v sklone). Kovariancia konštanty a času udáva do akej miery sa líši vývin v čase vzhľadom na počiatočnú úroveň závislej premennej.

Variancia reziduí vo všetkých prezentovaných modeloch je relatívne veľká voči ostatným varianciám, čo naznačuje, že veľká časť variance v závislej premennej zostáva modelom nevysvetlená. Konštanta v našom výskume variuje medzi jednotlivými subjektami vo všetkých sledovaných premenných (na úrovni štatistickej významnosti $p \leq 0,001$), čo znamená, že percipovanie jednotlivých rodinných procesov v čase T1 je u jednotlivých respondentov rozdielne. Variancia v čase bola štatisticky významná takmer vo všetkých sledovaných rodinných procesoch s výnimkou zmysluplnej participácie. Tento výsledok naznačuje, že miera zmien v jednotlivých procesoch je rozdielna u každého respondenta. Výnimku tvorí premenná zmysluplná participácia, kde k štatisticky významnému poklesu (tab. 2) došlo rovnomerne u väčšiny respondentov.

Kovariancia je takmer vo všetkých sledovaných rodinných procesoch štatisticky nevýznamná. Znamená to, že miera zmeny hodnotenia rodinných procesov bola rovnaká bez ohľadu na počiatočný stav. Výnimkou je premenná rodičovská informovanosť. Signifikantná negatívna kovariancia ($-0,62$; $p \leq 0,001$) naznačuje, že čím vyššia bola počiatočná miera informovanosti rodičov, tým menší bol nárast informovanosti.

DISKUSIA

Hlavným cieľom štúdie bolo sledovať zmeny v rodinných procesoch v priebehu skorej adolescencie. Výsledky poukazujú na pokles v kvalite niektorých z rodinných procesov. Na začiatku dospievania v priebehu jeden a pol roka došlo k poklesu miery spokojnosti so vzťahom s matkou a s otcom a percipovaných podporných vzťahov v rodine. Tieto výsledky korešpondujú s predchádzajúcimi zisteniami (De Goede, Branje, Meeus, 2009; Furman, Buhrmester, 1992; Laursen, DeLay, Adams, 2010; Shanahan et al., 2007) o poklese v kvalite rôznych rodinných procesov v rámci emocionálnej dimenzie. Výsledky prezentovanej štúdie pridávajú informáciu, že k tomuto poklesu dochádza už v relatívne krátkom časovom horizonte na začiatku dospievania. Jedným z dôvodov tohto poklesu môže byť rastúca tendencia dospievajúcich prijímať sociálnu oporu od priateľov. Furman a Buhrmester (1992) zistili, že vo veku 9 rokov boli najvýznamnejším zdrojom sociálnej opory ešte rodičia, avšak vo veku 12 rokov to už boli priatelia rovnakého pohlavia. Podobne, Snopek a Hublová (2008) uvádzajú, že najvýznamnejším zdrojom sociálnej opory deviatkov sú priatelia, až potom nasledujú rodičia a spolužiaci.

Napriek zistenému lineárnemu poklesu v kvalite rodinných procesov, v absolútnej hodnote bol tento pokles relatívne malý. Aj hodnota reziduálnej variance naznačuje, že pomerne veľká variancia v sledovaných premenných zostáva nevysvetlená vývino-

vými zmenami. Percipovanie emocionálnej dimenzie rodinných procesov adolescentami zostáva na vysokej úrovni. Naše zistenie tak podporuje súčasný pohľad na vývin vzťahov medzi dospievajúcimi a rodičmi. Ten sa presunul od pôvodného vnímania dospievania ako turbulentného obdobia plného konfliktov, rebélie či aktívneho odmietania hodnôt rodičov k súčnému pohľadu vyzdvihujúcemu skôr zmenu spôsobu, akým je vzťah dospievajúceho a rodiča definovaný, nie zhoršenie jeho kvality (Laursen, Colins, 2009; Smetana, Campione-Barr, Metzger, 2006).

V dimenzii riadenia (v miere behaviorálnej kontroly, rodičovskej informovanosti a vysokých očakávaní) sme nezaznamenali zmeny v čase. Tieto výsledky sú do istej miery v rozpore z predchádzajúcimi zisteniami. Viacerí autori (Keijsers, Poulin, 2013; Masche, 2010; Nilsson, 2016) uvádzajú pokles v rodičovskej informovanosti počas adolescencie. V citovaných štúdiách však autori sledovali dlhšie časové obdobia. Je možné, že začiatkom adolescencie sa pokles v množstve vedomostí, ktoré rodičia o aktivitách svojich detí majú, ešte neprejavuje. Dospievajúci v tomto období stále trávajú pomerne veľké množstvo času v škole a doma, takže rodičia sú ešte stále dobre informovaní o ich voľnočasových aktivitách. Druhým faktorom môže byť použitá metodika. V prezentovanom výskume respondenti odpovedali na otázky, či ich rodičia vedia, kde a s kým sú po večeroch. Výsledky by mohli byť iné, ak by sme sa pýtali na to, či rodičia poznajú ich kamarátov, vedia, aké mávajú domáce úlohy, či ako trávajú čas medzi školou a príchodom domov.

Ďalšie výsledky prezentovanej štúdie naznačujú, že k zmenám (či stabilite) dochádza bez ohľadu na rod adolescenta, čo je v súlade s našimi predpokladmi aj mnohými predchádzajúcimi zisteniami z obdobia skorej adolescencie (De Goede, Branje, Meus, 2009; Keijsers, Poulin, 2013).

Rod respondenta je však významným vo vzťahu k niektorým rodinným procesom. Naše výsledky ukazujú signifikantne nižšiu spokojnosť so vzťahom s matkou u dievčat ako u chlapcov. Vzťahy medzi matkou a dcérou sú vo všeobecnosti komplikovanejšie a konfliktnejšie ako iné vzťahy rodič – adolescent (Laursen, Coy, Collins, 1998). Zároveň u dievčat nastupuje puberta skôr ako u chlapcov. Fyzické, kognitívne a sociálne zmeny súvisiace s pubertou majú potenciál destabilizovať vzťah medzi dospievajúcim a rodičmi, a teda priamo provokovať zmeny v rodinných procesoch (Laursen, Collins, 2009); nástup puberty súvisí s vyšším výskytom konfliktov medzi dospievajúcimi a rodičmi (Coakley et al., 2002). Skorší nástup puberty u dievčat môže súvisieť so skoršou turbulenciou vo vzťahu medzi matkou a dcérou, zvýšenou konfliktovosťou, čo môže následne súvisieť s nižšou spokojnosťou so vzťahom s matkou u dievčat v období skorej adolescencie. U chlapcov sa táto nespokojnosť môže objaviť neskôr.

Naopak chlapci v prezentovanom výskume uvádzali nižšiu mieru rodičovskej informovanosti a vysokých očakávaní zo strany rodičov. To, že rodičia vedia menej o aktivitách chlapcov, korešponduje so zisteniami iných autorov (napr. Smetana, Daddis, 2002; Waizenhoffer, Buchanan, Jackson-Newsom, 2004). Ukazuje sa, že chlapci v období adolescencie skrývajú pred rodičmi viac súkromných informácií ako dievčatá (Smetana, Campione-Barr, Metzger, 2006) a zároveň sa dievčatá častejšie spontánne zverujú rodičom (Waizenhoffer, Buchanan, Jackson-Newsom, 2004). Oba tieto fakty úzko súvisia s vyššou mierou informovanosti rodičov o aktivitách dievčat v porovnaní s chlapcami.

Výsledky štúdie ukazujú, že miera zmien v jednotlivých procesoch je rozdielna u každého respondenta. Podľa teórie súladu medzi vývinovým obdobím a podmienkami prostredia (stage-environment fit theory; Eccles et al., 1993) sú niektoré negatívne zmeny v rodinných procesoch v priebehu adolescencie dôsledkom nesúladu medzi

novými potrebami adolescenta (napríklad zvýšená potreba autonómie) a možnosťami, ktoré im ich prostredie ponúka. Rodičia nemusia dostatočne flexibilne reagovať na nové požiadavky a potreby dospelávajúceho, neposkytujú mu prostredie, ktoré umožní naplnenie jeho potrieb, čo môže súvisieť so zhoršenou kvalitou ich vzťahu. Interindividuálna variabilita v zmenách by mohla byť v súlade s touto teóriou vysvetlená rozdielnou schopnosťou rodičov prispôbiť sa novým požiadavkám adolescenta.

Výsledky prezentovanej štúdie ukazujú pokles v kvalite niektorých rodinných procesov v emocionálnej dimenzii v priebehu skorej adolescencie. Hoci je pokles štatisticky významný naprieč reprezentatívnym súborom dospelávajúcich, v absolútnej hodnote nie je veľký a poukazuje na pretrvávajúce, skôr pozitívne vzťahy medzi dospelávajúcimi a ich rodičmi.

Na záver je potrebné uviesť niekoľko obmedzení prezentovaného výskumu. Predkladaná štúdia spracováva čiastkové výsledky rozsiahlejšieho projektu zameraného na faktory rizikového správania dospelávajúcich. Rozsah sledovaných rodinných procesov je preto obmedzený a nezahŕňa všetky podstatné aspekty ako emocionálnej dimenzie, tak dimenzie riadenia. Keďže sa však v kontexte slovenského a českého výskumu jedná o prvú štúdiu zameranú na sledovanie zmien v rodinných procesoch, veríme, že napriek uvedenej limitácii prinášajú výsledky štúdie čitateľom dôležité informácie a môžu slúžiť ako podklad pre ďalší výskum v tejto oblasti. Obohatením by zároveň mohlo byť získanie údajov od rodičov, keďže mnohé štúdie naznačujú, že mnohé z rodinných procesov vnímajú adolescenti a ich rodičia rozdielne (Bačíková, Čarná, 2011; De Los Reyes, Ohannessian, 2016).

Limitáciou je i výber použitých metodík, ktorý opäť súvisí s ich dostupnosťou v rámci rozsiahlejšieho výskumu.

Jednou z metodík je jednopoložková škála sledujúca spokojnosť so vzťahom s rodičmi. V kontexte celkovej spokojnosti so životom je však využívanie jednopoložkových škál časté (Lucas, Donnellan, 2012). Štúdie porovnávajúce tieto jednopoložkové škály so známou metodikou SWLS (Satisfaction with Life Scale; Diener et al., 1985) uvádzajú dobrú konštruktívnu validitu u dospelých (Cheung, Lucas, 2014) aj adolescentov (Jovanovic, 2016). Preto predpokladáme, že i jednopoložková škála zameraná špecificky na jednu oblasť spokojnosti so životom (vzťah s rodičmi) môže byť akceptovaná ako validný výskumný nástroj.

Validitu ďalšej z metodík – stanovovanie pravidiel ako forma behaviorálnej kontroly – sme overili na inom výskumnom súbore. 145 adolescentov (priemerný vek: 13,98, SD: 0,74) vyplnilo vo výskume často používanú škálu behaviorálnej kontroly navrhnutú Stattinom a Kerrovou (2000) ako i nami použitú dvojpoložkovú metodiku. Pearsonov korelačný koeficient medzi oboma škálami bol $r = 0,719$, čo naznačuje vysokú mieru zhody.

ZÁVER

Výsledky prezentovanej štúdie ukazujú pokles v kvalite niektorých rodinných procesov v emocionálnej dimenzii v priebehu skorej adolescencie. Hoci je pokles štatisticky významný naprieč reprezentatívnym súborom dospelávajúcich, v absolútnej hodnote nie je veľký a poukazuje na pretrvávajúce, skôr pozitívne vzťahy medzi dospelávajúcimi a ich rodičmi.

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SÚHRN

Teoretické východiská. Adolescencia je charakterizovaná významnými zmenami v mnohých aspektoch vývinu dospievajúcich. Štúdie zamerané na zmeny v rodinných procesoch a vzťahy medzi adolescentom a rodičmi však nie sú časté. Zároveň sa javí byť dôležité zamerať pozornosť podrobnejšie na obdobie skorej adolescencie.

Výskumný súbor. Päť vln zberu údajov bolo uskutočnených medzi 497 adolescentmi (priemerný vek v T1 11,52 rokov, priemerný vek v T5 13,09 rokov; 59,4 % dievčat).

Hypotéza. Hlavným cieľom práce bolo sledovať zmeny v niektorých rodinných procesoch z pohľadu adolescentov medzi 11,5tým a 13tým rokom. Očakávané bolo zhoršenie v emocionálnej dimenzii rodinných procesov a v rodičovskej informovanosti, a naopak zvýšenie percipovanej behaviorálnej kontroly rodičov.

Štatistické analýzy. Zmeny v priebehu 5 vln zberu boli sledované pomocou lineárnych zmiešaných modelov.

Výsledky. Výsledky lineárnych zmiešaných modelov poukazujú na signifikantný pokles v spokojnosti so vzťahom s matkou ($F = 14,15$; $p \leq 0,001$), otcom ($F = 4,6$; $p \leq 0,01$), podporných vzťahoch ($F = 6,01$; $p \leq 0,01$) a zmysluplnej participácii ($F = 8,04$; $p \leq 0,001$), bez interakčného efektu s rodom. V ostatných premenných nebola zaznamenaná štatisticky významná zmena.

Limity. Štúdia je zameraná len na čiastkové aspekty rodinných procesov tak, ako ich vnímajú adolescenti. Zaujímavým by bolo zamerať sa na ďalšie rodinné procesy, ako i získať údaje od rodičov.

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Study 2

Bacikova-Sleskova, M., Madarasova Geckova, A., van Dijk, J.P., Groothoff, J.W., Reijneveld, S.A. (2011). Parental support and adolescents' health in the context of parental employment status. *Journal of Adolescence*. 34, 141–149.

Parents may affect their child's healthy and risky development by many means. Among them family stressors, such as parental unemployment, are of high importance. Unemployment is often followed by financial loss, loss of social contacts, loss of structure in the daily routine as well as a decrease in social status (Christoffersen, 2000). All these consequences cause stress which the unemployed individual has to cope with. As a result of this stress, unemployment can negatively affect parental behaviour as well as the support which parents give to their children. We assumed that parental unemployment can affect support given to adolescent children in two ways: (a) as a decrease in parental support as perceived by the adolescents and (b) as a decrease in the health-protective effect of parental support.

Women experience their unemployment as less stressful than men do, and the effect of mother's unemployment on adolescents is lower than that of father's unemployment (Christoffersen, 2000; Sleskova et al., 2006). Moreover, women have been found to have a greater sensitivity to the needs of others, which leads to a greater capacity for providing support (Flaherty, & Richman, 1989). Therefore, special attention is paid to mother's and father's social support separately in this study.

The aim of the present study was to explore the effect of perceived parental social support on adolescents' subjective health (general health, vitality, mental health, well-being and physical complaints) in the context of parental unemployment. The study was conducted among 1992 adolescents (mean age 16.9). Results show, that the quality of perceived social support is lower in the case of unemployment of father but not mother. Regression analyses revealed that both mother's and father's support was protective for adolescents' health when analysed separately. However, when the adjusted effect of mother's and father's support was analysed,

the positive influence of mother's support decreased or even disappeared for some outcomes. Forehand and Nousiainen (1993) suggested that although a father's acceptance of an adolescent occurs more seldom than a mother's, when it does occur it may actually play a more important role in the adolescent's life than the mother's acceptance. Our findings seem to be in line with this hypothesis. Father's support was generally perceived as lower than the mother's, but when it was high it played a greater protective role in adolescents' health than high mother's support. When both parents were employed, higher levels of father's support were mainly protective for the health of their children. However, if the father was unemployed, his social support had hardly any association with adolescents' health, but support from the mother had such an association. Overall, our results suggest that in the case of an unemployment of one parent, support from the other parent is important.

Author's contribution: 60%



Parental support and adolescents' health in the context of parental employment status

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A B S T R A C T

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Parental employment status is an important and often overlooked contextual factor that may influence parent–adolescent relationships. The aim of this study is to examine the effect of parental support on adolescents' health within the context of parental employment status. Data on perceived mother's and father's support, mother's and father's employment status and adolescents' perceived health were collected among 1992 adolescents (mean age 16.9) and analysed using chi-square and logistic regression. Father's support was significantly more often perceived as low when the father was unemployed, while the perception of mother's support did not differ in regards to the mother's employment. Among those with an unemployed father, mother's support appeared protective for adolescents' health, while when a mother was unemployed, father's support was more strongly associated with good health. Our results suggest that in the case of unemployment of one parent, support from the other parent may be more important for children.

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Introduction

A well-known family system theory (Cox & Paley, 1997) views family as a hierarchically organized system comprised of smaller subsystems (e.g. parental, marital, and sibling) but also embedded within larger systems (e.g. the community). Thus, mothers, fathers and children influence each other both directly and indirectly. From a family system perspective, changes in the condition of one family member or in the patterns of relationships among family subsystems may affect the functioning of the others. One such change is parental unemployment. Losing employment is a very stressful event. It is often followed by financial loss, loss of social contacts, loss of structure in the daily routine as well as a decrease in social status (Christoffersen, 2000). All these consequences of unemployment cause stress which the unemployed individual has to cope with. As a result of this stress, unemployment can negatively affect parental behaviour as well as the support which parents give to their children. We assume that parental unemployment can affect support for adolescent children in two ways: (a) as a decrease in parental support as perceived by the adolescents and (b) as a decrease in the health-protective effect of parental support.

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It has been found that financial strain, which is usually related to unemployment, increases the risk of emotional distress, which in turn increases the risk of marital conflict and subsequent marital distress (Conger, Rueter, & Elder, 1999). According to Robila and Krishnakumar (2005), financial strain is associated with higher levels of marital conflicts directly and also indirectly through increased maternal depression and lowered social support. Not only financial problems, but also stressful life events experienced by parents, as stated by Ge, Conger, Lorenz, and Simons (1994), are related to parental depressed moods, which disrupt skillful parenting practices. Parental unemployment, as a possible source of stress and financial strain, can thus negatively influence the amount of support given to adolescents by their parents.

The positive effect of good perceived social support on various aspects of an individual's life is well established (e.g. Amlund Hagen, Myers, & Mackintosh, 2005; Baruch-Feldman, Brondolo, Ben-Davan, & Schwarz, 2002; Leinonen, Solantaus, & Punamäki, 2003). Geckova, van Dijk, Stewart, Groothoff, and Post (2003) found that social support has a strong influence on many aspects of adolescents' health. Piko (2000) reported that a low level of perceived father's support increased the risk of substance use among secondary school students, whereas mother's support did not appear to be such a strong predictor. Wicrama, Lorenz, and Conger (1997) found that through adolescent perception of parental support, changes in parental supportive behaviour are connected with changes in an adolescent's physical health status. On the contrary, a lack of perceived parental support was highly related to depressive symptoms in adolescents (Patten et al., 1997). In this paper we study the protective effect of parental support on self-perceived adolescents' health.

The protective effect of parental support on adolescents' health could be affected by parental unemployment. Based on their finding that parent–adolescent conflicts are related to adolescents' problem behaviour only in families with alcoholic fathers but not in alcoholic-free families, Barrera and Stice (1998) stressed the need to understand parent–adolescent relationships within the context of family background characteristics. In our study, parental employment status is considered as one of these family background characteristics. We expect the protective effect of parental support on the health of their adolescent children to be lower in the event of parental unemployment. Generally speaking, women have been found to have a greater sensitivity to the needs of others, which leads to a greater capacity for providing support (Flaherty & Richman, 1989). Therefore, special attention is paid to mother's and father's social support separately in this study. As has been found in previous research, women experience their unemployment as less stressful than men do, and the effect of mother's unemployment on adolescents is lower than that of father's unemployment (Christoffersen, 2000; Sleskova, Salonna, et al., 2006). In line with these results, we also expect the effect of mother's support on adolescents' health to be influenced less by mother's unemployment than the effect of father's support by father's unemployment.

To summarise: previous research examining the effect of parental support on children's health has overlooked ways in which parental employment status moderates the influence of parental support on children's health. The main aim of the present paper is, therefore, to explore the effect of parental support on adolescents' health, taking into account parental employment status. Firstly, we aim to compare levels of support received from mothers and fathers between employed, short-term unemployed and long-term unemployed mothers and fathers. We expect that those adolescents with unemployed parents will report lower levels of parental support.

Secondly, the effect of high levels of parental support on adolescents' health stratified by parental employment status will be studied. We expect the protective effect of parental support on health to be lower in the groups of adolescents with unemployed parents.

Methods

Sample and procedure

Our sample consisted of 1992 secondary school students from 24 secondary schools in the Kosice region in Slovakia (Sleskova, Salonna, Madarasova Geckova, van Dijk, & Groothoff, 2005). The Slovakian school system is as follows: After leaving elementary school (9 years attendance), Slovak adolescents aged around 15 enter one of four types of secondary schools: 1) a four-year grammar school providing general education and preparation for university study. 2) a four-year specialised secondary school providing usually technical education, after which it is also possible to study at university; however this is a lower level of education than grammar school. 3) a four-year apprentice school providing education for manual occupations. 4) a three or two-year apprentice school providing only basic education for manual occupations.

Data were collected in the winter of 2002. The sample was stratified by type of school and gender (46.5% male, 53.5% female). The age of respondents ranged from 14 to 19 years; the mean age was 16.8 (standard deviation 1.1). Only a small minority of the sample comprised the ages 14 ($N = 18$; 0.9%) and 19 years ($N = 22$; 1.0%). All respondents lived with at least one parent. Respondents completed a questionnaire at school during a 45 min class period on a voluntary and anonymous basis in the absence of their teachers. A response rate of 97.5% was achieved, non-response was due to the illness or other type of the school absence.

Measures

Employment status of parents

Respondents were asked to indicate whether their mother and father were employed or unemployed and the duration of their unemployment, if applicable. This was then coded into the following categories: employed/unemployed less than one

year/unemployed more than one year. Unemployment longer than one year is usually considered as long-term unemployment, while shorter than one year is short-term unemployment.

It is necessary to explain the employment situation in Slovakia, mainly with respect to females. Although being a housewife is common in many West European countries, this type of employment status among females is virtually non-existent in Slovakia (Sleskova, Tuinstra, et al., 2006) – most women have or would like to have full-time employment. Our previous analyses showed no differences between housewives and unemployed women with regard to their effect on the health of adolescents (Sleskova, Tuinstra, et al., 2006). Therefore, in this study we use only the category 'unemployed'.

Health

We used five self-reported measures covering both physical and mental health. All measures were dichotomised in such a way that approximately 30% of respondents reporting worse health are considered as having 'bad health' and the rest as having 'good health'.

Self-rated health is a single-item scale widely used in health studies, because it is generally accepted as a good predictor of mortality and morbidity (Idler & Angel, 1990; Larsson, Hemmingsson, Allebeck, & Lundberg, 2002). Respondents assessed their health using a five-point scale. 'Excellent' and 'very good' health ratings were combined into one group and considered as 'good health', and 'good', 'fairly good' and 'bad' ratings were consolidated into a second group.

Vitality and mental health are two scales of the 36-item RAND questionnaire (Ware & Sherbourne, 1992). The vitality scale consists of four items focusing on energy and fatigue. Mental health is a five-item scale focusing on psychological distress and well-being. In both indicators, respondents were asked to evaluate their feelings during the previous four weeks using five-point Likert scales. Sum scores were then transformed into scales with a possible range from 0 (worst) to 100 (best). The Cronbach alphas for these scales were 0.71 for vitality and 0.78 for mental health, respectively. They were dichotomised at the cut-off point 45/46 or more in order for approximately 30% of the respondents to have 'bad health'.

Long-term well-being was measured on a seven-point scale consisting of stylised faces. Respondents rated their feelings about their life in the previous year. The faces were coded into numbers with number 1 meaning the best well-being and number 7 the worst. The scale was used to assess socio-emotional health in addition to the global and physical health measured by other indicators. This simple scale may provide a better representation of respondents' feelings than would similar verbal scales (Andrews, 1996). Those respondents who rated their well-being with the numbers 1–3 were considered as having 'good health'.

Health complaints experienced during the previous month were recorded using the Slovak version of the Dutch questionnaire VOG (Geckova et al., 2001); (Jansen & Sikkkel, 1994). This shortened version consisted of 13 items. A three-point scale (never, less than three times, three and more times) was used in response to each item in our study. The Cronbach alpha for this scale was 0.78. In this study the occurrence 'three and more times' was considered as having a particular health complaint and to have none to three health complaints was considered as 'good health'.

Parental support

Parental support was measured using a 12-item questionnaire. The questionnaire was derived from Measures of Perceived Social Support (Turner & Marino, 1994). We separately assessed the level of support each respondent experienced from his or her mother and father. Items focused on closeness to a parent, time to talk with a parent, the feeling of being a worthwhile person, being relaxed and myself in the presence of a parent, the feeling that a parent is always here and the feeling of a parent's confidence in the adolescent. Each item has a four-point response scale, with a sum score ranging from 6 to 24 separately for mother's and father's support. The internal consistency of the scale was highly satisfactory. Cronbach alphas are 0.87 for the mother and 0.92 for the father, respectively. In this study, sum scores were recoded into tertiles (high, medium and low support) separately for mothers and fathers. For mother's support, scores of 6–7 were considered as high support (30.2% of respondents), scores of 8–10 as medium support (33.1%), and scores of 11–24 as low support (36.7%). For father's support, scores of 6–9 were considered as high support (33.2% of respondents), scores of 10–12 as medium support (30.0%), and scores of 13–24 as low support (36.8%). This different grouping of mother's and father's support was chosen to obtain a similar distribution of high and low social support for both parents. Father's support is generally lower than mother's. If we used an equal grouping for both parents, the "high support" group would contain only those fathers who give extremely high support to their children when compared to most fathers, whereas the "low support" group would also include those father's who, in the context of parental support, give medium support to their children.

Statistical analyses

First, we examined differences in parental support between employed, short-term and long-term unemployed parents using chi-square statistics. Next, we examined the relative effect of medium and high levels of mother's and father's support on the occurrence of good health among adolescents using logistic regression. We repeated these analyses with adjustment for the support received from the other parent to determine the effects of support from either the mother or the father. Finally, we repeated similar analyses in each parental employment status category. Given the possibility that the analysed relationships could be gender specific, all models were adjusted for gender.

Results

Table 1 gives the descriptive information about adolescents' perception of mothers' and fathers' support by father's and mother's employment status (employed, short-term unemployed and long-term unemployed). Results indicate that only a father's support depends on the father's employment status. From those respondents whose father was short-term or long-term unemployed, 49% and 46% respectively reported receiving low support from him compared to 34% of those whose father was employed. Father's support did not differ by mother's employment status. Mother's support did not differ by either father's or mother's employment status.

Next we explored the crude and adjusted effects of mother's and father's support on adolescents' health. As can be seen from Table 2, when the crude effect of mother's and father's support was analysed, medium and high levels of their support were protective for adolescents' health in all measured aspects of health. The only exception was self-rated health, where a medium level of mother's support was not protective for adolescents' health. In the adjusted model (Table 2) the effect of mother's support on some health indicators disappeared. The effect of a high level of mother's support on self-rated health, a medium level of support on vitality and a medium level of mother's support on the occurrence of health complaints became insignificant. The effect of mother's support on the other aspects of adolescents' health remained significant, but the odds ratios decreased after adjusting for father's support. The effect of father's support on adolescents' health also remained highly statistically significant ($p \leq 0.001$) after adjusting for the effect of mother's support.

In the next step, the group of respondents was divided into categories by father's and mother's employment status separately. We compared analyses with three (employed, short-term unemployed and long-term unemployed) and two (employed and unemployed) employment categories. Because more detailed categorisation of employment did not add to the model with statistical significance ($p > 0.05$), we present data only for two categories: employed and unemployed parents. Logistic regression models were run in each category to examine the adjusted effect of mother's and father's support on several aspects of adolescents' health with respect to parental employment status.

Firstly, the crude effect of mother's and father's support on health was analysed. Afterwards, the effect of mother's support was adjusted for father's support and vice versa. Because the pattern of this adjustment was very similar to that presented for all respondents in Table 2 (after adjusting the protective effect of mother's support decreased), we only present adjusted effects in Tables 3 and 4.

Father's employment status

The protective effect of parental support on adolescents' health among groups divided by father's employment status is presented in Table 3. Among those with employed fathers, medium and high levels of father's support had significant positive effect on adolescents' health in all five health indicators used in our study (Table 3). The odds ratios ranged from 1.65 to 2.49. The effect of mother's support on health when fathers were employed was much lower. Medium and high levels of mother's support (OR 1.45, 95% CI 1.07–1.95 and OR 1.63, 95% CI 1.17–2.28, respectively) were protective for adolescents' mental health, and high level of social support positively influenced the occurrence of health complaints (OR 1.35, 95% CI 1.00–1.83). Among those with unemployed fathers, a medium level of father's support was protective only for vitality (OR 2.37, 95% CI 1.14–4.92) among respondents. All other associations between father's support and adolescents' health were insignificant when the father was unemployed. On the other hand, mother's high support was protective for adolescents' health in four out of five health indicators (vitality, mental health, long-term well-being and occurrence of health complaints) among those with unemployed fathers. Good long-term well-being was also predicted by a medium level of mother's support (OR 2.22, 95% CI 1.05–4.71).

Table 1

Father's and mother's support, comparison of groups with parents employed, unemployed <1 year, and unemployed >1 year.

| | Father's employment status | | | Mother's employment status | | |
|-------------------------|----------------------------|-----------------|-----------------|----------------------------|-----------------|-----------------|
| | Employed | Unempl. <1 year | Unempl. >1 year | Employed | Unempl. <1 year | Unempl. >1 year |
| | % (N) | % (N) | % (N) | % (N) | % (N) | % (N) |
| Father's support | | | | | | |
| High | 34.6 (565) | 24.1 (20) | 25.0 (37) | 32.9 (505) | 33.3 (30) | 34.2 (83) |
| Medium | 30.7 (501) | 26.5 (22) | 28.4 (42) | 29.9 (460) | 23.3 (21) | 33.7 (82) |
| Low | 34.7 (567) | 49.4 (41) | 46.6 (69) | 37.2 (572) | 43.3 (39) | 32.1 (78) |
| Chi-square | | | 16.02** | | | 5.14 n.s |
| Mother's support | | | | | | |
| High | 30.6 (503) | 33.3 (27) | 29.1 (48) | 30.4 (488) | 32.3 (31) | 28.9 (76) |
| Medium | 33.3 (546) | 28.4 (23) | 30.9 (51) | 33.2 (533) | 31.3 (30) | 33.1 (87) |
| Low | 36.1 (593) | 38.3 (31) | 40.0 (66) | 36.3 (583) | 36.5 (35) | 38.0 (100) |
| Chi-square | | | 1.77 n.s | | | 0.59 n.s |

** $p < 0.01$.

Table 2

Crude and adjusted effects of parental support on good health of adolescents.

| | | Crude effect | Adjusted effect ^a |
|-----------------------------|--------|-------------------------|------------------------------|
| | | OR (95% CI) | OR (95% CI) |
| Self-rated health | | | |
| Mother's support | Low | 1.00 | 1.00 |
| | Medium | 1.02 (0.82–1.27) | 0.83 (0.65–1.05) |
| | High | 1.54 (1.21–1.95) | 1.18 (0.90–1.54) |
| Father's support | Low | 1.00 | 1.00 |
| | Medium | 1.83 (1.44–2.32) | 1.90 (1.49–2.42) |
| | High | 2.14 (1.69–2.70) | 2.11 (1.63–2.73) |
| Vitality | | | |
| Mother's support | Low | 1.00 | 1.00 |
| | Medium | 1.34 (1.07–1.68) | 1.12 (0.88–1.43) |
| | High | 1.94 (1.53–2.48) | 1.57 (1.20–2.07) |
| Father's support | Low | 1.00 | 1.00 |
| | Medium | 1.71 (1.35–2.17) | 1.65 (1.30–2.11) |
| | High | 2.32 (1.82–2.96) | 1.95 (1.50–2.53) |
| Mental health | | | |
| Mother's support | Low | 1.00 | 1.00 |
| | Medium | 1.75 (1.35–2.25) | 1.46 (1.10–1.92) |
| | High | 2.19 (1.66–2.89) | 1.78 (1.31–2.42) |
| Father's support | Low | 1.00 | 1.00 |
| | Medium | 2.29 (1.74–3.02) | 2.14 (1.61–2.82) |
| | High | 2.72 (2.06–3.60) | 2.16 (1.60–2.92) |
| Long-term well-being | | | |
| Mother's support | Low | 1.00 | 1.00 |
| | Medium | 1.76 (1.34–2.30) | 1.39 (1.04–1.86) |
| | High | 2.17 (1.62–2.90) | 1.63 (1.17–2.27) |
| Father's support | Low | 1.00 | 1.00 |
| | Medium | 2.09 (1.56–2.79) | 2.00 (1.49–2.68) |
| | High | 2.89 (2.13–3.92) | 2.35 (1.69–3.27) |
| Health complaints | | | |
| Mother's support | Low | 1.00 | 1.00 |
| | Medium | 1.47 (1.17–1.86) | 1.28 (0.99–1.65) |
| | High | 1.86 (1.45–2.38) | 1.54 (1.17–2.03) |
| Father's support | Low | 1.00 | 1.00 |
| | Medium | 2.09 (1.63–2.69) | 2.05 (1.59–2.65) |
| | High | 2.23 (1.74–2.85) | 1.90 (1.45–2.48) |

Both models are adjusted for gender.

Statistically significant effect is in bold.

^a 'Adjusted' – adjusted for the support of the other parent.

Mother's employment status

Among those with employed mothers, father's support primarily had a protective effect on adolescents' health (Table 4). Medium and high levels of father's support positively affected the health of adolescents in all health indicators used (odds ratios ranged from 1.60 to 2.34). High levels of mother's support were important predictors of good health in four out of five health indicators (vitality, mental health, long-term well-being and health complaints) (odds ratios ranged from 1.51 to 1.99).

Medium levels of mother's support had no effect on health, with the exception of mental health (OR 1.62, 95% CI 1.19–2.18). Among those with unemployed mothers, only father's support affected health. Medium levels of support from the father positively influenced health in all of the health indicators used (ORs ranging from 1.89 to 3.23). High levels of father's support were important predictors of good self-rated health, vitality, mental health and long-term well-being (ORs ranging from 2.13 to 2.89).

Discussion

This study of the effect of parental support on the health of adolescents with respect to the employment status of parents produced several interesting results. Firstly, we expected less support from both the mother and father during their unemployment. However, our results showed that only perceived father's support was lower when the father himself was unemployed. Perceived mother's support did not seem to be affected either by a father's or by a mother's unemployment. This could be explained by different experience of unemployment by men and women. According to Conger, Lorenz, Elder, Simons, and Ge (1993), men are more likely than women to report being distressed by work-related and financial events. Furthermore women experience their own unemployment as less stressful than men do (Artazcoz, Benach, Borrel, & Cortes, 2004; Waters

Table 3

The effect of parental support on good health of adolescents health by father's employment status. Results are adjusted for gender of the respondents and for social support of the other parent.

| Father's employment status | | Employed <i>n</i> = 1655 | Unemployed <i>n</i> = 251 |
|-----------------------------|--------|--------------------------|---------------------------|
| | | OR (95% CI) | OR (95% CI) |
| Self-rated health | | | |
| Mother's support | Low | 1.00 | 1.00 |
| | Medium | 0.80 (0.61–1.04) | 0.95 (0.49–1.82) |
| | High | 1.10 (0.82–1.47) | 1.94 (0.97–3.88) |
| Father's support | Low | 1.00 | 1.00 |
| | Medium | 1.92 (1.48–2.51) | 1.70 (0.89–3.25) |
| | High | 2.21 (1.67–2.94) | 1.58 (0.77–3.22) |
| Vitality | | | |
| Mother's support | Low | 1.00 | 1.00 |
| | Medium | 1.03 (0.79–1.34) | 1.64 (0.82–3.28) |
| | High | 1.30 (0.97–1.75) | 5.06 (2.29–11.20) |
| Father's support | Low | 1.00 | 1.00 |
| | Medium | 1.65 (1.27–2.14) | 2.37 (1.14–4.92) |
| | High | 2.27 (1.70–3.03) | 0.81 (0.38–1.73) |
| Mental health | | | |
| Mother's support | Low | 1.00 | 1.00 |
| | Medium | 1.45 (1.07–1.95) | 1.44 (0.66–3.13) |
| | High | 1.63 (1.17–2.28) | 2.88 (1.21–6.87) |
| Father's support | Low | 1.00 | 1.00 |
| | Medium | 2.16 (1.60–2.92) | 2.21 (0.98–5.00) |
| | High | 2.29 (1.65–3.17) | 1.85 (0.74–4.60) |
| Long-term well-being | | | |
| Mother's support | Low | 1.00 | 1.00 |
| | Medium | 1.28 (0.92–1.76) | 2.22 (1.05–4.71) |
| | High | 1.37 (0.95–1.97) | 4.21 (1.78–9.96) |
| Father's support | Low | 1.00 | 1.00 |
| | Medium | 2.11 (1.52–2.93) | 1.53 (0.73–3.32) |
| | High | 2.49 (1.65–3.58) | 1.82 (0.73–4.52) |
| Health complaints | | | |
| Mother's support | Low | 1.00 | 1.00 |
| | Medium | 1.30 (0.98–1.70) | 1.12 (0.56–2.24) |
| | High | 1.35 (1.00–1.83) | 2.85 (1.29–6.27) |
| Father's support | Low | 1.00 | 1.00 |
| | Medium | 2.25 (1.71–2.96) | 1.54 (0.75–3.13) |
| | High | 2.14 (1.60–2.86) | 1.17 (0.53–2.55) |

Statistically significant ($p < 0.05$) effect is in bold.

& Moore, 2002). Unemployment, therefore, probably does not change women's behaviour towards their children, and adolescents do not perceive the support of their mother as worse if she is unemployed. On the other hand, stress caused by unemployment probably decreases the father's support given to children. Our results, however, do not give a satisfactory answer to the question about family processes under the situation of job loss of one of the parents. Furthermore, the parental support measure used in our study is based on the adolescents' perception of parental support and not on objective parental behaviour towards children. Additional research would therefore be needed for a better understanding of family processes during parental unemployment.

As a second step, the effect of parental support on adolescents' health was explored. We found that both mother's and father's support was protective for adolescents' health when analysed separately. However, when the adjusted effect of mother's and father's support was analysed, the positive influence of mother's support decreased or even disappeared for some outcomes. Forehand and Nousiainen (1993) suggested that although a father's acceptance of an adolescent occurs more seldom than a mother's, when it does occur it may actually play a more important role in the adolescent's life than the mother's acceptance. Our findings seem to be in line with this hypothesis. Father's support was generally perceived as lower than the mother's, but when it was high it played a greater protective role in adolescents' health than high mother's support.

Thirdly, we explored the protective effect on adolescents' health with regard to the employment status of their parents. When both parents were employed, higher levels of father's support were mainly protective for the health of their children. However, if the father was unemployed, his social support had hardly any association with adolescents' health, but support from the mother had such an association. An explanation may be that when the father is without a paid job and has to cope with many stressors, the influence of his support subsides in both a positive as well as negative sense. In this situation the mother is more important than the father for the health and well-being of adolescent children, in contrast to the situation when the father is employed. On the other hand, when the mother was unemployed it was not her support, but more the father's that was associated with better health. A general explanation may be that in the case of unemployment of one parent,

Table 4

The effect of parental support on good health adolescents health with regard to mother's employment status. Results are adjusted for gender of the respondents and for social support of the other parent.

| Mother's employment status | | Employed <i>n</i> = 1610 | Unemployed <i>n</i> = 361 |
|-----------------------------|--------|--------------------------|---------------------------|
| | | OR (95% CI) | OR (95% CI) |
| Self-rated health | | | |
| Mother's support | Low | 1.00 | 1.00 |
| | Medium | 0.83 (0.63–1.09) | 0.72 (0.41–1.26) |
| | High | 1.14 (0.85–1.54) | 1.23 (0.66–2.29) |
| Father's support | Low | 1.00 | 1.00 |
| | Medium | 1.84 (1.41–2.42) | 2.30 (1.30–4.08) |
| | High | 2.08 (1.55–2.77) | 2.43 (1.34–4.40) |
| Vitality | | | |
| Mother's support | Low | 1.00 | 1.00 |
| | Medium | 1.14 (0.87–1.50) | 1.03 (0.58–1.81) |
| | High | 1.51 (1.11–2.03) | 1.86 (0.98–3.55) |
| Father's support | Low | 1.00 | 1.00 |
| | Medium | 1.60 (1.20–2.05) | 2.12 (1.18–3.80) |
| | High | 1.96 (1.46–2.63) | 2.13 (1.16–3.92) |
| Mental health | | | |
| Mother's support | Low | 1.00 | 1.00 |
| | Medium | 1.62 (1.19–2.18) | 0.84 (0.52–1.71) |
| | High | 1.99 (1.42–2.79) | 0.99 (0.45–2.16) |
| Father's support | Low | 1.00 | 1.00 |
| | Medium | 1.98 (1.46–2.68) | 3.23 (1.51–6.90) |
| | High | 2.08 (1.49–2.91) | 2.84 (1.34–6.01) |
| Long-term well-being | | | |
| Mother's support | Low | 1.00 | 1.00 |
| | Medium | 1.27 (0.92–1.75) | 1.98 (0.97–4.05) |
| | High | 1.53 (1.06–2.21) | 2.19 (0.98–4.89) |
| Father's support | Low | 1.00 | 1.00 |
| | Medium | 1.97 (1.42–2.73) | 2.23 (1.09–4.55) |
| | High | 2.34 (1.62–3.37) | 2.89 (1.30–6.41) |
| Health complaints | | | |
| Mother's support | Low | 1.00 | 1.00 |
| | Medium | 1.30 (0.98–1.72) | 1.22 (0.68–2.20) |
| | High | 1.60 (1.17–2.18) | 1.29 (0.69–2.42) |
| Father's support | Low | 1.00 | 1.00 |
| | Medium | 2.10 (1.58–2.78) | 1.89 (1.04–3.44) |
| | High | 2.01 (1.49–2.72) | 1.56 (0.85–2.86) |

Statistically significant ($p < 0.05$) effect is in bold.

the second parent becomes more important for the children. High levels of his/her support are protective for the children, and low levels of support threaten the children, while support from the unemployed parent loses its importance for adolescents. One explanation is that adolescents feel the stress of an unemployed parent and therefore try to gain support from the other parent. When this support is high, it protects them, and when it is low, it harms them; but in any case it seems to be important. Another explanation is that the unemployed parent has more conflicts with the adolescent as a result of job loss, and then the other parent is very important as a mediator of the relationship between the unemployed parent and adolescent. It would be interesting to explore deeply the mechanism of parental support within the family with an unemployed parent. A longitudinal study in particular could give answers to the question of what happens when a parent becomes unemployed.

When looking at parental support with regard to employment status one more interesting result was found. In the case of mother's support, mainly high levels were protective for their children, while in the case of father's support, only medium support was enough to protect children's health. This finding again supports the idea that, although father's support is lower than mother's, it could play a more important role for children.

We found that the protective effect of parental support on adolescents' health can work differently under different life conditions, particularly regarding parental employment status. However, in a similar study concerning different socioeconomic groups (measured by parental education and parental occupational group), Geckova et al. (2003) did not confirm any differences in the effect of social support on health among socioeconomic groups of 15-year-old Slovak adolescents. These different findings suggest that although parental unemployment means a decrease in socioeconomic status, it cannot be simplified to low socioeconomic status, mainly when its effects on children are measured. It probably causes more complex changes in the family system, which can have different effects on children than low socioeconomic status as such. Helping unemployed adults to cope with their situation cannot therefore be restricted to increasing their socioeconomic status (via state unemployment benefits) but should be oriented also towards the counselling process. Working with the whole family system and increasing the level of support which parents give to their children even in the situation when they have to

cope with their own unemployment could help to prevent many undesirable effects of parental unemployment on children's health.

Strengths and limitations of the study

The present paper has several strengths and limitations. The main strength is that it focuses on the effect of parental support on adolescent's health under different life circumstances, in this case different employment status of parents, which is often overlooked or sidelined in the literature. Furthermore we have used five health indicators, which comprised several aspects of adolescents' health – general health, psychological health as well as physical health. The focus on father's and mother's employment status separately belongs among the strengths as well as the limitations of the present study. The positive aspect is that we can see how differently parental support influences health when the father is unemployed in comparison with the situation when the mother is unemployed. However, there is evidence that having both parents unemployed has even more negative consequences for children than having only one parent unemployed (Kaltiala-Heino, Rimpela, Rantanen, & Laippala, 2001; Sleskova, Salonna, et al., 2006). When interpreting results, the sample size in separate groups should also be taken into account. Some of the differences in odds ratios could be due to the fact that the groups of unemployed fathers and mothers were much smaller than those of employed parents. This study is based on self-reported data obtained from a single informant — an adolescent at one measurement point — which is considered as a third limitation of the study. Studies with a longitudinal design with data on parent–child relationships obtained also from parents would be useful for deeper analyses of the parent–child relationship in the situation of parental unemployment. The fact that we have included in our study also those respondents who did not live with or did not have one parent might be also seen as a limitation. However, the number of adolescents living with both biological parents in the eastern part of Slovakia (where the data collection was done) is generally very high (in our newer sample collected in December 2006 it was 87%). Despite these limitations, the present article adds new information to the knowledge about parental unemployment and can be considered as an important suggestion for further research.

This study is one of a relatively small number investigating an important contextual variable — parental unemployment — when examining relationships between parental support and adolescents' functioning. To conclude our results, it seems to be that parental unemployment influences the parental support given to adolescent in both ways studied: as a decrease in the parental support perceived by the adolescents and as a decrease in the health-protective effect of parental support. However, more research would be needed for a deeper understanding of the role of unemployment in the family system. Particularly, a culture-oriented approach is needed, as the percentage of employed and unemployed parents, especially mothers, is different in every country. For example, in Slovakia being a housewife is very rare, while in the Netherlands it is much more common (Sleskova, Tuinstra, et al., 2006); thus the effect of parental support on adolescents' health may be also different in different cultural settings.

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Study 3

Bacikova-Sleskova, M., Benka, J., & Orosova, O. (2015). Parental employment status and adolescents' health: The role of financial situation, parent-adolescent relationship and adolescents' resilience. *Psychology & Health*, 30(4), 400-422.

Studies addressing the impact of parental unemployment on children's and adolescents' psychological functioning and health have been scarce. Those that have been published, however, have mostly put emphasis on the economic or sociological context leaving the broader psychological level of relationships and personal resources for coping with parental unemployment understudied. Furthermore, only a few studies have distinguished between the paternal and maternal employment status. Indeed, the findings of the reviewed studies have shown different, although not fully consistent, patterns of the associations between father's and mother's employment status and adolescents' outcomes. Therefore, in this study we have distinguished between maternal and paternal employment status.

In our previous study (Sleskova et al., 2006) we have confirmed the relationship between paternal unemployment and worse perceived adolescent health (general health, vitality, mental health). There are several factors that are hypothesised to account for this relationship. (1) Worse financial situation after a job loss; (2) worse parent-adolescent relationship quality (as a result of dealing with father's own stressor, or a result of marital conflicts); (3) lack of adolescent resilience. In the present study we have explored how adolescents differ in perceived financial strain, parent-adolescent relationship and resilience according to their parents' employment status. Secondly, the association between parental employment status and several aspects of adolescents' subjective health were examined. Thirdly, the paper sought to explore whether the relationship between parental unemployment/non-employment and adolescents' health is robust to control for financial strain, parent-adolescent relationship and resilience. Finally, the moderating effect of resilience on the relationship was studied.

The study was conducted among 2799 adolescents (mean age 14,3, 50% males). As had been expected, financial strain was the highest when the father as well as mother was unemployed. With regards to the parent–adolescent relationship, the findings showed contrary to our expectations that adolescents with unemployed parents did not report significantly lower closeness, support, monitoring, communication or higher conflict with their parents than those with employed parents. This was found to be the case for both mothers and fathers. While there were no differences in the perception of parenting processes among adolescents with unemployed and employed parents, adolescents showed stronger negative feelings towards their parents if unemployed. It had been hypothesised that adolescents with unemployed parents would be less resilient. However, this was only true for the resilience factor represented by the perception of the future. One suggestion is that due to higher financial strain during parental unemployment, adolescents might perceive their future as insecure with plans that might not be fulfilled. Based on our findings, resilience does not seem to be affected by parental unemployment. There has been a discussion of the possibility of strengthening resilience through exposure to adversity (Olsson et al., 2003). While for some adolescents, parental unemployment decreases resilience, for others, it might be an opportunity to strengthen their resilience.

The main result of the study showed that the studied factors were not sufficient to reduce the negative effect of the father’s unemployment or non-employment on adolescents’ self-rated health, vitality or mental health. Therefore, the question what is the psychological mechanism between parental employment status and worse adolescent health remains unanswered. Interaction effect of resilience and the father’s unemployment was significant; however, the result was unexpected. High resilience was related more to better adolescents’ vitality and mental health among those with an employed father than those with an unemployed one. In other words, resilience did not work as a buffer against the negative impact of a fathers’ unemployment on adolescents’ health.

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Parental employment status and adolescents' health: The role of financial situation, parent-adolescent relationship and adolescents' resilience

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Parental employment status and adolescents' health: The role of financial situation, parent-adolescent relationship and adolescents' resilience

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The paper deals with parental employment status and its relationship to adolescents' self-reported health. It studies the role of the financial situation, parent-adolescent relationship and adolescent resilience in the relationship between parental employment status and adolescents' self-rated health, vitality and mental health. Multiple regression analyses were used to analyse questionnaire data obtained from 2799 adolescents (mean age 14.3) in 2006. The results show a negative association of the father's, but not mother's unemployment or non-employment with adolescents' health. Regression analyses showed that neither financial strain nor a poor parent-adolescent relationship or a low score in resilience accounted for the relationship between the father's unemployment or non-employment and poorer adolescent health. Furthermore, resilience did not work as a buffer against the negative impact of fathers' unemployment on adolescents' health.

Keywords: parental employment status; adolescence; self-reported health; financial strain; parent-adolescent relationship; resilience

Introduction

Since the seminal research study on unemployment consequences (Jahoda, Lazarsfield, & Zeisel, 1933), it has repeatedly been shown that not having a paid job not only affects the unemployed individual but has a wider social, economic and psychological impact on their social environment and on children in particular.

Parental unemployment might, thus, take on the role of a stressor which is relevant to the health and well-being of adolescents. In spite of the relevance of this topic, there still seems to be a lack of research regarding this issue.

So far, studies addressing the impact of parental unemployment on children's and adolescents' psychological functioning and health have been scarce. Those that have been published, however (for a review on the impact of unemployment on family functioning see Strom, 2003), have mostly put emphasis on the economic or sociological context leaving the broader psychological level of relationships and personal resources for coping with parental unemployment understudied.

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Existing research has shown that having one or both parents without a paid job has generally been associated with poorer physical or mental health (Bacikova-Sleskova, Madarasova Geckova, van Dijk, Groothoff, & Reijneveld, 2011; Koivusilta, Rimpela, Rantanen, & Kautiainen, 2006; Reinhardt Pedersen, Madsen, & Kohler, 2005; Siponen, Ahonen, Savolainen, & Hameen-Anttila, 2011; Sleskova et al., 2006a, 2006b), the occurrence of behavioural problems (Harland, Reijneveld, Brugman, Verloove-Vanhorick, & Verhulst, 2002; Isaranurug, Nitirat, Chauyong, & Wongarsa, 2001), poorer academic achievement (Stevens & Schaller, 2011), depression (Kaltiala-Heino, Rimpela, Rantanen, & Laippala, 2001; Sund, Larsson, & Wichstrom, 2003) and a higher probability of smoking (Unger, Hamilton, & Sussman, 2004).

Furthermore, it has been shown that the negative effect of long-term unemployment on health seems to be stronger than short-term unemployment (Harland et al., 2002; Sleskova et al., 2006a). Also, the causal effect of paternal unemployment has been confirmed in a longitudinal design using the fixed effects ordered logit method in respect to children's schooling ambitions (Andersen, 2013).

It is important to note that only a few studies have distinguished between the paternal and maternal employment status (e.g. Magklara et al., 2010; Piko & Fitzpatrick, 2007; Sleskova et al., 2006a). Indeed, the findings of the reviewed studies have shown different, although not fully consistent, patterns of the associations between father's and mother's employment status and adolescents' outcomes.

Unemployment is generally defined as a situation when an individual is involuntary in not having paid employment and is available for work (McKee-Ryan, Song, Wanberg, & Kinicki, 2005). However, the situation of not having a paid job includes not only unemployment but also retirement, long-term sickness or disability. For women, maternity leave or being a housewife is frequent. Although some researchers do not distinguish between the different reasons for not being in paid employment (e.g. Reinhardt Pedersen et al., 2005) there is evidence that parents in other employment statuses should not be put together in one group with unemployed parents when studying parental unemployment consequences for adolescents (Harland et al., 2002; Magklara et al., 2010; Piko & Fitzpatrick, 2007; Sleskova et al., 2006b). Therefore, in this study, we will use the term non-employment when referring to parents in other employment statuses.

Adolescents' resilience

Several personal and environmental resources that buffer the effect of stressful life events have been identified as important factors for maintaining good health. Among them, resilience can be seen as a 'conceptual umbrella' (Hjemdal, Friborg, Stiles, Rosenvinge, & Martinussen, 2006, p. 85) for both internal (competence, social skills, self-efficacy, etc.) and external (parental support, peer influences, community resources, etc.) resources. The concept of resilience can be seen more as a complex process rather than a static individual trait (Fergus & Zimmerman, 2005).

Resilience is understood as a more generic resource which implies the ability to maintain normal functioning and normal development under or after experiencing stressful conditions. It is believed to be closely related to the outcome – status following a stressful period (Friborg, Hjemdal, Martinussen, & Rosenvinge, 2009). Thus, resilience is highly relevant in the context of an unemployed parent or parents.

The relationship between parental employment status and adolescents' resilience can be seen from two perspectives. Firstly, a supportive environment (family as well as external support system) is important for high resilience (Hjemdal et al., 2006). As unemployed fathers have been found to be less supportive for adolescents than employed ones (Bacikova-Sleskova et al., 2011), it can be supposed that there would be a decrease in adolescents' resilience during their father's unemployment. Secondly, resilience factors have been shown to work as buffers in coping with many stressful life events among children and adolescents (Fincham, Altes, Stein, & Seedat, 2009; Martinez-Torteya, Bogat, von Eye, & Levendosky, 2009; Wu, 2011). Therefore, it is expected that resilience will moderate the relationship between parental unemployment and adolescent's poorer health status.

Parental unemployment as a source of stress might act through various pathways to affect health. There are several possible factors that could account for the relationship between parental unemployment and adolescents' health. This study will particularly focus on the financial strain and the parent-adolescent relationship.

Financial strain

A significant decrease or a complete loss of income is one of the obvious and most serious consequences of job loss and unemployment. Both economic hardship (Hagquist, 1998) as well as the objective family financial situation represented by parental income (Pettersen, 2009) have been found to be related to poor self-evaluated health in adolescents. Alternatively, it has been suggested that economic pressure may increase the probability of experiencing emotional distress within a partnership resulting in conflicts between parents (Conger, Reuter, & Elder, 1999). This mechanism may have an indirect effect on adolescents' health.

In previous research, the family economic situation or subjective financial strain has been studied in connection to parental unemployment and their negative outcomes for adolescents (Reinhard Pedersen et al., 2005; Sleskova et al., 2006a). However, these studies have not confirmed the assumption that financial stress explains the association between parental unemployment and adolescent's health.

Parent-adolescent relationship

Unemployment may lead to decreased social status, disruption of existing social roles, decreased life satisfaction and create a feeling of personal failure (Booth & van Ours, 2008; Christoffersen, 2000). In addition to the effect on an individual, unemployment often affects the quality of a partnership. It has been found that couples with an unemployed husband were more likely to divorce (Doiron & Mendolia, 2012). In families with children, parents experiencing such problems may be less supportive or sensitive to their children's needs. Parental effectiveness may be weakened by the stress load triggered by the unemployment. Cui and Conger (2008) have shown that parental distress negatively affects adolescents as a result of parenting behaviour. Unemployment, as a possible source of financial strain, stress, marital conflict and family problems, can, thus, negatively affect the parenting practices towards adolescents which can be associated with adolescents' poorer health.

Aims of the study

The aims of the present study are as follows. Firstly, this study will explore how adolescents differ in perceived financial strain, parent–adolescent relationship and resilience according to their parents' employment status. Based on previous findings, it is expected to find higher financial strain, a poorer parent–adolescent relationship and lower resilience among adolescents with unemployed and/or non-employed parents compared with employed parents. Secondly, the association between parental employment status and several aspects of adolescents' subjective health will be examined. Thirdly, this paper seeks to explore whether the relationship between parental unemployment/ non-employment and adolescents' health is robust to control for financial strain, parent–adolescent relationship and resilience. Finally, the moderating effect of resilience on the relationship will be studied.

Methods

Sample

Data were collected in 2006 among 3725 adolescents from the eighth and ninth grades of primary schools (primary school attendance is 9 years) in Slovakia by a team of trained researchers and their assistants. The study obtained local university ethic committee approval and parental approval for the child to be included in the study. The schools and classes within the schools were randomly selected. Respondents filled in questionnaires during two regular school lessons (45 min each) on a voluntary and anonymous basis without the presence of a teacher. An overall response rate of 93.5% was achieved. The non-response rate was mainly due to illness or another type of school absence. For the purpose of the present study, only those respondents living with both biological parents were included in the analyses ($N = 2799$; 75% of whole research sample). The gender in the sample was evenly distributed (50% male). The age of respondents ranged from 11 to 17 years, mean age was 14.3 ($SD \pm .65$). However, only a minority of the sample was in the age category between 11 and 12 (7 respondents) as well as between 16 and 17 (15 respondents).

Measures

All the scales used within this study have been translated into Slovak.

Parental employment status

Respondents indicated their parents' employment status: employed, unemployed less than one year, unemployed 1–5 years, unemployed more than five years, disabled, retired, maternity leave (mothers only), housewife (mother only), other. In the analysis, the respondents were divided into three parental employment categories – employed (father 95%, mother 88%), unemployed (father 3%, mother 5%) and non-employed (father 2%, mother 7%). For fathers, the non-employed category included mainly disabled (1.3%) while for mothers, it mainly comprised of mothers on maternity leave (3.1%) and housewives (2.9%).

Financial strain

Measuring financial strain was inspired by the instrument used by Hagquist (1998). The adolescents were asked to indicate if they had wanted to do certain activities in the preceding year but had been unable to do them because of a lack of money. Four items, namely, not having enough money to go to the cinema or attend a concert, to do sports, to buy special clothes or to go out with friends, were used with possible answers on a five-point scale ranging from very often to never. The sum score was computed and reversed with a higher score indicating greater financial strain. Cronbach's alpha was .813.

Family characteristics

The adolescent family process measure. This measure was developed by Vazsonyi, Hibbert, and Snider (2003) and consists of 25 items in six subscales: closeness, support, monitoring, communication, conflict and peer approval. The direction of one subscale (support) was reversed. The subscales were rated on a five-point Likert scale. For each subscale, a higher score indicated better family processes, with one exception – conflict – where a higher score indicated more conflict. The respondents answered the questions firstly with regard to their mother and then for their father separately. Unfortunately, during the printing process of the questionnaires, the peer approval subscale question was missed out. As the subscale without this question comprised of only two items and Cronbach's alpha was low (.491 and .532 for mothers and fathers, respectively) it was decided to omit this subscale in all the analyses. The Cronbach's alphas for the other five subscales were as follows: closeness .632 for mothers and .703 for fathers; support .665 for mothers and .671 for fathers; monitoring .726 for mothers and .785 for fathers; communication .790 for mothers and .835 for fathers; conflict .788 for mothers and .802 for fathers.

Perception of parents. This measure was developed by Phares and Renk (1998). The measure includes 15 items in two factors: positive affect (10 items) and negative affect (five items). Items were answered using a six-point scale ranging from 1-not at all or never to 6-extremely or always for mother and father separately. Higher scores indicated a stronger positive affect and stronger negative affect. This instrument, as compared to the previous one, reflects adolescents' feelings rather than parental behaviour and is, therefore, complementary to the adolescent family process (AFP) measure. The reliability of this measure for the positive affect was $\alpha = .893$ for mothers and $\alpha = .923$ for fathers; the negative affect was $\alpha = .719$ for mothers and $\alpha = .734$ for fathers.

Resilience

The Resilience Scale (Friborg, Barlaug, Martinussen, Rosenvinge, & Martinussen, 2005) used in this study consisted of 33 items. This instrument used a five-point semantic scale format in which each item had a positive and negative attribute at either end of the scale continuum. The measurement consisted of the six resilience factors: personal strength/ perception of self (six items), personal strength/perception of future (four items), structured style (four items), social competence (six items), family cohesion (six items) and social resources (seven items). Each factor was analysed separately. A higher score indicated higher resilience. The Cronbach alphas in the sample were .63, .77, .60, .69, .74 and .83, respectively.

Health indicators

Three scales (self-rated health, vitality and mental health) from the 36-item version of the RAND questionnaire (SF 36) (Ware & Sherbourne, 1992) were used to assess adolescents' subjective health status.

Self-rated health. Self-rated health is a one-item scale widely used in health studies. It is generally accepted as a good predictor of mortality and morbidity (Larsson, Hemmingsson, Allebeck, & Lundberg, 2002). Respondents answer the question 'In general, how would you rate your health?' using a five-point answer scale. For the purposes of the statistical analysis, the responses are usually dichotomised. In the present study, the 'excellent' and 'very good' health ratings were combined to present 'good health', and 'good', 'fairly good' and 'bad' ratings were considered as 'poor health'. As young people are generally in good health, it was decided to include the 'good' rating in the category of 'poor health' which is in line with some previous studies (Bacikova-Sleskova et al., 2011; Le, Roux, & Morgenster, 2013; Madarasova Geckova, Tavel, van Dijk, Abel, & Reijneveld, 2010).

Vitality and mental health. The vitality scale consists of four items focusing on energy and fatigue. Mental health is a five-item scale focusing on psychological distress and well-being. In both indicators, respondents were asked to evaluate their feelings during the previous four weeks using five-point Likert scales. The Cronbachs alphas for these scales were .71 and .78 for vitality and mental health, respectively.

Statistical analyses

All the data in the present study were analysed using statistical software package IBM SPSS Statistics, version 21.

Firstly, respondents were compared regarding their parents' employment status in several characteristics using one-way ANOVA and Sheffe *post hoc* tests. Subsequently, regressions were used to analyse the associations of several predictor variables with adolescents' health. All predictor variables were significantly correlated with the health indicators indicating their suitability for inclusion. Furthermore, all the models were adjusted for the gender of the respondents. The age of the respondents was not correlated with the dependent variables and was therefore not included.

Due to the large number of missing data points (ranging from 6.5% to 18.2% for particular independent variables, which could subsequently lead to a listwise deletion of approximately 1000 cases in multivariate models), a multiple imputation was used to impute data for parent-adolescent relationship scales and resilience subscales before running the regression analyses.

In order to identify the pattern of missing data in the database, a missing value analysis was performed to identify patterns that could be relevant in the context of the main research variables. This analysis showed no influence in terms of the geographical differences regarding the number of omitted items. However, in the case of gender, it revealed that in general, boys were more likely to omit items than girls. A more detailed look revealed that the pattern of missing values regarding the scale measuring the parent-adolescent relationship showed that the items referring to the father contained more missing values than those referring to the mother.

The problem of missing data has been tackled by the multiple imputation method which to our knowledge was the best way to estimate the missing data for the purposes of this analysis. There is no reason to believe that the data were missing completely at random and a simple case-deletion would likely introduce biases (Little & Rubin, 1987). Multiple imputation has recently become a standard method to analyse missing data and particularly data missing at random. It uses multivariate probabilistic distributions for imputation which creates several data-sets with different imputed values for the missing data points. Any statistical analysis is then run on each of those data-sets separately and rules for combining outputs of these analyses are used to calculate pooled estimates. These pooled results are generally more accurate than those provided by simpler imputation methods.

Multiple logistic regression was used with self-rated health as a dichotomous variable. For the purposes of logistic regression, all continuous predictor variables were recoded into terciles enabling each group to include approximately 33% of the respondents. Odds ratios (OR) and 95% Confidence Intervals (CI) were calculated. General Linear Models were used with vitality and mental health as continuous dependent variables. As each model included several subscales of a particular measurement, the correlations between the subscales were checked. For the parent–adolescent relationship the correlations ranged between $-.017$ and $.621$; for the resilience subscales the correlations ranged between $-.101$ and $.598$. To avoid multi collinearity in the regression models, the predictors were centred (transformed into z scores).

Results

The description (range, mean and standard deviations) of the independent variables and dependent health indicators is shown in Table 1.

A simple comparison of mean values of all independent variables according to the father's and mother's employment status, together with the *post hoc* tests, is shown in Table 2. With regards to financial strain, adolescents reported significantly higher strain if their fathers were either unemployed or non-employed compared to those with employed fathers and when their mothers were unemployed compared to employed mothers.

With respect to the AFP, adolescents with employed fathers seemed to be closer to and have a higher frequency of communication with their fathers than those with non-employed fathers. Interestingly, also maternal processes (namely, closeness and communication) were better when the father was employed compared to those with non-employed fathers. In addition, the highest frequency of communication with the mother was reported in the case of an unemployed father. Adolescents with an employed mother were monitored less than those with an unemployed or non-employed mother.

Regarding the perception of parents, adolescents with an employed father experienced a significantly higher positive affect towards him in comparison to those with non-employed fathers and a significantly less negative affect than those with unemployed fathers. Interestingly, the negative affect towards the mother was significantly lower when the adolescent had an employed father than it was in the case of an unemployed father. With regard to the mother's employment status, those with an employed mother had a significantly lower negative affect towards their mother than those with an unemployed mother.

Table 1. Description of studied variables.

| | Range | Mean | SD | % |
|---|-------|------|------|------|
| <i>Self-rated health</i> | | | | |
| Excellent | | | | 24.1 |
| Very good | | | | 43.4 |
| Good | | | | 26.9 |
| Fairly good | | | | 4.6 |
| Poor | | | | .9 |
| <i>Vitality</i> | 4–16 | 8.8 | 2.6 | |
| <i>Mental health</i> | 5–20 | 11.0 | 2.1 | |
| <i>Financial strain</i> | 4–20 | 6.3 | 2.9 | |
| <i>Adolescent family process – father</i> | | | | |
| Closeness | 6–30 | 21.7 | 4.3 | |
| Support | 4–20 | 14.6 | 3.5 | |
| Monitoring | 4–20 | 12.2 | 3.9 | |
| Communication | 5–25 | 14.2 | 4.6 | |
| Conflict | 3–15 | 7.8 | 2.8 | |
| <i>Adolescent family process – mother</i> | | | | |
| Closeness | 6–30 | 22.8 | 3.9 | |
| Support | 4–20 | 14.4 | 3.5 | |
| Monitoring | 4–20 | 13.6 | 3.7 | |
| Communication | 5–25 | 16.6 | 4.1 | |
| Conflict | 3–15 | 8.0 | 2.6 | |
| <i>Perception of parents – father</i> | | | | |
| Positive affect | 10–60 | 44.7 | 10.6 | |
| Negative affect | 5–30 | 12.6 | 5.3 | |
| <i>Perception of parents – mother</i> | | | | |
| Positive affect | 10–60 | 46.3 | 9.7 | |
| Negative affect | 5–30 | 12.1 | 5.0 | |
| <i>Resilience</i> | | | | |
| Perception of self | 6–30 | 22.0 | 3.8 | |
| Perception of future | 4–20 | 14.9 | 3.5 | |
| Structured style | 4–20 | 12.6 | 3.0 | |
| Social competence | 6–30 | 22.9 | 4.6 | |
| Family cohesion | 6–30 | 21.8 | 4.5 | |
| Social resources | 7–35 | 28.5 | 5.0 | |

Three factors of adolescent resilience were associated with the paternal employment status while none of them were associated with the maternal employment status. Adolescents with an employed father reported a significantly better perception of self and a better perception of the future and family cohesion than those with an unemployed and/or non-employed father.

Regression analyses were used to assess the effect of parental employment status on several health indicators. The results showed no associations of maternal employment status with the health indicators used in this study. Therefore, it was decided to omit the mother's employment status from further analyses and to focus only on the father's employment status.

After analysing the crude effect of paternal employment status, several blocks of independent variables that could account for the relationship between the father's employment status and adolescents' health were added. Table 3 shows the results of the

Table 2. Comparisons of studied variables according to fathers' and mothers' employment status.

| | Father | | | | | Mother | | | | |
|---|-----------------|-------------------|---------------------|---------|-----------------|-----------------|-------------------|---------------------|-------|-----------------|
| | Employed (mean) | Unemployed (mean) | Non-employed (mean) | F | Sheffe post hoc | Employed (mean) | Unemployed (mean) | Non-employed (mean) | F | Sheffe post hoc |
| Financial strain | 6.3 | 7.5 | 7.5 | 11.6*** | E < U, E < N | 6.3 | 7.1 | 6.5 | 4.9** | E < U |
| <i>Adolescent family process – father</i> | | | | | | | | | | |
| Closeness | 21.7 | 20.8 | 19.4 | 10.4*** | E > N | 21.2 | 21.6 | 21.2 | 1.2 | |
| Support | 14.6 | 13.6 | 14.2 | 3.0 | | 14.6 | 14.7 | 14.5 | .1 | |
| Monitoring | 12.2 | 12.3 | 11.3 | 1.3 | | 12.1 | 12.7 | 12.3 | 1.4 | |
| Communication | 14.3 | 13.7 | 11.9 | 7.9*** | E > N | 14.2 | 14.0 | 14.2 | .1 | |
| Conflict | 7.8 | 8.1 | 8.3 | .9 | | 7.9 | 7.6 | 7.7 | .7 | |
| <i>Adolescent family process – mother</i> | | | | | | | | | | |
| Closeness | 22.9 | 22.6 | 21.2 | 5.3** | E > N | 22.9 | 22.5 | 22.3 | 2.8 | |
| Support | 14.4 | 14.3 | 13.7 | .9 | | 14.4 | 14.2 | 14.0 | .9 | |
| Monitoring | 13.6 | 13.5 | 12.7 | 2.0 | | 13.5 | 14.0 | 14.2 | 3.2* | |
| Communication | 16.6 | 17.2 | 15.2 | 4.0* | E > N, U > N | 16.6 | 16.5 | 16.5 | .1 | |
| Conflict | 8.0 | 7.4 | 7.7 | 2.2 | | 8.0 | 8.0 | 8.2 | .4 | |
| <i>Perception of parents – father</i> | | | | | | | | | | |
| Positive affect | 44.8 | 43.8 | 40.0 | 5.9** | E > N | 44.7 | 44.6 | 44.7 | .0 | |
| Negative affect | 12.5 | 14.8 | 13.5 | 8.1*** | E < U | 12.5 | 13.2 | 12.9 | 1.8 | |
| <i>Perception of parents – mother</i> | | | | | | | | | | |
| Positive affect | 46.2 | 47.8 | 44.3 | 2.0 | | 46.2 | 46.0 | 46.3 | .1 | |
| Negative affect | 12.0 | 14.11 | 13.0 | 7.0*** | E < U | 12.0 | 13.5 | 12.5 | 6.3** | E < U |
| <i>Resilience</i> | | | | | | | | | | |
| Perception of self | 22.0 | 21.0 | 21.0 | 4.1* | | 22.0 | 21.9 | 22.0 | .0 | |
| Perception of future | 15.0 | 13.8 | 13.5 | 8.0*** | E > U, E > N | 14.9 | 14.7 | 14.9 | .2 | |
| Structured style | 12.6 | 12.7 | 12.5 | .1 | | 12.6 | 12.5 | 12.3 | 1.7 | |
| Social competence | 23.0 | 22.2 | 21.8 | 3.0 | | 22.9 | 22.8 | 22.9 | .1 | |

| | | | | | | | | | |
|------------------|------|------|------|--------|-------|------|------|------|-----|
| Family cohesion | 21.8 | 20.8 | 19.4 | 9.0*** | E > N | 21.8 | 21.1 | 21.7 | 1.4 |
| Social resources | 28.5 | 27.9 | 26.9 | 3.0 | | 28.4 | 28.7 | 28.9 | .8 |

Note: E – Employed, U – Unemployed, N – Non employed.
 * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$.

Table 3. Multiple logistic regression with poor self-rated health as dependent variable. All models are controlled for gender.

| | Step 1 | | Step 2 | | Step 3 | | Step 4 | | Step 5 | | Step 6 | |
|---------------|-------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|
| | OR | 95% CI | OR | 95% CI | OR | 95% CI | OR | 95% CI | OR | 95% CI | OR | 95% CI |
| Father ES | 1.00 | | 1.00 | | 1.00 | | 1.00 | | 1.00 | | 1.00 | |
| Employed | | | | | | | | | | | | |
| Unemployed | 2.73 | 1.72–4.34 | 2.55 | 1.60–4.07 | 2.67 | 1.66–4.29 | 2.65 | 1.65–4.24 | 2.62 | 1.62–4.23 | 2.47 | 1.52–4.03 |
| Non-employed | 2.54 | 1.51–4.26 | 2.35 | 1.39–3.96 | 2.34 | 1.38–3.99 | 2.44 | 1.44–4.14 | 2.28 | 1.32–3.92 | 2.17 | 1.26–3.75 |
| Low | | | 1.00 | | | | | | | | 1.00 | |
| Medium | | | 1.57 | 1.26–1.96 | | | | | | | 1.38 | 1.10–1.72 |
| High | | | 2.08 | 1.68–2.57 | | | | | | | 1.62 | 1.30–2.03 |
| High | | | | | 1.00 | | | | | | 1.00 | |
| Medium | | | | | 1.40 | 1.11–1.77 | | | | | 1.26 | .99–1.60 |
| Low | | | | | 1.60 | 1.26–2.04 | | | | | 1.35 | 1.05–1.73 |
| High | | | | | 1.00 | | | | | | 1.00 | |
| Medium | | | | | 1.25 | .99–1.57 | | | | | 1.07 | .85–1.36 |
| Low | | | | | 1.75 | 1.35–2.27 | | | | | 1.35 | 1.02–1.78 |
| High | | | | | 1.00 | | | | | | 1.00 | |
| Medium | | | | | .93 | .75–1.15 | | | | | .85 | .68–1.06 |
| Low | | | | | .87 | .70–1.08 | | | | | .80 | .64–1.01 |
| high | | | | | 1.00 | | | | | | 1.00 | |
| Medium | | | | | .99 | .80–1.22 | | | | | .85 | .66–1.12 |
| Low | | | | | 1.09 | .86–1.38 | | | | | .86 | .68–1.07 |
| high | | | | | 1.00 | | | | | | 1.00 | |
| Medium | | | | | .85 | .68–1.06 | | | | | .88 | .70–1.10 |
| Low | | | | | .83 | .67–1.02 | | | | | .92 | .74–1.16 |
| Strong affect | | | | | | | 1.00 | | | | 1.00 | |
| Medium | | | | | | | 1.34 | 1.08–1.66 | | | 1.20 | .96–1.49 |
| Low | | | | | | | 1.63 | 1.32–2.00 | | | 1.21 | .94–1.54 |
| Low | | | | | | | 1.00 | | | | 1.00 | |
| Medium | | | | | | | 1.47 | 1.16–1.86 | | | 1.19 | .94–1.50 |
| Strong affect | | | | | | | 1.79 | 1.42–2.25 | | | 1.20 | .94–1.54 |
| High | | | | | | | | | | | 1.00 | |
| Medium | | | | | | | | | | 1.25 | .99–1.58 | .94–1.51 |

| | | | | | |
|----------------------|--------|-------------|-----------|-------------|-----------|
| Perception of future | Low | 1.87 | 1.45–2.41 | 1.70 | 1.31–2.21 |
| | High | 1.00 | | 1.00 | |
| | Medium | 1.17 | .93–1.46 | 1.11 | .89–1.39 |
| Structured style | Low | 1.18 | .91–1.49 | 1.12 | .87–1.44 |
| | High | 1.00 | | 1.00 | |
| | Medium | 1.01 | .78–1.30 | 1.04 | .80–1.36 |
| Social competence | Low | 1.27 | .99–1.62 | 1.28 | 1.00–1.65 |
| | High | 1.00 | | 1.00 | |
| | Medium | 1.09 | .86–1.36 | 1.09 | .86–1.38 |
| Family cohesion | Low | 1.18 | .93–1.15 | 1.22 | .94–1.58 |
| | High | 1.00 | | 1.00 | |
| | Medium | 1.37 | 1.09–1.74 | 1.22 | .95–1.57 |
| Social resources | Low | 1.53 | 1.19–1.97 | 1.25 | .95–1.65 |
| | High | 1.00 | | 1.00 | |
| | Medium | 1.28 | 1.02–1.61 | 1.22 | .96–1.56 |
| | Low | 1.35 | 1.02–1.77 | 1.27 | .95–1.69 |

Note: OR – Odds ratio; CI – Confidence intervals.
 Significant associations are in bold.

multiple logistic regression with poor self-rated health as the dependent variable. In Step 1, the father's employment status was considered as a possible predictor of poor health with employed fathers as the reference group. Adolescents with an unemployed father had odds of being in poor health approximately 2.73 times higher than those with an employed father. Similarly, having a non-employed father increased the odds of poor health more than two and a half times (OR 2.54). The presence of medium or high financial strain (Step 2) significantly increased the risk of poor self-rated health (OR 1.57 for medium strain, 2.08 for high strain). In the third step, parent-adolescent relationships (but not financial strain) were included in the model. Medium and low closeness with the father and low support increased the risk for being in poor health. However, the parent-adolescent relationship did not account for the negative effect of a father's unemployment on self-rated health. In the fourth step, adolescents' perception of parents was included in the model. Both medium and low positive affect and medium and strong negative affect towards the father, had a negative effect on self-rated health. The role of resilience factors was studied in Step 5. From all six resilience factors, only a low level of perception of self and medium and low levels of family cohesion and social resources were associated with poor health. The effect of paternal unemployment and non-employment remained significant.

In the last step of the analysis, all the studied variables were included in one model (Step 6). The negative effect of paternal unemployment and non-employment remained significant.

As the indicators of vitality and mental health were continuous variables, general linear models were used to identify possible associations between the predictor variables and adolescents' health.

Table 4 summarises the multiple regression analyses with vitality as the dependent health indicator. The father's unemployment was associated with lower vitality among adolescents (Step 1). When financial strain was added into the model (Step 2), this association remained significant. Financial strain itself was significantly associated with lower vitality. Parenting processes (Step 3) did not fully account for the association of the father's unemployment with lower vitality. However, the lack of fathers' support, communication and higher frequency of conflicts were associated with lower vitality in adolescents. In Step 4, the perception of parents was included in the model. Both a lack of positive affect and strong negative affect were associated with lower vitality. In the fifth step, the effect of resilience factors was examined with father's employment status in one model. While poor perception of self, a lack of social competence and poor family cohesion were connected to lower vitality, the effect of paternal unemployment remained significant.

In the last step of the analysis, entering all the predictor variables into one model explained associations between paternal unemployment and adolescents' lower vitality. Significant negative associations with worse vitality remained for financial strain, lack of support, negative affect, poor perception of self and a lack of social competence.

When mental health was studied as the dependent health indicator (Table 5), the father's unemployment was not associated with poorer health although the father's non-employment was. This association disappeared only after adding resilience factors into the model (Step 5). In Step 2, higher financial strain was associated with poorer mental. The association between the father's non-employment and poorer mental health remained significant. In Step 3, when the parent-adolescent relationship was included, a lack of

Table 4. Multiple regression analyzes with vitality as dependent variable. All models are controlled for gender.

| | Step 1 | | Step 2 | | Step 3 | | Step 4 | | Step 5 | | Step 6 | |
|----------------------|--------------------|------------|--------------------|------------|--------------------|------------|--------------------|------------|--------------------|------------|--------------------|------------|
| | Parameter estimate | Std. error | Parameter estimate | Std. error | Parameter estimate | Std. error | Parameter estimate | Std. error | Parameter estimate | Std. error | Parameter estimate | Std. error |
| Father ES | | | | | | | | | | | | |
| Employed | 1.45** | .48 | 1.21* | .47 | 1.25** | .45 | 1.19* | .47 | 1.10* | .46 | .87 | .46 |
| Unemployed | .60 | .53 | .36 | .53 | .27 | .53 | .27 | .52 | .17 | .52 | .01 | .51 |
| Non-employed | | | .20*** | .03 | | | | | | | | |
| Financial strain | | | | | | | | | | | .10*** | .03 |
| Closeness | | | | | -.12 | .10 | | | | | .02 | .10 |
| Support | | | | | -.47*** | .09 | | | | | -.23** | .09 |
| Monitoring | | | | | .02 | .09 | | | | | .04 | .08 |
| Communication | | | | | -.35*** | .09 | | | | | -.16 | .09 |
| Conflict | | | | | .21* | .09 | | | | | .09 | .09 |
| Positive affect | | | | | | | -.47*** | .09 | | | -.16 | .10 |
| Negative affect | | | | | | | .61*** | .08 | | | .26** | .09 |
| Perception of self | | | | | | | | | -.78*** | .10 | -.69*** | .10 |
| Perception of future | | | | | | | | | -.14 | .09 | -.11 | .09 |
| Structured style | | | | | | | | | -.09 | .08 | -.08 | .08 |
| Social competence | | | | | | | | | -.25* | .10 | -.27** | .10 |
| Family cohesion | | | | | | | | | -.29** | .09 | -.02 | .10 |
| Social resources | | | | | | | | | .05 | .11 | .10 | .11 |
| Degrees of freedom | 2682 | | 2508 | | 2677 | | 2680 | | 2676 | | 2495 | |

* $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$.

Table 5. Multiple regression analyzes with mental health as dependent variable. All models are controlled for gender.

| | Step 1 | | Step 2 | | Step 3 | | Step 4 | | Step 5 | | Step 6 | |
|----------------------|--------------------|------------|--------------------|------------|--------------------|------------|--------------------|------------|--------------------|------------|--------------------|------------|
| | Parameter estimate | Std. error | Parameter estimate | Std. error | Parameter estimate | Std. error | Parameter estimate | Std. error | Parameter estimate | Std. error | Parameter estimate | Std. error |
| Father ES | | | | | | | | | | | | |
| Employed | .35 | .44 | .08 | .43 | .06 | .42 | .05 | .42 | -.18 | .40 | -.39 | .39 |
| Unemployed | 1.41** | 0.48 | 1.16* | .47 | 1.08* | .46 | 1.04* | .46 | .79 | .44 | .70 | .43 |
| Non-employed | | | .21*** | .03 | | | | | | | | |
| Financial strain | | | | | | | | | | | | |
| Closeness | | | | | -.08 | .09 | | | | | .09*** | .03 |
| Support | | | | | -.65*** | .08 | | | | | .09 | .09 |
| Monitoring | | | | | -.05 | .08 | | | | | -.38*** | .08 |
| Communication | | | | | -.28*** | .08 | | | | | -.03 | .07 |
| Conflict | | | | | .39*** | .08 | | | | | -.07 | .08 |
| Positive affect | | | | | | | | | | | .28*** | .08 |
| Negative affect | | | | | | | | | | | -.13 | .09 |
| Perception of self | | | | | | | | | | | .70*** | .07 |
| Perception of future | | | | | | | | | | | -.97*** | .08 |
| Structured style | | | | | | | | | | | -.28*** | .08 |
| Social competence | | | | | | | | | | | .04 | .07 |
| Family cohesion | | | | | | | | | | | -.13 | .08 |
| Social resources | | | | | | | | | | | -.52*** | .08 |
| Degrees of freedom | 2597 | | 2431 | | 2592 | | 2595 | | 2591 | | .15 | .09 |
| | | | | | | | | | | | .15 | .09 |
| | | | | | | | | | | | 2418 | |

* $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$.

Table 6. Moderating effect of resilience sum score on the relationship between father's employment status and adolescent's health. Regression models with health indicator. Logistic regression was used with poor self-rated health and GLM models with vitality and mental health. All models are controlled for gender.

| | Poor self-rated health | | | Vitality | | Mental health | |
|-------------------------|------------------------|-----------|---------------------|------------|---------------------|---------------|--|
| | OR | 95% CI | Parameter estimates | Std. error | Parameter estimates | Std. error | |
| Father ES | | | | | | | |
| Employed | Ref | | Ref | | Ref | | |
| Unemployed | 2.09* | 1.15-3.77 | -7.31 | 4.19 | -8.72* | 3.83 | |
| Non-employed | 2.33** | 1.23-4.42 | 6.57 | 3.46 | 3.61 | 3.09 | |
| Resilience-sum score | .55*** | .49-.61 | -.07*** | .01 | -.08*** | .01 | |
| Unemployed*resilience | 1.85 | .98-3.48 | .07* | .04 | .07* | .03 | |
| Non-employed*resilience | 1.21 | .68-2.14 | -.05 | .03 | -.03 | .03 | |

* $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$.

paternal support, communication and higher frequency of conflicts were associated with poorer mental health. In Step 4, the perception of parents was added into the model; a lack of positive affect and strong negative affect were associated with poorer mental health. The negative effect of paternal non-employment remained significant. Step 5 studied resilience factors where low perception of self, perception of future and family cohesion seemed to sufficiently account for the relationship between a father's non-employment and adolescents' mental health. The final model showed that the strongest predictors of adolescents' poorer mental health were financial strain, lack of father's support, frequency of conflicts, poor perception of self and perception of future.

In the last set of analyses, the potential moderating role of resilience on the relationship between paternal employment status and adolescents' health was studied (Table 6). Since there is no priori reason to believe that different dimensions of resilience have different moderation roles, they were merged into a single variable (using a simple summation). This has the benefit of increasing the degrees of freedom of the model and hence, increasing its statistical power. As Table 6 shows, there is no moderation effect of resilience on the relationship between parental employment status and self-rated health. Moderation effects were found between parental unemployment (vs. employment) and resilience on vitality and mental health. Interestingly, high resilience was related to higher adolescents' vitality and mental health more among those with an employed father than those with unemployed.

Discussion

The comparisons between the groups of adolescents with employed, unemployed and non-employed parents revealed the following. As had been expected, financial strain was the highest when the father as well as mother was unemployed. With regards to the parent-adolescent relationship, the findings showed and contrary to our expectations that adolescents with unemployed parents did not report significantly lower closeness, support, monitoring, communication or higher conflict with their parents than those with employed parents. This was found to be the case for both mothers and fathers. While there were no differences in the perception of parenting processes among adolescents with unemployed and employed parents, adolescents showed stronger negative feelings towards their parents if unemployed. Several explanations for this result should be considered. Firstly, as well as the decrease of social status of an unemployed individual (Christoffersen, 2000), the social status of adolescent's with an unemployed parent may also decrease. It has been shown that adolescents have strong tendency to blame their unemployed fathers for the changes in their lifestyle (Elder, 1974). According to Ortiz and Farrell (1993), economic deprivation subsequent to the father's job loss has a negative impact on the parent-adolescent relationship, represented by communication, affection, parental guidance and adolescents' view of their parents as desirable role models. Secondly, the social stigma of unemployment may play an important role when it creates feelings of social embarrassment and shame about having an unemployed parent (Madge, 1983). Both of these factors could eventually lead to feelings of anger as well as other negative feelings towards the unemployed parent. However, these studies which focused on adolescents' perception of their parents' unemployment were done more than 30 years ago and therefore further work on this topic would be of interest.

It had been hypothesised that adolescents with unemployed parents would be less resilient. However, this was only true for the resilience factor represented by the perception of the future. One suggestion is that due to higher financial strain during parental unemployment, adolescents might perceive their future as insecure with plans that might not be fulfilled. However, it was found in this study, that the level of resilience in all factors was similar among those with employed, unemployed or non-employed parents. Based on this finding, resilience does not seem to be affected by parental unemployment. There has been a discussion of the possibility of strengthening resilience through exposure to adversity (Olsson, Bond, Burns, Vella-Brodrick, & Sawyer, 2003). While for some adolescents, parental unemployment decreases resilience, for others, it might be an opportunity to strengthen their resilience. Thus, the differences in resilience between those with employed and unemployed parents may not be seen.

Paternal unemployment and adolescents' health

The next aim of the present study was to analyse the association between parental unemployment and adolescents' health. The results showed a negative association of fathers' but not mothers' unemployment with some aspects of adolescents' health. There is more or less consistent evidence that females experience unemployment better than males and taking care of a family can buffer the negative effect of unemployment (Artazcoz, Benach, Borrel, & Cortes, 2004). Therefore, maternal unemployment might have fewer consequences for adolescents. Research has shown that women are likely to turn to an alternative role such as the role of a housewife after losing their job (Waters & Moore, 2002). In this current research, mothers on maternity leave or housewives were included in the non-employed group. However, it can sometimes be difficult to clearly distinguish where the exact line is between being unemployed and being a housewife. Further research where maternal unemployment is operationalised in terms of actual job loss would help to distinguish the line and enable the examination of the effect on adolescents' outcomes more precisely.

The third goal of this study was to study several factors that link paternal unemployment/ non-employment to poorer adolescent health. In this study, the focus was on financial strain, the parent-adolescent relationship as reported by adolescents and adolescent resilience. The results showed that the studied factors were not sufficient to reduce the negative effect of the father's unemployment or non-employment on adolescents' self-rated health, vitality or mental health. One exception was found with regard to adolescents' mental health. The combination of all the studied variables accounted for the relationship between the father's unemployment and adolescents' mental health.

Similar results have been obtained in previous studies which tried to find an explanation for the negative consequences of parental unemployment. Generally, subjective financial strain or an objective lack of finances, although strongly associated with job loss or unemployment, was not found to be a sufficient reason for poorer adolescents' health or other negative consequences (Andersen, 2013; Powdthavee & Vernoit, 2013; Reinhardt Pedersen et al., 2005; Sleskova et al., 2006a). The same result was found in the present study. With regards to the parent-adolescent relationship, only the frequency and/or quality of communication with the parents have been previously studied in the context of negative outcomes of parental unemployment (Andersen, 2013; Powdthavee & Vernoit, 2013; Unger et al., 2004). This paper adds to the existing knowledge by

studying parenting processes as well as recognising the importance of adolescents' feelings towards their parents and their contribution to the relationship between parental employment status and adolescent's health. The current results show that the parent-adolescent relationship variables did not reduce the negative effect of unemployment/ non-employment which is in line with the results on communication with parents (Andersen, 2013; Powdthavee & Veroit, 2013; Unger et al., 2004).

Resilience

Finally, resilience has been studied as a possible moderator of the relationship between the father's employment status and adolescents' health. Although the interaction effect of resilience and the father's unemployment was significant, the result was unexpected. High resilience in the current research was related to better adolescents' vitality and mental health among those with an employed father than those with an unemployed one. In other words, resilience did not work as a buffer against the negative impact of a fathers' unemployment on adolescents' health. As to our knowledge, this has been the first study concerning adolescents' resilience in the context of parental unemployment. Therefore, this result needs further verification.

Limitations of the study

The potential shortcomings and limitations of the present study need to be addressed. The most important seems to be the information bias. The study is based on self-reported data and therefore does not necessarily reflect the objective situation about parental employment status or parent-adolescent relationship. The validity of such information could be questioned. However, previous research has shown that although adolescents' self-reported data may differ from their parents' or from an objective situation, they matter for adolescents (Hagquist, 1998; McElhaney, Porter, Wrenn Thompson, & Allen, 2008; Pelton & Forehand, 2001; Vazsonyi et al., 2003). By this, the subjective perception of the family's financial situation is more meaningful for adolescents than objective income loss (Hagquist, 1998). Moreover, when studying the association between mother-adolescent conflict and adolescent's adjustment, only adolescents' and not the mother's perception of conflict was associated with adolescents' perceptions of their adjustment (Pelton & Forehand, 2001). Therefore, adolescents' self-reports may be considered valid.

Furthermore, while standard measures were used, the reliability calculated by the Cronbach's alpha coefficient showed rather low values in some cases in spite of using a relatively large sample. This might have had a certain influence on the results and must be acknowledged as a limitation of this study.

Implications

In order to maintain the health of adolescents during paternal unemployment, several factors seem to be important. As well as increasing financial resources (via unemployment benefits and/or financial management advices for the family) counselling work on parenting, strengthening family resilience (Walsh, 1996) and decreasing adolescents' negative feelings towards their unemployed fathers seem to be of interest.

Conclusions

Despite the recognised limitations, this study contributes to the existing literature on parental unemployment and adolescents' health. Besides the more or less known role of financial strain, several aspects of the parent-adolescent relationships were explored. Furthermore, the possible moderating role of resilience was examined in the relationship between paternal unemployment and adolescents' self-perceived health that had not been explored before.

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Study 4

Bacikova-Sleskova, M. (2009). Family and its role in adolescent health risk behaviour. In: Orosová, O. et al. Health related behaviour among adolescents and young adults. Equilibria, 2009. 269s.

This monograph aimed to study adolescent risk behaviour from several points of view. The current chapter focuses on family as an important factor in adolescent risk behaviour. In the chapter we have integrated in the models four main factors in family that may be associated with adolescent behaviour: family structure (living with two biological parents versus other), family life events (such as a divorce, death in the family, serious illness, etc.); particular family processes (parental monitoring, communication, conflicts and support) and positive and negative affect toward parents. These aspects were studied in the context of smoking, alcohol consumption, drunkenness and marihuana use in middle adolescence (3725 adolescents, 51% girls, mean age 14.3; SD 0.65). The analyses have been done with respect to parental and adolescent gender. Overall, some of our findings were consistent with other studies, while some results seemed to be contradictory. The results show that family structure is more strongly associated with smoking behaviour and marihuana use than with alcohol consumption. Girls in our research seemed to be more vulnerable to other than biological parents family structure. Further analyses revealed, to some extent, different results for maternal and paternal process, boys and girls, and for different family processes. Thus, it is difficult to make any general conclusions. Generally, however, results show that maternal process affect adolescent's risk behaviour to a higher extent than paternal. This is in agreement with findings reported in recent papers about the importance of mother's influence in adolescents' lives. Furthermore, results in general show stronger relationship between family characteristics/processes and risk behaviour among girls than boys. The study shows the importance of taking into account the gender of both adolescent and parent when analysing family processes. It further shows the importance of paying a particular attention on each family factor/family process separately in more depth as they are differently linked with adolescent risk behaviour.

Author's contribution: 100%

Health-related behaviour among adolescents and young adults

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Family and its role in adolescent's health risk behaviour

Maria Bacikova-Sleskova

Introduction

Family and its significance in adolescents' development

Adolescence is characterised by the dramatic physical growth and physiological changes. These changes are combined with many individual, cognitive, social and contextual transitions. Collins et al. (2000) view this period as ideal to study the interaction of different developmental systems.

In childhood, family is perceived as one of the most important contexts and determinants of child's development with a great protective effect (e.g. Eiden et al., 2007; Jones et al., 2008; Hughes et al., 2008; etc.). However, during the adolescent period, young people become more vulnerable to extrafamilial influences. They spend increasingly more time in the company of their peers compared with the time spent with their family. As many researchers show, for the adolescents' development peer group (Goldstein & Davis-Kean, 2005), school mates (Barth et al., 2004), and pupil-teacher relationships (Muray & Greenberg, 2000; Crosnoe et al., 2004) become very important.

This may suggest that family influences loose significance during the period of adolescence. However, as Steinberg (2001) stated in his review of parent-adolescent relationships that while many topics in the research of adolescence have come and gone, research on parental influences has maintained constant since the 1970s. We fully agree with his opinion saying, "I do feel that it is this very exposure of our adolescents to the influences of so many individuals, institutions and forces outside the family that makes parents more important today than ever before" (Steinberg, 2001, p. 16). Our past research (Sleskova, 2006) has also confirmed that even at the age of 15 to 19, parental influences are still very important determinants of adolescents' mental and physical health. In the international research, Smetana et al. (2006) found that the tendency to view other social

relationships as complementary to, rather than supplanting, the relationships with parents. There is an evidence that peers influence adolescent especially in day-to-day activities while parental influences seem to be strong especially in areas involving values and long-term goals (Darling & Cumsille, 2003). Parents may act as gatekeepers and monitors of adolescents' social choice-making and social contacts (Mounts, 2000).

With regard to family influences on adolescents' development, two major sets of questions have occurred in the research in the past 25 years (Steinberg, 2001). The first set concerns the ways in which family relationships change during adolescence (e.g. How can we best characterize normative family relationships during adolescence? How and why do relationships change as the child moves into and through adolescence? What is the extent of individual differences in this process of transformation? What do these changes mean for parents and teenagers?). The second set concerns the impact of the family on adolescent development and mental health (e.g. How do variations in parent-child relationships affect the developing adolescent? Are some types of parenting "better" for the adolescent than others? Are there factors in the nonfamily environment that impinge on the parent-child relationship in ways that enhance or attenuate parental influence?). In our research, the second set of questions is essential. In this paper we will provide a reader with a brief overview of several family factors and their effect on health risk behaviour of Slovak adolescents. Firstly, however, we would like to present the state of the international research on the family and adolescents.

Parental and adolescents' views of family situation

When studying family influences on adolescents, researchers and clinicians must take into consideration which family member is the main informant about the family situation. Did adolescents report their relationships with parents? Was it mother or father? Did the study use both adolescents' and parents' reports?

In general, studies examining concordance between parental and adolescents' reports on parenting constructs have indicated quite low levels of agreement (Jessop, 1981, Krohn et al. 1992, McElhaney et al., 2008). Although parents and their children report on the same relationship (situation), they experience different stressors, social environments and expectations; thus, they would be expected to perceive their relationships somewhat differently (Pelton & Forehand, 2001), which could be the reason for such low agreement.

Very interesting and wide research on this issue was performed by Pelton & Forehand (2001, Pelton et al., 2001). In their research of 11 to 15 years old adolescents and their mothers, they found only

moderate correlation between mothers' and adolescents' reports of the quality of their relationship. They also found larger discrepancy in divorced families than in the intact families. Authors explain this result by the tendency of parents and adolescents to perceive their relationships differently in the stressful situation. This may be due to the mother's and adolescent's decreased ability to be attentive to the relationship when a family stressor such as divorce is present. Very similar results had been reported in earlier years by Tein et al. (1994). Families with few risk factors in their research had higher concordance rates on mother and child reports of parenting. Authors stated that children who grew up in high-risk families may have had distorted perceptions of their parents' behaviours. It is also possible that with a multitude of family stressors, parents and adolescents are less attentive to their relationship and thereby are less aware of the manner in which they interact with each other.

Using a Family System Test (clinically derived figure placement technique to access family cohesion and hierarchy) Gehring et al. (1994) found that children saw their family less balanced than their mothers and fathers. Fathers' views of their family were the most optimistic. Authors suggested that fathers were less engaged in everyday conflict issues and; therefore, they had more idealistic family constructs than their spouses and children (Gehring et al., 1994). Similarly, in Paulson and Sputa (1996) research, adolescents perceived their parents lower on parenting than both mothers and fathers did.

Even less agreement between adolescents' and parental reports was found among 270 American families with regard to parental monitoring (Cottrell et al., 2003). The authors found no relationship between parental and adolescents' perceptions of parental monitoring. In their sample, around 75% of parents reported that they always knew where their adolescents were after school, at night and so on, while only about 58% of adolescents reported their parents knew so.

The fact that adolescents and their parents perceive their relationships differently (as mentioned before) could have been expected. However, this discrepancy was visible even in such a characteristic as family structure. In her research, Sweeting (2001) found that 6 per cent of their child-parent pairs disagreed on the number of persons in the household. Sweeting suggested that, for example, a parent may have had omitted to mention a cohabitant when the child had noted their presence.

With regard to age, a decrease was found in initially large discrepancies between adolescents' and their parents' perceptions of family cohesion, support, and expressiveness with increasing age of adolescents (Seiffge-Krenke, 1999).

Now when we know about this discrepancy, a new question emerges. Whose reports are more valid when studying the effect of parent-child relationship on adolescents' outcomes? Vazsonyi et al. (2003) sees adolescents' self-reports as meaningfully contributing to the understanding of family process and this may be independent of what could be learned from parental reports. In the previously mentioned Pelton's and Forehand's (2001) research, association between mother's perception of conflict and her perception of the adolescent's adjustment and association between adolescents' perception of conflict and their perception of their own adjustment were reported. However, mothers' reports on conflict were not associated with adolescents' reports on their adjustment and vice versa, adolescents' reports on conflict were not associated with mother's report on adolescent adjustment. On the other hand, Cottrell et al. (2003) found that both parental and adolescents' report on parental monitoring were negatively correlated with adolescents' smoking and drinking, however only adolescents', not parental, reports were correlated with marijuana use and sexual activity.

Based on the results mentioned above, we may accept adolescents' reports on parent-child relationships to be at least as valid and important as the parental reports. In the present study, only adolescents' reports on family characteristics will be used.

Differences between maternal and paternal influence

In the past research, attention has been paid particularly to the maternal influence on adolescent development. Paternal influence has been often overlooked. In the recent years the situation is changing. Father's influence has become an important issue in the parent-adolescent relationship research. Interestingly however, although researchers accept paternal influence on adolescents' outcomes, they still very often use in their research parental data without distinguishing between mother's and father's influence. Only about one third of the research in the past 10 years studies gender specific relationships between parents and their adolescent children. As Phares and her colleagues (2005) state, based on extensive published research review, paediatric psychology research lags in including fathers in research designs and analyzing for maternal and paternal effects separately. Thus, a clear picture of such relationships is still not available.

McKinney and Renk (2008) talk about three theories explaining differences between maternal and paternal parenting (psychoanalytic theory, sex role theory and role theory). Regardless of the theory, one chooses to use, all of them expect mothers and fathers to adopt different approaches to parenting their children and adolescents (McKinney & Renk, 2008).

Although the role of mother and father in the parenting process is

still not clear, several findings have been published in the recent research. First, fathers spend less time taking care of their children compared to mothers (Renk et al., 2003, Lewis & Lamb, 2003) or mothers spend more time in direct care (preparing food, caring for ill children, etc.), while fathers spend more time with their children in play activities (McBride & Mills, 1993). Secondly, the father-adolescent relationship is characterized by physical and emotional distance, mother-adolescent relationship by attachment and intimacy (Sim, 2003). Thirdly, mothers are more likely to utilize an authoritative parenting style (combines high levels of democracy, warmth, and demandingness), while fathers were perceived as adopting an authoritarian style (high in control, but lacking in warmth) (Conrade & Ho, 2001).

In Vazsonyi et al.'s (2003) research, maternal and paternal processes were associated similarly with measures of both internalizing (anxiety, depression, low self-esteem and low well-being) and externalizing (alcohol use, drug use and school misconduct) behaviours. On the other hand, Bosco et al. (2003) found that mothers and fathers each play unique roles in adolescents' internalizing and externalizing behaviour. They also reported very interesting gender related results. In their study of 11 to 18 years old adolescents, daughters' behaviour was significantly related to their perceptions of their father's behaviour, while sons showed a more complicated pattern with both mothers and fathers playing some role in their internalizing and externalizing behaviour. In our previous research on the effect of parental unemployment on adolescents' health outcomes (Sleskova et al., 2006a), father's but not mother's unemployment negatively affected adolescents' health. When we compared this effect between Slovak and Dutch adolescents (Sleskova et al., 2006b), only the Slovak ones were affected. On the other hand, among Dutch adolescents, mother's employment status was important for their health and well-being. Webb and his colleagues (2002) reported opposite gender related results when studying the effect of parental monitoring on adolescents' alcohol use using structural equation modelling. In their study perceived maternal monitoring was significantly related to alcohol use; whereas, perceived paternal monitoring was not. Leinonen et al. (2003) found no differences in parenting under economic hardship between mothers and fathers. Both mothers and fathers in their research endorsed more punitive parenting when under economic hardship. In Laible and Carlo's (2004) research, high levels of maternal support and low levels of maternal rigid control influenced adolescents' reports of sympathy, social competence and self-worth, while fathers' support and control were unrelated. In other research (Paulson & Sputa, 1996), both adolescents and their parents perceived mothers as more involved in parenting than fathers.

One very interesting review of research on mother-son, mother-daughter, father-son and father-daughter dyads was carried out by Russel and Saebel (1997). Reviewing previous literature, authors came to an interesting conclusion, saying that despite the expectations of four different parent-child dyads and their theoretical support, the research evidence, they had examined, did not show any clear existence of such differences, in general. They concluded that possible differences in relationships among the four dyads were small and unreliable. They stated that many different factors may have influenced parenting and parent-child relationships, and gender was only one of them. Hence, it is questionable, whether it is necessary to create distinct relationships for the individual dyads.

As it could be seen in the previous paragraph, the separate roles of mother and father in the adolescents' development is not clear and; therefore, more research in this field is needed. In order to add to a better understanding of mother's and father's roles in adolescent functioning, this study explores the adolescents' perceptions of both mothers and fathers in relation to adolescents' health risk behaviours.

Family and its effect on adolescents' outcomes

As we have mentioned earlier, family plays a crucial role in adolescents' lives. Well known family system theory (Cox & Paley, 1997) views family as hierarchically organized system, comprised of smaller subsystems (e.g. parental, marital, and sibling) but also as embedded within larger systems (e.g. the community). Thus, mothers, fathers and children influence each other both directly and indirectly. From a family system perspective, changes in the condition of one of the family members or in the patterns of relationships among family subsystems may affect the functioning of the others. In this paper, we review one part of the subsystems, namely parent-child relationships but only in terms of the influence that parents have on their adolescent children.

There are several ways how family and parents can influence adolescents' development. We will pay attention to three of them. First, family structure (if adolescent lives with both biological parents, in step household or in other circumstances) and its effect on an adolescent's development is one of the best studied family topics. Secondly, many negative family events (such as parental divorce, unemployment, death) have been found to have undesirable effect on adolescents. Thirdly, parent-adolescent relationships (for example, parental monitoring, communication, conflicts, support etc.) are essential for the correct development of adolescents. The previous research results will be addressed in more depth below.

Family structure

Living with both biological parents has been found to be a protective factor in adolescents' development. Previous studies have compared mainly adolescents with biological parents with those living in one-parent families, in mixed families (one own parent and one stepparent) or in stepfamilies. Analysing data from seven European countries, Griesbach et al. (2003) reported the lowest prevalence of smoking among adolescents (15 years old) from intact families and the highest among those living in stepfamilies. Adolescents living with both biological parents engaged less frequently in heavy alcohol use (Bjarnason et al., 2003), were less delinquent (Demuth & Brown 2004) and reported lower levels of depressive symptoms (Barett & Turner, 2005). Those who experienced a family structure transition reported decreased well-being compared to those in stable, two-biological-parent families (Brown, 2006).

Family events

Many families undergo changes, which are perceived as very stressful. Such family events are often important proofs of family resilience. Parents, whilst trying to cope with their problems, may change their behaviour towards the child, lose their sensitivity and decrease the support they would normally give their child. Stressful life events experienced by parents, as stated by Ge et al. (1994), are related to parental depressive moods, which may disrupt skilful parenting practices. In turn, the absence of skilful parenting practices increases the risk of developing depressive symptoms among adolescents. Therefore, stressful family events may have very negative consequences for adolescents too.

One of the most stressful changes in family life is parental divorce. Children and adolescents in divorced families exhibit more externalizing (e.g. antisocial and aggressive behaviour, substance use) and internalizing (e.g. anxiety, depression) problems compared with those in intact families (Harland et al., 2002; Hoffmann, 2006). Moreover, problems occurring in adolescence, although many years after a divorce, can have their roots in earlier ages (Storksen et al., 2006)

Job loss of one or both parents also affects adolescents' development in a negative way. Parental unemployment has been found to have negative consequences for the health of adolescents (Sleskova et al., 2006a), behavioural problems in children (Isaranurug et al., 2001; Harland et al., 2002), poorer self-esteem (Christoffersen, 1994), increased probability of binge drinking (Lundborg, 2002), depression (Kaltiala-Heino et al., 2001; Sund et al., 2003), increased smoking (Unger et al., 2003), as well as a higher occurrence of

physical abuse of children (Christoffersen, 2000; Lindell & Svedin, 2001).

Among others negative family events, which have been confirmed to influence adolescents' development, belong death of a parent (Thompson et al., 1998), serious illness like a parental cancer (Huizinga et al., 2005), and others.

In Dmitrieva's et al. (2004) research, conducted among 17 years old adolescents in four different countries (United States, Czech Republic, China and Korea) several family-related negative life events (exposure to death of a family member, parental divorce, conflict between the parents and family financial difficulties) were included in the analyses. Family events were related to lower levels of perceived parental involvement and higher rates of parent-adolescent conflict. The association between family-related life events and adolescent problem behaviours was mediated by perceived parental involvement, parent-adolescent conflict, and perceived parental sanctions of adolescent misconduct. In general, we can say that exposure to relatively minor stressful family events may have only a short-term impact on adolescent well-being, while more serious negative circumstances may have long-term effect (Dmitrieva et al., 2004).

Parent-adolescent relationship

The quality of parent-adolescent relationships is highly important for healthy adolescent development. It can be characterised by many factors. Some of them will be addressed below.

Undoubtedly, parental monitoring belongs to the most often discussed topics in parent-adolescent relationship research in the recent years. Parental monitoring has been defined as "a set of correlated parenting behaviours involving attention to and tracking of the child's whereabouts, activities and adaptations" (Dishion & McMahon, 1998, p. 61).

Parental monitoring of adolescent behaviour is studied especially in connection to adolescents' problem behaviour. Bray (2001), reviewing past research, sees parental monitoring as a central factor that influences the occurrence of problem behaviour in adolescence.

Webb et al. (2002) suggested that perceived parental monitoring is especially relevant to female adolescent alcohol use because females in that age were likely to associate with older males who had greater access to alcohol than their peers. In their study, females reported that mothers monitored their behaviour more than fathers did. Furthermore, maternal monitoring, but not paternal, mediated the relationship between gender and alcohol use, not only with regard to differences in levels of drinking, but also in changes in drinking over time.

Blokland et al. (2007) reported higher levels of parental control (monitoring) to be associated with lower probability of adolescent smoking initiation but not adolescents' subsequent transition to increase in smoking.

In the longitudinal research among 15 years old adolescents in the United States, Fletcher et al. (2006) found that adolescents were less likely to engage in substance use (cigarette and marijuana smoking, alcohol drinking, binge drinking) when their parents were warm and involved in their lives, sought to obtain information concerning their children's activities, and provided higher levels of control over these activities. Furthermore, they reported parental monitoring to be associated with lower substance use in the present time but not longitudinally. The explanation for this result was that parents probably monitored those adolescents who are using illicit substances more, but such monitoring did not increase or decrease the likelihood of their risk behaviour in the future.

Two Swedish authors, Kerr and Stattin (2000), came with a very interesting idea regarding parental monitoring Swedish authors Kerr and Stattin (2000, Stattin & Kerr, 2000). They stated that although parental monitoring and parental knowledge were positively associated, they were not the same thing. Authors argued that it was not the parental monitoring itself that predicted many positive adolescent outcomes, but the adolescents' willingness to express information to their parents spontaneously. They distinguished between parental solicitation and child disclosure. Parental solicitation reflects the extent to which parents actively seek information concerning children's whereabouts (something what other authors call parental monitoring). On the other hand, child disclosure is defined as the extent to which children spontaneously disclose information to their parents. Although these two aspects are related, when analysing their effect on adolescent involvement in problem behaviour, stronger effect was found for disclosure (Stattin & Kerr, 2000). Furthermore, they distinguish between adolescents reports of being controlled and parental control per se. Adolescents feelings were linked with poor adjustment (involvement in problem behaviour and school problems), while parental control was associated with positive adjustment.

The other factor of parent-adolescent relationships is their communication and the frequency of conflicts they have. Before the 1970s, parent-adolescent conflicts were seen as normative because of the adolescents' need to detach emotionally from parents or parental figures. However, more recent research has shown that conflicts are normative in the clinical samples but not in the general population (Steinberg, 2001). The pattern of parent-child conflict seems to have a reversed U shape with regard to the age of the child (Montemayor, 1983). Some worsening of parent-child relationship

occurs during early adolescence, remains reasonably stable during middle adolescence and then the frequency of conflicts decreases after about the age 18.

Several interesting results have been found with regard to parent-adolescent conflicts (Montemayor, 1983). First, that parents and their adolescents mostly argue about normal everyday family matters such as school, social life, friends, home duties, but only rarely about “hot” topics such as sex, drugs or politics. Secondly, over the years, very little has changed in what parents and adolescents argue about. Although this remark was published in the 1980s, it remains valid.

Parent-child communication process seems to be a key mechanism in preventing health-risk behaviour (Riesch et al., 2006). Such communication process is characterized by open expression of ideas and feelings, satisfaction with the family system, family caring and ability to manage conflict. Parent-child communication and high occurrence of conflicts also influence other aspects of adolescents’ lives. Adolescent mental health was found to be better in families with close, non-conflictive, parent-child relationships (Steinberg, 2001).

Parent-adolescent relationship is characterised also by parental support. The effect of parental support on children’s development has been studied. Lack of perceived parental support has been highly related to depressive symptoms in adolescents (Patten et al., 1997). Geckova et al. (2003) found a strong influence of social support on many aspects of adolescents’ health. Piko (2000) reported that a low level of perceived father’s support increased the risk of substance use by secondary school pupils, whereas mother’s support did not appear to be such a strong predictor. Wicrama et al. (1997) found that through adolescent perception of parental support, changes in parental supportive behaviour were connected with changes in adolescent physical health status.

Blokland et al. (2007), in contrast to the previous research, did not report the effect of parental support on adolescent smoking. They explained the result by finding that Dutch parents, in their sample, were generally judged as very supportive.

Parent-adolescent relationship is very often studied in terms of adolescents’ perception of parental behaviour toward adolescent. The above mentioned characteristics (parental monitoring of adolescent behaviour, support received from a parent or parent-adolescent communication (or conflict)) are the examples of parent-adolescent interactions. Much less is known about the feelings, which adolescents have towards their parents. This is surprising as adolescents’ feeling towards parents may have much stronger influence on many outcomes than parental behaviour towards

adolescents. When adolescents have strong positive feelings towards their parents, they will probably do their best to avoid engaging in risk behaviour. On the other hand, many negative feelings towards parents may be strong predictors of risk behaviour as a kind of rebellion. To explore these assumptions, a questionnaire, developed by Phares and Renk (1998), was used in our study (see methods section for more information).

Mediators and moderators in the relationship between family characteristics and adolescent's outcomes

Family acts in adolescents' lives in many different ways. Family characteristics and parent-adolescent relationships per se can influence many adolescents' outcomes (as mentioned before). Secondly, these relationships also can be mediated (variables that explain the relationships) and moderated (variables that change the relationships) by many other variables. Thirdly, family can act as a mediator and moderator in the relations between other characteristics and adolescents' outcomes. In this place we will provide a reader with some results from previous studies on the latter two assumptions.

Generally, there are many factors that influence parenting quality and parent-child relationships and its effect on adolescents' development. These factors can be grouped into three broad categories: first, individual child characteristics (such as age, sex, temperament, social competence), secondly, individual parent characteristics (such as personality, social competence, sex, beliefs and values), and thirdly, social-contextual factors (marital relationship, sources of stress, social networks, levels of support) (Russell & Saebel, 1997).

Previous research has shown that higher level of depressive symptoms reported by those from stepfamilies and single parent families can be partially explained by socioeconomic resources, family processes and social stress (Barrett & Turner, 2005); self-efficacy mediates the relationship between parental monitoring and lower alcohol use among 15 years olds (Watkins et al., 2006); father's involvement highly mediates the connection between family structure (living only with a mother) and adolescents' behavioural outcomes (Carlson, 2006); family relationships can mediate potentially negative effect of family events on an adolescents' adjustment (Dmitrieva et al., 2004); and that family characteristics (youth perception of warmth and autonomy) are not related directly to a problem behaviour, but predict a risky peer context, which, in turn, predicts the problem behaviour (Goldstein & Davis-Kean, 2005). Adolescents' self-control partially mediated the link between parenting behaviour and adolescent emotional and behavioural problems (Finkenauer et al., 2005). Family

environment indirectly influences adolescent alcohol use through peer influence, self-efficacy and stress (Nash et al., 2005).

Family as a mediator and moderator in the relationship between other characteristics and adolescent's outcomes

Family very often acts as a factor that can change or influence the negative effects of many circumstances on adolescents' development. Family factors buffer or decrease the negative impact of stress (Bray et al., 2001). The association between family-related life events (exposure to death of a family member, parental divorce, conflict between the parents, and family financial difficulties) and adolescent problem behaviours was mediated by perceived parental involvement, parent-adolescent conflict, and perceived parental sanctions of adolescent misbehaviour (Dmitrieva et al., 2004). Perceived maternal monitoring mediated the relations between gender and alcohol use (Webb et al., 2002). Family harmony was a mediator between the low academic achievement and depression and tobacco and alcohol use in China adolescents (Trinidad et al., 2003). Parent-child communication process (such as openness, satisfaction with the family system, caring and conflict resolution ability) may reduce the negative effect of many individual, family and environmental factors on adolescents' health risk behaviour (Riesch et al., 2006). Economic stress was indirectly linked to adolescents' adjustment through parental behaviour. It increased the risk of emotional distress, which, in turn, increased the risk of marital conflict and marital distress, which negatively influenced adolescents' positive adjustment (represented by school performance, positive peer relations and self-confidence) (Conger et al., 1992).

Family as a factor of health risk behaviour

As mentioned on the previous pages, many family characteristics have strong effect on adolescents' development, many internal and external outcomes. In the present study we pay our attention to one set of external behaviour which is represented by health risk behaviour (namely cigarette smoking, alcohol consumption and marijuana use). Adolescence is the developmental process that includes individuation, autonomy, intimacy and identity formation. Experimentation with cigarettes, alcohol and other substances appears to be related to these adolescent developmental processes (Bray et al., 2001). In the following part we will present briefly the state of international research regarding family and its influence on adolescents' health risk behaviour.

In their literature review, Riesch et al. (2006) have mentioned three main groups of risk factors for health risk behaviour – individual (biological, cognitive and psychosocial), environmental (school,

neighbourhood and community) and family factors. According to their study, parental demographic characteristics (marital status, education, occupation, income, health behaviour practices) and parenting practices (quality of parent-child relationship, monitoring, family connectedness) belong among family risk factors. Some of them will be further studied in the present work.

Previous research has shown that parenting is one of the key factors that help prevent adolescents from engaging in problem behaviours (Bray et al., 2001). Furthermore, the opposite influence has been confirmed. Some negative family characteristics, such as bad relationships with parents, low support from parents, parent-child and marital conflicts and many others, increase the probability of engaging in risk behaviours (e.g. Kerr & Stattin, 2000; Bjarnason et al., 2003; Unger et al., 2003; Vazsonyi et al., 2003).

The aim

In this study, we aim to give a picture of basic relations between different family characteristics and adolescents' health risk behaviours (smoking, alcohol drinking and marihuana use), among adolescents in Slovakia. Since the previous research has shown the possibility of gender specific parent-child relationships (mother-daughter, mother-son, father-daughter, father-son), we will analyse our data separately for males and females, as well as with regard to the parental gender. Furthermore, we will give some suggestion for the future ways of analysing our data and the future research.

Methods

The research sample and health risk behaviour indicators used in our study are described in the first chapter.

Measures

Family characteristics

Family structure. To define respondents' family structure we asked them to answer the question: "Which of the following people live in the same household with you? (Mark all that apply)" with possible answers (1) I live alone, (2) father, (3) stepfather, (4) mother, (5) stepmother, (6) brother(s) or sister(s), (7) grandparent(s), (8) other relative(s), (9) non-relative(s). This simple question (used also by Brook et al. 1990; Petraitis et al., 1995) enable us to divide respondents in many family structure groups based on various combinations of their answers. In the present study, five groups were created: 1 – both own parents, 2 – one own parent, one stepparent,

3 – only one parent (own or stepparent), 4 – stepparents, 5 – others (only siblings, only grandparents, etc.). As the last two groups were very small (16 respondents living with stepparents and 38 living with others, see Table 1), we decided to exclude them from further analysis.

Negative family events. Respondents were asked to indicate every situation, which had occurred during the past year in their families. The possible situations were as follows: (1) moving to another city, (2) sibling birth, (3) parental divorce, (4) one or both parents have lost an employment, (5) death of someone close to you, (6) serious illness (yours or of someone close to you), (7) other serious event that touched your feelings. The measure was inspired by the one used by Harland et al. (2002). For the analysis in the present study, those, who mentioned at least one of these events, were considered to be experiencing negative family events.

Family process was measured by The Adolescent Family Process (AFP) measure. This six subscale measure was developed by Vazsonyi et al. (2003). The authors based their work on previous summarising investigation of Steinberg and Silk (2002), who identified three distinct domains of parenting dimensions, namely harmony, autonomy and conflict. Harmony describes dimensions that assess the affective relationship between parents and adolescents. Autonomy describes dimensions that are directed at encouraging a balance between growth and independence, while providing boundaries for youth. Conflict describes the common tension between adolescents and their parents. Vazsonyi's et al.'s (2003) questionnaire included six dimensions that reflected the three domains described by Steinberg and Silk (2002): closeness and communication (harmony), support, monitoring and peer approval (autonomy) and conflict (conflict). The final questionnaire includes 25 items in six subscales. Direction of one subscale (support) was reversed. The first three subscales were rated on the 5-point Likert scale: 1=strongly disagree, 2=disagree, 3= neither disagree nor agree, 4=agree, 5=strongly agree. The other three subscales were rated on different 5-point Likert scale: 1=never, 2=occasionally, 3=sometimes, 4=often, 5=very often. For each subscale, a higher score indicates better family process, with one exception – conflict – where higher score indicates more conflicts. Respondents answered the questions first with regard to their mother, and secondly with regard to their father. This allows examining the independent effects of both maternal and paternal family process. The scale was used also in the investigation of the effect of parent religiosity on parenting process conducted by Snider et al.(2004) and the research on interpersonal identity of African American Adolescents (Kerpelman & White, 2006). Unfortunately, during the printing process of questionnaires, one question, representing the approval subscale, was missed out. As the subscale without this question comprised only

two items and Cronbach alpha was very low (for mothers 0.50 and 0.52 for males and females respectively; for fathers 0.55 and 0.57) we decided to skip this subscale in all the analyses.

Perception of parents. This measure was developed by Phares and Renk (1998). It was first established with retrospective reports of perception of parents by older adolescents; and after that, confirmatory analysis of the measure was conducted with both older and younger adolescents (Phares & Renk, 1998; Bosco et al., 2003). Using this process, a final 15-item instrument was developed to measure adolescents' cognitive and emotional representations of their biological mothers and fathers. Factor analysis revealed two factors. Ten items characterised positive affect towards the parent (respect toward the parent, happy when thinking about the parent, love towards the parent, grateful for the parent, proud of the parent, caring toward the parent, comforted when thinking about the parent, closeness towards the parent, appreciative of the parent, and positive feelings towards the parent), and five items characterised negative affect towards the parent (anger towards the parent, confused or puzzled by the parent, disappointed or let down by the parent, upset when thinking about the parent, anxious or nervous about the parent). Items were completed using a 6-point scale ranging from 1-not at all or never to 6-extremely or always. Similar to the previous measurement, respondents answered the questions with regard to both, their mother and father. Higher score indicated more positive and more negative feelings.

Statistical analyses

All the data in the present study were analysed using statistical software package SPSS version 14.1. First, we compared males and females in basic characteristic using the independent sample t-test (for continuous dependent variables) and chi-square statistics (for categorical dependent variables). Secondly, Pearson's correlation coefficient (r) was used to correlate some continuous measures. Thirdly, logistic regression analyses were used to assess the effects of several family characteristics on adolescents' health risk behaviour. Odds ratios (OR), 95% Confidence Intervals (CI) and Nagelkerke R Square are presented. Furthermore, c statistic was calculated. The c statistic is a measure of the discriminative power of the logistic equation. It varies from .5 (50%, the model's predictions are no better than chance) to 1.0 (100%, very good prediction). In social sciences' research, a value of .7 is usually considered a good model power.

Results

Sample description

Before analysing the data, we provide the reader with some descriptive characteristics of our sample. Tables 1 and 2 describe the sample with regard to several family characteristics (family structure, family events, Adolescent Family Process measure and Perception of Parents) separately for males and females; as well as, they show differences between males and females in the mentioned characteristics.

As it could have been expected, there are no significant gender differences in family structure (Table 1). However, we found statistical differences ($p < .001$) in reporting occurrence of negative family events during the last year unfavourable for females (67% compared to 55% for males).

Table 1. Descriptive statistics (number of cases and the percentage) for family structure and family events, separately for males and females. Significance values of the comparisons between males and females in these measures (using chi-square).

| | males | | females | | p value (χ^2) |
|--|-------|------|---------|------|-------------------------|
| | N | % | N | % | |
| <i>family structure</i> | | | | | |
| both own parents | 1358 | 76.2 | 1362 | 73.7 | |
| one own and one stepparent | 116 | 6.5 | 151 | 8.2 | |
| only one parent (own or step) | 264 | 14.8 | 293 | 15.8 | |
| stepparents | 6 | 0.3 | 10 | 0.5 | |
| others (only siblings, only grandparents, other familiars, etc.) | 17 | 1.0 | 21 | 1.1 | .205 |
| <i>family events (last year)</i> | | | | | |
| no | 801 | 45.0 | 616 | 33.3 | |
| yes | 980 | 55.0 | 1233 | 66.7 | .001 |

* significant differences are in bold

As for Adolescent Family Process and Perception of Parents measures, we found statistical gender differences in almost all scales (Table 2). However, the direction of these differences varied by the

scale. Females reported significantly higher intensity of closeness, monitoring, communication and higher frequency of conflicts with mother and more support, monitoring and conflicts with father. On the other hand, males reported higher frequency of communication with father.

With regard to the Perception of Parents, females in our sample reported more positive affects towards mother ($p < .001$) and more negative affects towards father ($p < .033$).

Table 2. Descriptive statistics (possible score range, mean and standard deviation SD) for Adolescent Family Process and Perception of Parents measures separately for males and females. Significance values of the comparisons between males and females in separated scales (using t-test).

| | score range* | males | | females | | p value (t-test) |
|----------------------------------|--------------|-------|------|---------|------|------------------|
| | | mean | SD | mean | SD | |
| <i>Adolescent Family Process</i> | | | | | | |
| mother's closeness | 6-30 | 22.4 | 3.9 | 23.0 | 4.1 | .001 |
| mother's support | 4-20 | 14.1 | 3.5 | 14.3 | 3.7 | .309 |
| mother's monitoring | 4-20 | 12.9 | 3.8 | 14.3 | 3.5 | .001 |
| mother's communication | 5-25 | 16.2 | 4.0 | 17.0 | 4.3 | .001 |
| mother's conflict | 3-15 | 7.8 | 2.6 | 8.4 | 2.7 | .001 |
| <hr/> | | | | | | |
| father's closeness | 6-30 | 21.5 | 4.4 | 21.4 | 4.7 | .594 |
| father's support | 4-20 | 14.4 | 3.4 | 14.7 | 3.7 | .030 |
| father's monitoring | 4-20 | 11.7 | 4.0 | 12.1 | 4.1 | .006 |
| father's communication | 5-25 | 14.7 | 4.5 | 13.6 | 4.8 | .001 |
| father's conflict | 3-15 | 7.7 | 2.8 | 8.0 | 3.0 | .006 |
| <hr/> | | | | | | |
| <i>Perception of Parents</i> | | | | | | |
| positive affect toward mother | 10-60 | 45.3 | 10.3 | 47.0 | 9.7 | .001 |
| negative affect toward mother | 5-50 | 12.2 | 5.1 | 12.3 | 5.2 | .686 |
| <hr/> | | | | | | |
| positive affect toward father | 10-60 | 43.4 | 11.8 | 43.4 | 12.0 | .925 |
| negative affect toward father | 5-50 | 12.6 | 5.4 | 13.0 | 5.5 | .033 |

* higher score means better closeness, support, more monitoring, better communication, more conflict, more positive affects and more negative affects.

* significant differences are in bold

Correlation between measures' scales

As a second step of the present study, we analysed the relations between separate scales of used measures. We have used two measures of family process (Adolescent Family Process measure and Perception of Parents). Because both measures assessed parental behaviour and adolescents' feelings towards their parents, separately for mothers and fathers, we were first interested in the intercorrelations between adolescents' views of their mothers and their fathers. Pearson's correlation coefficients can be seen in the Table 3 for males and females separately. The correlations between mother's and father's scales were highly significant for both measures and all scales and were higher for males. The lowest, but still statistically significant, correlation can be seen between the frequency of mother-female and father-female conflicts ($r=.352$).

Table 3. Correlations between perception of mother and father for males and females

| | males | females |
|----------------------------------|-------|---------|
| | r | r |
| <i>Adolescent Family Process</i> | | |
| closeness | .666 | .451 |
| support | .626 | .496 |
| monitoring | .666 | .522 |
| communication | .616 | .464 |
| conflict | .533 | .352 |
| <i>Perception of Parents</i> | | |
| positive affect | .670 | .468 |
| negative affect | .729 | .608 |

**All the correlations are significant on the level $p<.001$*

The following two tables show intercorrelations between scales of Adolescent Family Process measure for mother (Table 4) and father (Table 5). Results for males are presented in the upper right corner, and in the lower left corner, results are presented for females. Intercorrelations are generally high, although they are lower than correlations between mother's and father's scales (previous Table 3) and not all of them are statistically significant.

With regard to mother's measures (Table 4), for males, intensity of closeness with mother is highly correlated with communication ($r=.442$), intensity of mother's support is negatively correlated with the frequency of conflict with her ($r=-.531$). The frequency of mother-

males conflict is not associated with the intensity of monitoring, neither with the frequency of communication with mother. For females, the highest positive correlation can be seen between communication with mother and the intensity of closeness ($r=.578$) and the highest negative correlation is, similarly to males, between the intensity of mother's support and the frequency of conflicts with her ($r=-.591$). The only non-significant correlation for females is reported between mother's monitoring and her support.

Table 4. Adolescent Family Process - mother, upper right corner males, lower left corner females

| Mother | closen. | supp. | monit. | comm. | conflict |
|---------------|--------------|--------------|--------------|--------------|--------------|
| closeness | | .280 | .378 | .442 | -.222 |
| support | .485 | | -.068 | .171 | -.531 |
| monitoring | .357 | .046 | | .275 | .005 |
| communication | .578 | .339 | .313 | | -.048 |
| conflict | -.441 | -.591 | -.096 | -0.31 | |

**significant correlations are in bold*

With regard to father's measures (Table 5), for males, the most important relation is between the frequency of communication with father and the intensity of closeness with him ($r=.502$); and negatively, between the frequency of conflict and father's support ($r=-.531$). Non-significant correlation is between monitoring and conflict.

For females, all the correlations are significant. The highest one is between closeness and communication ($r=.609$), and similarly to males, strong negative relations can be seen between father's support and father-females conflicts ($r=-.556$).

Table 5. Adolescent Family Process - father, upper right corner males, lower left corner females

| Father | closen. | supp. | monit. | comm. | conflict |
|---------------|--------------|--------------|--------------|--------------|--------------|
| closeness | | .297 | .412 | .502 | -.261 |
| support | .448 | | -.103 | .094 | -.531 |
| monitoring | .459 | .054 | | .394 | .002 |
| communication | .609 | .248 | .414 | | -.091 |
| conflict | -.424 | -.556 | -.086 | -.229 | |

**significant correlations are in bold*

The second measure we have used is the Perception of Parents measure with two subscales (positive and negative affect). As in the previous measure, first, we compared mother's and father's scales, and secondly, we compared the two subscales for mother and father, respectively. Pearson's correlation coefficients for both analyses are reported in Table 6. When compared mother's and father's scales, the results are very similar to those in the previous measure. Positive, as well as negative affects towards mother were highly correlated with those toward father. These correlations were higher for males. On the other hand, positive and negative affects were much higher correlated among females than males, both for mother ($r=-.257$) and father ($r=-.389$).

Table 6. Correlations of Perception of Parents measure for males and females

| | for males | for females |
|--|-----------|-------------|
| positive affect toward mother versus toward father | .670 | .468 |
| negative affect toward mother versus toward father | .729 | .608 |
| positive versus negative affect toward mother | -.106 | -.257 |
| positive versus negative affect toward father | -.177 | -0.39 |

**All the correlations are significant on the level $p < .001$*

As the last step in this section, we correlated subscales from Adolescent Family Process measure and Perception of Parents measure. The questions in Adolescent Family Process measure were oriented more on parental behaviour toward adolescent while questions in the Perception of Parents measure reflected more adolescents' feeling towards their parents. Therefore, we were interested whether parental behaviour and adolescents' feelings toward them were intercorrelated. We conducted this analysis again, separately for mothers (Table 7) and fathers (Table 8), and for males and females.

In mothers' measures (Table 7), all the studied variables were significantly correlated apart from mother's monitoring, which was not related to negative affect among males. The correlations were higher for females.

In father's measures (Table 8), the results were very similar to those in mother's measures, but the correlations were generally higher for both males and females. The relationship between father's monitoring and males negative affects towards father was not significant.

Table 7. Correlations between Adolescent Family Process factors and Perception of Parents factors among males and females for mothers

| Mother Perception of Parents | for males | | for females | |
|----------------------------------|-----------------|-----------------|-----------------|-----------------|
| | positive affect | negative affect | positive affect | negative affect |
| <i>Adolescent Family Process</i> | | | | |
| closeness | .403 | -.253 | .582 | -.392 |
| support | .305 | -.395 | .390 | -.469 |
| monitoring | .225 | -.043 | .234 | -.116 |
| communication | .374 | -.115 | .516 | -.271 |
| conflict | -.327 | .379 | -.409 | 0.44 |

**significant correlations are in bold*

Table 8. Correlations between Adolescent Family Process factors and Perception of Parents factors among males and females for fathers

| Father Perception of Parents | for males | | for females | |
|----------------------------------|-----------------|-----------------|-----------------|-----------------|
| | positive affect | negative affect | positive affect | negative affect |
| <i>Adolescent Family Process</i> | | | | |
| closeness | .543 | -.275 | .680 | -.413 |
| support | .278 | -.393 | .419 | -.479 |
| monitoring | .268 | -.054 | .379 | -.158 |
| communication | .436 | -.159 | .546 | -.300 |
| conflict | -.374 | .471 | -.417 | .467 |

**significant correlations are in bold*

The effect of family measures on health risk behaviour.

The third aim of the present study was to analyse the effect of several family characteristics on adolescents' health risk behaviour. For these analyses, logistic regression models were used. We included each of the characteristics separately in the model. When the measurement was composed by subscales, all the subscales were included in one model. In the following tables (Tables 9 to 14), results of such models are presented separately for males and females, each table representing one type of risk behaviour as a dependent variable. For each model, odds ratios (OR), 95% confidence intervals (CI), Nagelkerke R square and c statistic value are presented.

The first risk behaviour indicator used in the present study was smoking (Table 9). Living with one own and one stepparent increased the risk for being a smoker among both males (OR 1.64) and females (OR 2.22), while living only with one parent increased this risk only for females (OR 1.56). Those boys, but not girls, who experienced at least one negative family event in the past year, had higher probability of being a smoker. Analysing Adolescent Family Process measure subscales, we found that more maternal support among girls and more maternal monitoring among boys decreased the probability of being a smoker, while many conflicts with mother increased this probability. As for fathers, girls who had more support from father were less often smokers and those with more conflicts with father were smokers more often. Positive feelings towards both mother and father decreased, whereas negative feelings towards parents increased the probability of boys' and girls' smoking. In this health risk behaviour indicator, the strongest power (*c* statistic) had the model with AFP measure for mothers and females ($c=.663$).

Table 9. The effect of separate family characteristics on the probability of being a smoker

| | males | | females | |
|-------------------------------------|-------------------------|----------|-------------------------|----------|
| | OR (95%CI) | <i>c</i> | OR (95%CI) | <i>c</i> |
| <i>Family structure^a</i> | | | | |
| one own, one stepparent | 1.64 (1.07-2.53) | | 2.22 (1.55-3.18) | |
| only one parent | 1.14 (0.82-1.58) | .528 | 1.56 (1.17-2.09) | .564 |
| <i>Family events^b</i> | | | | |
| At least one event | 1.33 (1.05-1.69) | .534 | 1.22 (0.96-1.55) | .522 |
| <i>AFP-mother^c</i> | | | | |
| closeness | 0.97 (0.93-1.02) | | 0.98 (0.94-1.02) | |
| support | 0.97 (0.92-1.01) | | 0.96 (0.92-0.99) | |
| monitoring | 0.96 (0.92-0.99) | | 0.97 (0.93-1.01) | |
| communication | 1.03 (0.99-1.07) | | 1.01 (0.98-1.05) | |
| conflict | 1.07 (1.01-1.14) | .590 | 1.15 (1.09-1.22) | .663 |
| <i>AFP-father^c</i> | | | | |
| closeness | 0.97 (0.92-1.01) | | 0.98 (0.94-1.03) | |
| support | 1.01 (0.96-1.07) | | 0.95 (0.91-0.99) | |
| monitoring | 0.98 (0.94-1.03) | | 0.97 (0.94-1.01) | |
| communication | 1.03 (0.98-1.07) | | 0.99 (0.96-1.03) | |
| conflict | 1.05 (0.98-1.12) | .562 | 1.07 (1.01-1.13) | .628 |

| | | | |
|---------------------------------|-------------------------|------|------------------------------|
| <i>POP – mother^c</i> | | | |
| positive feelings | 0.98 (0.97-0.99) | | 0.97 (0.96-0.99) |
| negative feelings | 1.07 (1.04-1.10) | .616 | 1.04 (1.02-1.07) .603 |
| <i>POP – father^c</i> | | | |
| positive feelings | 0.99 (0.97-0.99) | | 0.98 (0.97-0.99) |
| negative feelings | 1.05 (1.03-1.08) | .601 | 1.03 (1.00-1.05) .604 |

**all significant effects are in bold*

OR – odds ratio, 95% CI – confidence intervals, c – c statistics

AFP – The Adolescent Family Process, POP – Perception of Parents

^a both parents as reference group; ^b no family events as reference group; ^c all subscales included in one model.

Table 10 shows the effect of family characteristics on the probability of being a regular smoker. Family structure (living with one own and one stepparent, as well as living with only one parent) was a significant predictor of regular smoking, both among boys and girls. However, the OR, as well as the model power ($c = .622$) are higher among girls. Experiencing negative family events seems to influence only girls too ($OR = 1.55$). With regard to subscales of Adolescent Family Process measure, mainly mother's behaviour influenced the probability of being a regular smoker. Interestingly, boys were affected by different subscales than girls. More support and monitoring from mother decreased the probability of being a regular smoker among boys, while higher closeness and less conflict decreased such probability among girls. Very interesting result, however, was obtained for the effect of communication with mother on girls' regular smoking – more frequent communication with mother increased the probability of being a regular smoker. As for fathers, only better closeness among girls was associated with less regular smoking ($OR = 0.93$). The probability of being a regular smoker decreased with more positive feelings (in Perception of Parents measure) both towards mother and father in both genders, and increased with more negative feelings towards mother and father among boys, and towards mother among girls. Again, the model with AFP for mothers and females had the strongest model power ($c = .703$).

Table 10. The effect of separate family characteristics on the probability of being a regular smoker

| | males | | females | |
|-------------------------------------|-------------------------|------|-------------------------|------|
| | OR (95%CI) | c | OR (95%CI) | c |
| <i>Family structure^a</i> | | | | |
| one own, one stepparent | 1.81 (1.03-3.19) | | 3.83 (2.44-6.01) | |
| only one parent | 1.63 (1.08-2.46) | .555 | 2.14 (1.42-3.22) | .622 |
| <i>Family events^b</i> | | | | |
| At least one event | 1.27 (0.91-1.76) | .529 | 1.55 (1.07-2.25) | .545 |
| <i>AFP-mother^c</i> | | | | |
| closeness | 0.95 (0.89-1.01) | | 0.94 (0.89-0.99) | |
| support | 0.92 (0.86-0.99) | | 0.98 (0.92-1.04) | |
| monitoring | 0.94 (0.89-0.99) | | 0.95 (0.90-1.01) | |
| communication | 1.05 (0.99-1.11) | | 1.10 (1.04-1.16) | |
| conflict | 1.06 (0.97-1.15) | .632 | 1.22 (1.12-1.33) | .703 |
| <i>AFP-father^c</i> | | | | |
| closeness | 0.97 (0.90-1.04) | | 0.93 (0.87-0.99) | |
| support | 0.96 (0.88-1.05) | | 0.97 (0.91-1.04) | |
| monitoring | 1.00 (0.93-1.08) | | 0.99 (0.93-1.05) | |
| communication | 1.04 (0.97-1.11) | | 1.04 (0.98-1.10) | |
| conflict | 1.02 (0.92-1.13) | .566 | 1.07 (0.99-1.17) | .645 |
| <i>POP – mother^c</i> | | | | |
| positive feelings | 0.98 (0.96-0.99) | | 0.97 (0.95-0.99) | |
| negative feelings | 1.06 (1.03-1.10) | .606 | 1.06 (1.02-1.09) | .620 |
| <i>POP – father^c</i> | | | | |
| positive feelings | 0.98 (0.97-0.99) | | 0.97 (0.96-0.98) | |
| negative feelings | 1.06 (1.02-1.09) | .622 | 1.02 (0.99-1.06) | .621 |

*all significant effects are in bold

OR – odds ratio, 95% CI – confidence intervals, c – c statistics

AFP – The Adolescent Family Process, POP – Perception of Parents

a both parents as reference group; b no family events as reference group; c all subscales included in one model.

Three measures of alcohol consumption were used in our study. Logistic regression analyses with the first one (having ever tried alcohol) are presented in the Table 11. Living with a stepparent, but

not only with one parent, is a risk factor for trying alcohol for both boys (OR=2.40) and girls (OR=2.18). Contrary to the previous measure of regular smoking, experiencing negative family events increased the probability of trying alcohol among boys but not girls. All the other family characteristics were insignificant for trying alcohol among boys. For girls, higher monitoring from mother and positive feelings towards father had protective effect on trying alcohol, while having more conflicts with both mother and father had negative effect. Model with the strongest but quite low power in this dependent variable was the AFP for father and females (c=.634).

Table 11. The effect of separate family characteristics on the probability of having ever tried alcohol

| | males | | females | |
|-------------------------------------|-------------------------|------|-------------------------|------|
| | OR (95%CI) | c | OR (95%CI) | c |
| <i>Family structure^a</i> | | | | |
| one own, one stepparent | 2.40 (1.04-5.57) | | 2.18 (1.12-4.21) | |
| only one parent | 1.22 (0.78-1.88) | .532 | 1.41 (0.93-2.13) | .547 |
| <i>Family events^b</i> | | | | |
| At least one event | 1.43 (1.06-1.93) | .545 | 1.24 (0.93-1.66) | .524 |
| <i>AFP-mother^c</i> | | | | |
| closeness | 1.01 (0.95-1.08) | | 1.03 (0.97-1.08) | |
| support | 0.98 (0.91-1.04) | | 0.97 (0.92-1.03) | |
| monitoring | 0.97 (0.92-1.03) | | 0.90 (0.86-0.95) | |
| communication | 1.03 (0.97-1.08) | | 0.99 (0.94-1.03) | |
| conflict | 1.07 (0.98-1.17) | .577 | 1.10 (1.02-1.19) | .625 |
| <i>AFP-father^c</i> | | | | |
| closeness | 1.01 (0.95-1.07) | | 1.00 (0.94-1.06) | |
| support | 1.04 (0.96-1.12) | | 0.98 (0.91-1.05) | |
| monitoring | 0.97 (0.91-1.03) | | 0.94 (0.90-0.99) | |
| communication | 1.03 (0.97-1.09) | | 0.99 (0.94-1.04) | |
| conflict | 1.05 (0.96-1.15) | .564 | 1.12 (1.03-1.21) | .634 |
| <i>POP – mother^c</i> | | | | |
| positive feelings | 0.99 (0.98-1.01) | | 0.99 (0.97-1.01) | |
| negative feelings | 1.02 (0.99-1.06) | .536 | 1.02 (0.99-1.05) | .534 |

| | | | | |
|---------------------------------|------------------|------|-------------------------|------|
| <i>POP – father^c</i> | | | | |
| positive feelings | 1.00 (0.98-1.01) | | 0.98 (0.96-0.99) | |
| negative feelings | 1.02 (0.99-1.06) | .531 | 1.01 (0.98-1.05) | .577 |

**all significant effects are in bold*

OR – odds ratio, 95% CI – confidence intervals, c – c statistics

AFP – The Adolescent Family Process, POP – Perception of Parents

^aboth parents as reference group; ^bno family events as reference group; ^call subscales included in one model.

The second measurement of alcohol consumption was drinking in the last 4 weeks (Table 12). Girls living with one own and one stepparent had higher probability (OR 1.62) of drinking in previous month than those living with both parents. Experiencing negative family events influenced drinking among boys (OR 1.22). The occurrence of this risk behaviour was influenced also by lower mother's support and monitoring, and by more conflicts with mother for both girls and boys. Father's monitoring was negatively associated with drinking among boys. Interestingly more frequent communication with father predicted drinking during the the last four weeks among boys (OR 1.06). Positive feelings towards mother (among boys and girls) and father (girls only) decreased the probability of drinking in the past month; however, negative feeling towards both parents increased this probability. Adolescent Family Process mother for boys had the strongest model power (c=.605).

Table 12. The effect of separate family characteristics on the probability of drinking alcohol during the previous 4 weeks

| | males | | females | |
|-------------------------------------|-------------------------|------|-------------------------|------|
| | OR (95%CI) | c | OR (95%CI) | c |
| <i>Family structure^a</i> | | | | |
| one own, one stepparent | 1.34 (0.91-1.98) | | 1.62 (1.15-2.27) | |
| only one parent | 1.13 (0.86-1.48) | .522 | 1.04 (0.81-1.35) | .524 |
| <i>Family events^b</i> | | | | |
| At least one event | 1.22 (1.00-1.47) | .524 | 1.07 (0.88-1.30) | .507 |

| | | | | | |
|---------------------------------|-------------------|-------------------------|------|-------------------------|------|
| <i>AFP-mother^c</i> | | | | | |
| | closeness | 0.98 (0.94-1.01) | | 1.01 (0.98-1.05) | |
| | support | 0.96 (0.92-0.99) | | 0.96 (0.92-0.99) | |
| | monitoring | 0.95 (0.92-0.98) | | 0.96 (0.93-0.99) | |
| | communication | 1.03 (0.99-1.06) | | 1.00 (0.97-1.03) | |
| | conflict | 1.08 (1.02-1.14) | .605 | 1.08 (1.03-1.14) | .600 |
| <i>AFP-father^c</i> | | | | | |
| | closeness | 0.98 (0.95-1.02) | | 0.99 (0.95-1.02) | |
| | support | 0.98 (0.93-1.02) | | 0.98 (0.94-1.02) | |
| | monitoring | 0.93 (0.89-0.97) | | 0.98 (0.94-1.01) | |
| | communication | 1.06 (1.02-1.10) | | 1.02 (0.98-1.05) | |
| | conflict | 1.03 (0.97-1.09) | .588 | 1.05 (0.99-1.10) | .577 |
| <i>POP – mother^c</i> | | | | | |
| | positive feelings | 0.99 (0.98-1.00) | | 0.98 (0.97-0.99) | |
| | negative feelings | 1.04 (1.01-1.06) | .559 | 1.02 (1.00-1.05) | .567 |
| <i>POP – father^c</i> | | | | | |
| | positive feelings | 0.99 (0.98-1.01) | | 0.99 (0.98-0.99) | |
| | negative feelings | 1.04 (1.02-1.06) | .568 | 1.02 (1.00-1.05) | .564 |

**all significant effects are in bold*

OR – odds ratio, 95% CI – confidence intervals, c – c statistics

AFP – The Adolescent Family Process, POP – Perception of Parents

^a both parents as reference group; ^b no family events as reference group; ^c all subscales included in one model.

Thirdly, we analysed the probability of being drunk (binge drinking) during the past four weeks (Table 13). Family structure, other than living with both parents, seems to influence binge drinking among girls only. This risk behaviour indicator was not affected by negative family events. More closeness with mother (boys only), better support from mother, and more monitoring from mother, as well as more closeness with father (boys only) increased the probability of binge drinking during the past month. Higher frequency of communication with both mother and father (boys only), and more conflicts with mother and father (girls only) decreased such probability. The probability of being drunk decreased with more positive feelings towards both parents and increased with more negative feelings towards both of them. Similar to previous risk behaviours, in this case, Adolescent Family Process had the strongest model power had for mothers and girls ($c=.645$).

Table 13. The effect of separate family characteristics on the probability of being drunk during the past 4 weeks

| | males | | females | |
|-------------------------------------|-------------------------|------|-------------------------|------|
| | OR (95%CI) | c | OR (95%CI) | c |
| <i>Family structure^a</i> | | | | |
| one own, one stepparent | 1.54 (0.98-2.42) | | 2.29 (1.56-3.38) | |
| only one parent | 1.05 (0.74-1.48) | .525 | 1.68 (1.23-2.31) | .527 |
| <i>Family events^b</i> | | | | |
| At least one event | 1.25 (0.98-1.60) | .527 | 1.28 (0.97-1.67) | .526 |
| <i>AFP-mother^c</i> | | | | |
| closeness | 0.95 (0.91-0.99) | | 0.99 (0.95-1.04) | |
| support | 0.95 (0.90-0.99) | | 0.95 (0.91-1.00) | |
| monitoring | 0.95 (0.91-0.99) | | 0.93 (0.89-0.97) | |
| communication | 1.04 (1.00-1.08) | | 1.02 (0.98-1.06) | |
| conflict | 1.06 (0.99-1.13) | .615 | 1.12 (1.04-1.19) | .645 |
| <i>AFP-father^c</i> | | | | |
| closeness | 0.95 (0.90-0.99) | | 0.96 (0.92-1.01) | |
| support | 0.97 (0.92-1.03) | | 0.98 (0.93-1.03) | |
| monitoring | 0.96 (0.91-1.01) | | 0.97 (0.93-1.01) | |
| communication | 1.10 (1.05-1.15) | | 1.03 (0.99-1.07) | |
| conflict | 1.04 (0.97-1.11) | .608 | 1.08 (1.01-1.45) | .626 |
| <i>POP – mother^c</i> | | | | |
| positive feelings | 0.98 (0.97-0.99) | | 0.98 (0.97-0.99) | |
| negative feelings | 1.04 (1.02-1.07) | .588 | 1.04 (1.01-1.07) | .587 |
| <i>POP – father^c</i> | | | | |
| positive feelings | 0.99 (0.97-0.99) | | 0.98 (0.97-0.99) | |
| negative feelings | 1.04 (1.02-1.07) | .593 | 1.04 (1.01-1.06) | .610 |

*all significant effects are in bold

OR – odds ratio, 95% CI – confidence intervals, c – c statistics

AFP – The Adolescent Family Process, POP – Perception of Parents

^a both parents as reference group; ^b no family events as reference group; ^c all subscales included in one model.

The last health risk indicator used in the previous study was marihuana/hash consumption (Table 14). Living with one own and one stepparent seemed to be strongly linked to marihuana use among both boys and girls, while living with only one parent only among girls. Experiencing a negative family event increased the probability of marihuana use among both genders (OR 1.32 and 1.41 for males and females, respectively). From Family Process subscales, mainly mother's measures were important for adolescents' marihuana use. Higher closeness and monitoring decreased the use among boys, more frequent communication (boys only) and conflicts led to an increase. More positive feelings towards parents were protective for both boys and girls (OR=0.98), more negative feelings towards mother were risky for girls (OR=1.04).

Table 14. The effect of separate family characteristics on the probability of having tried marihuana or hash

| | males | | females | |
|-------------------------------------|-------------------------|------|-------------------------|------|
| | OR (95%CI) | c | OR (95%CI) | c |
| <i>Family structure^a</i> | | | | |
| one own, one stepparent | 1.73 (1.12-2.69) | | 2.87 (1.88-4.39) | |
| only one parent | 1.35 (0.98-1.86) | .539 | 1.51 (1.03-2.21) | .577 |
| <i>Family events^b</i> | | | | |
| At least one event | 1.32 (1.03-1.67) | .533 | 1.41 (1.02-1.96) | .536 |
| <i>AFP-mother^c</i> | | | | |
| closeness | 0.95 (0.91-0.99) | | 0.96 (0.91-1.01) | |
| support | 0.97 (0.93-1.02) | | 0.96 (0.91-1.02) | |
| monitoring | 0.94 (0.90-0.98) | | 0.96 (0.91-1.01) | |
| communication | 1.04 (1.00-1.08) | | 1.04 (0.99-1.09) | |
| conflict | 1.07 (1.01-1.14) | .619 | 1.15 (1.06-1.24) | .662 |
| <i>AFP-father^c</i> | | | | |
| closeness | 0.97 (0.93-1.02) | | 0.97 (0.92-1.03) | |
| support | 0.98 (0.93-1.04) | | 0.96 (0.90-1.03) | |
| monitoring | 0.96 (0.93-1.01) | | 0.97 (0.92-1.02) | |
| communication | 1.03 (0.99-1.07) | | 1.04 (0.97-1.09) | |
| conflict | 1.03 (0.96-1.10) | .568 | 1.10 (1.02-1.19) | .637 |

| | | | | |
|---------------------------------|-------------------------|------|-------------------------|------|
| <i>POP – mother^c</i> | | | | |
| positive feelings | 0.98 (0.97-1.00) | | 0.98 (0.96-0.99) | |
| negative feelings | 1.02 (0.99-1.05) | .555 | 1.04 (1.01-1.08) | .595 |
| <i>POP – father^c</i> | | | | |
| positive feelings | 0.98 (0.97-0.99) | | 0.98 (0.97-0.99) | |
| negative feelings | 1.02 (0.99-1.04) | .581 | 1.03 (0.99-1.06) | .594 |

**all significant effects are in bold*

OR – odds ratio, 95% CI – confidence intervals, c – c statistics

AFP – The Adolescent Family Process, POP – Perception of Parents

^a both parents as reference group; ^b no family events as reference group; ^c all subscales included in one model.

The effects of Adolescent Family Process and Perception of Parents on risk behaviour

As mentioned in the introduction, two aspects of parent-adolescent relationships were measured in the present study: parental behaviour towards a child (Adolescent Family Process) and adolescents' feelings towards their parents (Perception of Parents). In the previous analyses, adolescents' feelings towards parents seemed to influence their risk behaviour more than parental behaviour did. We wanted to verify this result by further analyses. Both measures were included in one model in logistic regression analyses, separately for mothers and fathers. Following six tables present the results for six types of health risk behaviour used in the present study.

Table 15 presents the adjusted effects of Adolescent Family Process measure and Perception of Parents on adolescents' smoking behaviour. The effects, in most subscales, were not significant, with several exceptions for both measures. The results differed from the one where each measure had been used separately in the analyses (Table 9). Mainly, the previous effect of Perception of Parents disappeared.

Table 15. The effects of Adolescent Family Process measure and Perception of Parents on the probability of being a smoker, all mother's subscales in one model, all father's subscales in the other model.

| | males | | females | |
|---------------------|-------------------------|------|-------------------------|------|
| | OR (95%CI) | c | OR (95%CI) | c |
| <i>AFP-mother</i> | | | | |
| closeness | 0.96 (0.91-1.01) | | 0.98 (0.94-1.03) | |
| support | 0.97 (0.92-1.03) | | 0.96 (0.91-1.00) | |
| monitoring | 0.96 (0.92-1.01) | | 0.96 (0.93-1.00) | |
| communication | 1.03 (0.98-1.07) | | 1.02 (0.98-1.06) | |
| conflict | 1.04 (0.97-1.12) | | 1.15 (1.07-1.22) | |
| <i>POP – mother</i> | | | | |
| positive feelings | 0.99 (0.98-1.01) | | 1.00 (0.98-1.01) | |
| negative feelings | 1.04 (1.01-1.07) | .619 | 1.00 (0.97-1.03) | .663 |
| <i>AFP-father</i> | | | | |
| closeness | 0.98 (0.93-1.03) | | 0.99 (0.94-1.04) | |
| support | 1.03 (0.97-1.10) | | 0.95 (0.90-1.00) | |
| monitoring | 0.97 (0.93-1.03) | | 0.98 (0.94-1.02) | |
| communication | 1.05 (1.00-1.10) | | 1.00 (0.96-1.04) | |
| conflict | 0.98 (0.90-1.06) | | 1.08 (1.01-1.15) | |
| <i>POP – father</i> | | | | |
| positive feelings | 0.98 (0.96-1.00) | | 0.99 (0.98-1.01) | |
| negative feelings | 1.06 (1.02-1.10) | .607 | 1.00 (0.97-1.03) | .638 |

* *significant effects are in bold*

When studying the probability of being a regular smoker (Table 16), some of the mothers' Adolescent Family Process subscales had significant effects on the probability, whilst the effect of Perception of Parents had disappeared. Similar, but not so visible, result was found also for fathers.

Table 16. The effects of Adolescent Family Process measure and Perception of Parents on the probability of being a regular smoker, all mothers' subscales in one model, all fathers' subscales in the other model.

| | males | | females | |
|---------------------|-------------------------|------|-------------------------|------|
| | OR (95%CI) | c | OR (95%CI) | c |
| <i>AFP-mother</i> | | | | |
| closeness | 0.92 (0.86-0.99) | | 0.96 (0.90-1.03) | |
| support | 0.93 (0.86-0.99) | | 0.98 (0.92-1.05) | |
| monitoring | 0.95 (0.89-1.02) | | 0.94 (0.89-0.99) | |
| communication | 1.05 (0.98-1.12) | | 1.11 (1.05-1.18) | |
| conflict | 1.04 (0.94-1.16) | | 1.20 (1.09-1.32) | |
| <i>POP – mother</i> | | | | |
| positive feelings | 1.00 (0.97-1.02) | | 0.98 (0.95-1.01) | |
| negative feelings | 1.00 (0.96-1.06) | .650 | 1.00 (0.96-1.05) | .708 |
| <i>AFP-father</i> | | | | |
| closeness | 0.98 (0.91-1.07) | | 0.95 (0.88-1.02) | |
| support | 0.97 (0.88-1.06) | | 0.97 (0.90-1.05) | |
| monitoring | 1.00 (0.93-1.08) | | 0.99 (0.93-1.06) | |
| communication | 1.04 (0.97-1.16) | | 1.07 (1.01-1.14) | |
| conflict | 0.98 (0.87-1.11) | | 1.07 (0.98-1.18) | |
| <i>POP – father</i> | | | | |
| positive feelings | 0.99 (0.96-1.02) | | 0.97 (0.95-0.99) | |
| negative feelings | 1.03 (0.97-1.09) | .564 | 0.99 (0.95-1.04) | .684 |

* *significant effects are in bold*

Having ever tried alcohol was influenced by parent-adolescent relationships only to a very small extent (Table 17). Compared with the previous separate analyses (Table 11), the effect of Adolescent Family Process remained more or less similar (particularly for girls) but the effect of Perception of Parents has disappeared in the adjusted model.

Table 17. The effects of Adolescent Family Process measure and Perception of Parents on the probability of having ever tried alcohol, all mothers' subscales in one model, all fathers' subscales in the other model.

| | males | | females | |
|---------------------|-------------------------|------|-------------------------|------|
| | OR (95%CI) | c | OR (95%CI) | c |
| <i>AFP-mother</i> | | | | |
| closeness | 0.92 (0.86-0.99) | | 0.96 (0.90-1.03) | |
| support | 0.93 (0.86-0.99) | | 0.98 (0.92-1.05) | |
| monitoring | 0.95 (0.89-1.02) | | 0.94 (0.89-0.99) | |
| communication | 1.05 (0.98-1.12) | | 1.11 (1.05-1.18) | |
| conflict | 1.04 (0.94-1.16) | | 1.20 (1.09-1.32) | |
| <i>POP – mother</i> | | | | |
| positive feelings | 1.00 (0.97-1.02) | | 0.98 (0.95-1.01) | |
| negative feelings | 1.00 (0.96-1.06) | .650 | 1.00 (0.96-1.05) | .708 |
| <i>AFP-father</i> | | | | |
| closeness | 0.98 (0.91-1.07) | | 0.95 (0.88-1.02) | |
| support | 0.97 (0.88-1.06) | | 0.97 (0.90-1.05) | |
| monitoring | 1.00 (0.93-1.08) | | 0.99 (0.93-1.06) | |
| communication | 1.04 (0.97-1.16) | | 1.07 (1.01-1.14) | |
| conflict | 0.98 (0.87-1.11) | | 1.07 (0.98-1.18) | |
| <i>POP – father</i> | | | | |
| positive feelings | 0.99 (0.96-1.02) | | 0.97 (0.95-0.99) | |
| negative feelings | 1.03 (0.97-1.09) | .564 | 0.99 (0.95-1.04) | .684 |

* significant effects are in bold

Table 18 shows the studied effects on the probability of drinking alcohol in the past four weeks. As in the previous measure, the effect of Adolescent Family Process on risk behaviour remained similar after adjustment for Perception of Parents, while the effect of Perception of Parents had disappeared (compared with Table 12) for both males and females, as well as for mother and father measures, with one exception. Negative feelings towards father increased the probability of drinking alcohol among males.

Table 18. The effects of Adolescent Family Process measure and Perception of Parents on the probability of drinking alcohol in the past 4 weeks, all mothers' subscales in one model, all fathers' subscales in the other model.

| | males | | females | |
|---------------------|-------------------------|------|-------------------------|------|
| | OR (95%CI) | c | OR (95%CI) | c |
| <i>AFP-mother</i> | | | | |
| closeness | 0.97 (0.93-1.01) | | 1.00 (0.96-1.04) | |
| support | 0.96 (0.92-1.00) | | 0.95 (0.92-0.99) | |
| monitoring | 0.95 (0.91-0.98) | | 0.95 (0.92-0.99) | |
| communication | 1.02 (0.99-1.06) | | 1.01 (0.99-1.04) | |
| conflict | 1.07 (1.01-1.34) | | 1.06 (1.01-1.12) | |
| <i>POP – mother</i> | | | | |
| positive feelings | 1.01 (0.99-1.02) | | 1.00 (0.98-1.01) | |
| negative feelings | 1.01 (0.98-1.03) | .608 | 1.00 (0.98-1.03) | .603 |
| <i>AFP-father</i> | | | | |
| closeness | 0.99 (0.94-1.03) | | 0.98 (0.94-1.02) | |
| support | 0.99 (0.94-1.04) | | 0.98 (0.94-1.03) | |
| monitoring | 0.94 (0.90-0.98) | | 0.97 (0.93-1.00) | |
| communication | 1.06 (1.02-1.10) | | 1.03 (0.99-1.06) | |
| conflict | 1.00 (0.93-1.07) | | 1.04 (0.99-1.10) | |
| <i>POP – father</i> | | | | |
| positive feelings | 1.00 (0.98-1.02) | | 1.00 (0.99-1.02) | |
| negative feelings | 1.04 (1.01-1.08) | .596 | 1.02 (0.99-1.05) | .592 |

* *significant effects are in bold*

With regard to the drunkenness, some of the Adolescent Family Process subscales' effects remained significant; some of them occurred or disappeared in comparison to the unadjusted model (Table 13). However, in all cases, the effect of Perception of Parents subscales had disappeared (Table 19).

Table 19. The effects of Adolescent Family Process measure and Perception of Parents on the probability of being drunk in the past 4 weeks, all mothers' subscales in one model, all fathers' subscales in the other model.

| | males | | females | |
|---------------------|-------------------------|------|-------------------------|------|
| | OR (95%CI) | c | OR (95%CI) | c |
| <i>AFP-mother</i> | | | | |
| closeness | 0.94 (0.89-0.99) | | 1.00 (0.95-1.05) | |
| support | 0.94 (0.89-0.99) | | 0.94 (0.90-0.99) | |
| monitoring | 0.96 (0.92-1.00) | | 0.92 (0.88-0.96) | |
| communication | 1.04 (0.99-1.09) | | 1.02 (0.98-1.06) | |
| conflict | 1.03 (0.96-1.11) | | 1.08 (1.01-1.16) | |
| <i>POP – mother</i> | | | | |
| positive feelings | 0.99 (0.97-1.01) | | 1.00 (0.98-1.02) | |
| negative feelings | 1.00 (0.96-1.03) | .627 | 1.02 (0.99-1.05) | .656 |
| <i>AFP-father</i> | | | | |
| closeness | 0.96 (0.91-1.02) | | 0.97 (0.92-1.02) | |
| support | 0.97 (0.91-1.03) | | 0.98 (0.92-1.03) | |
| monitoring | 0.96 (0.91-1.01) | | 0.97 (0.92-1.01) | |
| communication | 1.10 (1.05-1.16) | | 1.03 (0.98-1.08) | |
| conflict | 0.95 (0.88-1.04) | | 1.06 (0.99-1.13) | |
| <i>POP – father</i> | | | | |
| positive feelings | 0.98 (0.96-1.01) | | 1.00 (0.98-1.02) | |
| negative feelings | 1.03 (0.99-1.07) | .618 | 1.02 (0.99-1.06) | .646 |

* *significant effects are in bold*

The last health risk behaviour, studied in the present research, is marijuana or hash consumption. In this measure, the pattern of the adjusted effect of parent-adolescent relationships on risk behaviour (Table 20) is very similar to those in previous measures. The effect of Adolescent Family Process subscales is similar as in the unadjusted model (Table 14) but the effect of Perception of Parents subscales disappears completely.

Table 20. The effects of Adolescent Family Process measure and Perception of Parents on the probability of having ever tried marihuana or hash, all mothers' subscales in one model, all fathers' subscales in the other model.

| | males | | females | |
|---------------------|-------------------------|------|-------------------------|------|
| | OR (95%CI) | c | OR (95%CI) | c |
| <i>AFP-mother</i> | | | | |
| closeness | 0.94 (0.89-0.99) | | 0.96 (0.90-1.01) | |
| support | 0.96 (0.91-1.01) | | 0.96 (0.90-1.02) | |
| monitoring | 0.95 (0.90-0.99) | | 0.95 (0.90-0.99) | |
| communication | 1.04 (0.99-1.08) | | 1.05 (0.99-1.10) | |
| conflict | 1.09 (1.01-1.16) | | 1.13 (1.04-1.23) | |
| <i>POP – mother</i> | | | | |
| positive feelings | 1.01 (0.99-1.02) | | 1.00 (0.97-1.02) | |
| negative feelings | 0.98 (0.95-1.02) | .627 | 1.00 (0.95-1.03) | .664 |
| <i>AFP-father</i> | | | | |
| closeness | 0.97 (0.92-1.03) | | 1.01 (0.94-1.07) | |
| support | 0.99 (0.93-1.05) | | 0.98 (0.91-1.05) | |
| monitoring | 0.96 (0.92-1.01) | | 0.97 (0.91-1.02) | |
| communication | 1.03 (0.99-1.08) | | 1.05 (0.99-1.11) | |
| conflict | 0.98 (0.90-1.06) | | 1.09 (0.99-1.18) | |
| <i>POP – father</i> | | | | |
| positive feelings | 0.99 (0.97-1.01) | | 0.98 (0.96-1.01) | |
| negative feelings | 1.02 (0.98-1.06) | .577 | 1.02 (0.97-1.06) | .644 |

* significant effects are in bold

Discussion

Family, as a factor influencing adolescents' health risk behaviour, was the main topic of the present paper. In the set of analyses, we explored relationships among several family characteristics, between maternal and paternal characteristics and the effect of family characteristics on adolescents' cigarette smoking behaviour, alcohol consumption, and marihuana use. This study provides broad information on such relationships among 11 to 17 years old Slovak adolescents. In the following section, some of the results will be discussed in a broader context and compared with the previous

studies. Moreover, ideas for further analyses and future research will be suggested.

Intercorrelations among studied variables

In the first set of analyses, we studied gender differences in family characteristics used. This comparison revealed several expected, as well as several interesting results. As expected, there were no gender differences in family structure. However, as for family events, girls reported having experienced at least one negative family event during the past year more often than boys did. We cannot expect that families with adolescent girls experience more negative family events than families with adolescent boys. Rather than that, we can assume that girls are more vulnerable to such events; and therefore, they are more likely to “remember” them and report them.

With regard to Adolescent Family Process measure, females had higher score in most of the subscales with the exception of communication with father, where males reported having more frequent communication with their fathers. Similarly, Starrels (1994) stated that fathers were much more involved with sons than with daughters.

In the second set of analyses, correlations were carried out between studied variables. As expected in both, the Adolescent Family Process measure and Perception of Parents, mother and father characteristics were highly correlated. However, these correlations were higher among adolescent males. This could have been due to differences in father-son, father-daughter, and mother-son, mother-daughter relationships. Fathers usually have closer relationships with their sons than they do with daughters, while mothers tend to be equally supportive to both sons and daughters (Starrels, 1994). This could mean that the discrepancy between mother-son and father-son relationships is lower than between mother-daughter and father-daughter relationships.

In his research among 15 to 20 years old adolescents, Vazsonyi et al. (2003) carried out similar correlations without considering gender. In his study, all the Adolescent Family Process measure subscales were significantly correlated with a slightly higher association. This result could have been obtained only by chance but it could have also related to the age of respondents. It appears probable that adolescents' relationships with their parents become more consistent as they grow older.

From the other obtained results, mainly those regarding monitoring from parents were interesting. Neither mother's nor father's monitoring were associated with conflict among boys; however, they were correlated among girls. In a recent study (Webb et al., 2002),

girls reported that mothers monitored their behaviour more than boys did. Similar results were obtained in the present study with regard to both mother and father monitoring. Regardless whether it was really the case or only the girls' perception (they felt more vulnerable to parental monitoring), such monitoring could be associated with more conflicts with parents among girls who felt that they should have been monitored less.

Another interesting result, with regard to parental monitoring, is that the higher the support from father boys perceived, the lower the father's monitoring; whilst for girls, higher support from father was correlated with more father's monitoring. Very similar associations, although not insignificant, were obtained for mothers too. We are not aware of any similar result in other studies. Therefore, several questions appear. Does high support from parents mean that they take more care about their adolescent children? When they take more care, do they trust boys more but feel more fear for the girls? If they trust their adolescent sons, do they monitor them less? If they feel more fear for their adolescent daughters, do they monitor them more?

When correlated Adolescent Family Process measure (parental behaviour toward the adolescent) and Perception of Parents (adolescent's feelings toward the parent), all the subscales, apart from the monitoring and negative affects for boys, were significantly associated. This result is related to the previously mentioned one that parental monitoring was associated with conflicts with parents, but only among girls. Boys may be encouraged to be more independent than daughters (McKinney & Renk, 2008). They are not monitored so often; and therefore, they do not have negative feelings towards parents when monitoring occurs.

The effect of family characteristics on health risk behaviour

After studying correlations among the used variables, we continued by analyzing the effects of family characteristics on adolescents' risk behaviour. Here, we will discuss some of the results.

Family structure has greater influence on smoking behaviour and marijuana use than on alcohol consumption. This association is even stronger among girls and those living with one own or one stepparent. It also has a stronger negative effect on risk behaviour than living in one parent family does. These results are in line with previous studies (Griesbach et al., 2003; Bjarnason et al., 2003) but they add information on the gender specific effect. Girls in our research seemed to be more vulnerable to other than biological parents family structure and reacted more negatively in terms of risk behaviour than boys.

The second family characteristic explored in the present study was the experience of a negative family event in the last year.

Experiencing such an event had only a minor effect on adolescents' risk behaviour. Moreover, the gender pattern of this characteristic is unclear. From our results we cannot suggest whether experiencing parental divorce, parental unemployment, death of the relative, sibling birth, home town change or other negative family event influences the occurrence of risk behaviour more for boys or girls as it varies with regard to the used measure.

We can say that separate aspects of family process (in our case closeness, support, monitoring, communication and conflict) have some effect on adolescents' risk behaviour. However, analyses employing the Adolescent Family Process measure revealed, to some extent, different results for maternal and paternal process, boys and girls, and for different subscales. Thus, it is difficult to make any general conclusions. Our results show that maternal process affects adolescent's risk behaviour to a higher extent than fathers. This is in agreement with findings reported in recent papers about the importance of mother's influence in adolescents' lives. This, however, does not mean that father's influence is not important. In this paper, we explored father's influence per se. Some evidence (Sim, 2003; Parke, 2004) suggests considering paternal parenting in the context of maternal parenting. Father mediates and moderates mother-child relationship and vice versa. (Parke, 2004). Fathers may have indirect impact on mother-child relationships by modifying and moderating mother-child interactions or by their relationships with the wives. Sim (2003) reported that father characteristics moderate links between mother characteristics and adolescent attributes. For example, the link between mother's responsiveness and adolescent's sense of self-worth became stronger as father's responsiveness increased.

By looking closely at our findings about parenting process, we see some results, which are consistent with other studies, while some results seem contradictory. Vazsonyi et al. (2003) reported most of the paternal and maternal factors of the family process to be correlated with higher alcohol and drug use what is in accordance with our results. In line with Kerr and Stattin's (2000) result, monitoring was related to higher risk behaviour. On the other hand, Shek et al. (1998) reported father-adolescent conflict to be more strongly related to adolescent psychological well-being than mother-adolescent conflict. Our results, with regard to health risk behaviour, are the opposite. Mother-adolescent conflict seems to be more strongly related to a higher occurrence of adolescent risk behaviour than father-adolescent conflict. With regard to parent-adolescent conflicts, Steinberg's (2001) opinion is very interesting. The author states that parents are often more influenced by parent-adolescent conflicts than adolescents themselves are. Teenagers may recover from such conflicts much quicker because of their different view of the conflicts. While parents perceive the day-to-day conflicts with their adolescent

children as moral debates, adolescents' rejection of basic values that they have tried to instil in the teenager, for the adolescents, such conflicts carry far less meaning (Steinberg, 2001).

In some cases, more frequent communication with parents increased the risk for risk behaviour among boys and/ or girls. This result is rather unexpected and in contrast with previous studies (Riesch et al., 2006). One possible explanation was considered. Adolescents, who communicate more frequently with their parents, may develop their communication skills very well. If their communication skills are good, they probably feel well in the company of their peers and spend plenty of time with them. As peers have been found to influence adolescents' risk behaviour (Wang et al., 1995, Maxwell, 2002), this could explain our unexpected result. However, such explanation should be investigated in the further research.

Generally, although some of the studied family characteristics in this paper affected adolescents' health risk behaviour, many of them, even negative family events, such as not having parents or conflictual relationship with parents, did not influence adolescents' behaviour in a negative way. The models' power expressed by c-coefficient was not very high either. Does this mean that family is not important in adolescents' lives anymore? Or is it not important with regard to adolescents' risk behaviour only? Alternatively, it is important, but not directly. Instead, is the indirect influence of family characteristics present? Darling and Cumsille (2003) say that triggering events for risk behaviour can be internal to an adolescent (for example personality characteristics) or caused by external (for example peer pressure) factors. However, family characteristics can influence (positively or negatively) the probability that the triggering events take place (Darling & Cumsille, 2003). This statement should be considered in the future research.

One reason, why negative family circumstances not always influence adolescents negatively, is so called family resilience. Some studies have shown that despite of many family troubles during the childhood and adolescence, there are some children, who develop into competent, caring and confident young adults (Walsh, 2003). This is explained not only by personal resilience (the ability to withstand and rebound from disruptive life challenges), but also by family resilience. According to the author, the focus on parental pathology may blind one to the family resources that could be found and strengthened; even where a parent's functioning is seriously impaired. The family characteristics, we have measured (mainly family process) were not oriented on general family situation; but rather, they reported on momentary parent-adolescent relationships. Thus, potentially poor relationships may be only a sign of temporary crisis, not the permanent family situation. Walsh (2003) says that a crisis can be

a “wake-up call”. It can become an opportunity for reappraisal of priorities and stimulating greater investment in meaningful relationships.

In the last set of analyses, the Adolescent Family Process measure and Perception of Parents were included in a regression model to obtain information as to which of the mentioned characteristics of parent-adolescent relationships (whether parental behaviour towards an adolescent – AFP measure, or adolescents’ feelings towards parents – PoP) had a stronger effect on adolescents’ health risk behaviour. Although we expected adolescents’ feelings towards parents to be more strongly related to their risk behaviour, generally, we found that parental behaviour toward an adolescent had an effect on adolescents’ risk behaviour, while the effect of adolescents’ feelings disappeared. We are not aware of any previous study of this kind, so these findings should be further explored in more depth. For now, these results suggest that parental monitoring, support, communication and lack of parent-adolescent conflict are still very important in terms of the probability of engaging in risk behaviour.

Suggestions for further research

This study provided us with broad information on basic interrelations among several family characteristics and relationships between family characteristics and adolescents’ health risk behaviour. As the analyses used were simple, obtained results present only the first step in further investigation. In the following section, we will offer several ideas for further data analysis and research.

As mentioned in the introduction, the role of gender (parental, as well as adolescents’) in parent-adolescent relationships is not clear yet. In this study of Slovak adolescents and their parents, we added some knowledge to this topic. However, as the data are still not sufficient, much more analyses are required. For example, analyses with regard to parent-adolescent gender dyads would be very useful.

When interpreting the family influences on adolescents’ risk behaviour, the age of a child has to be taken into account. The same parental behaviour may have different characteristics in different child age. For example, strict parental supervision, which is appropriate for a younger child, might be confronted with hostility and rebellion in adolescence. Poor parental monitoring, which has only modest consequences in childhood, may become problematic during adolescence, when deviant behaviours become more normative (Darling & Cumsille, 2003).

There is also a question about the national context, in which the parent-child relationships are studied. Earlier research (1962-1971)

found that youths from different national contexts reported different levels of parenting and different levels of behavioural standards (Vazsonyi et al., 2003). Because of different cultural or societal ideals, there are differences in the parenting process among cultures. For example, in some countries (or even regions) parents monitor their adolescent children because of more risky environment (e.g. in big cities), while in other countries, much less monitoring is required. However Vazsonyi et al. (2003) found that the parenting process also differs between cultures; the extent to which parenting process influences different adolescents' outcomes (in their case the association between monitoring and deviance) is similar across different cultures. Dmitrieva et al. (2004) revealed similar results. They found similarities in the relations between negative family events, parental processes, and adolescent problem behaviour across four different cultures. On the other hand, our previous research showed the importance of national context with regard to the influence of parental unemployment on adolescents' health (Sleskova et al., 2006b). Therefore, when interpreting findings about parent-adolescent relationships and about the family influence on adolescents' outcomes, national and cultural context should be considered. It is possible that it will not play an important role, but it should not be omitted.

The current results show only a moderate effect of family characteristics and family processes on adolescents' engaging in risk behaviour. This, however, does not mean that family is not an important factor in adolescents' smoking, alcohol consumption and marijuana use. Instead, as mentioned earlier, family can be viewed as a factor mediating the relationships between other influences and adolescents' risk behaviour. Darling and Cumsille (2003) propose the following questions to be answered: How do families influence the nature of other contexts to which adolescents are exposed? How do they influence the processes that occur in those other contexts? In the data set, available in our research, we have some valuable data on adolescent personality, which could act as a mediator or moderator between family characteristics and risk behaviour. Furthermore, the link between personality characteristics and risk behaviour (Burt et al., 2000, Schoor et al., 2008) could be mediated by family characteristics. Moreover, aggressive behaviour, peer relationships, and other social relations could act in a similar way.

The differences between paternal and maternal influences should be explored in more depth. One very interesting aspect of these differences is the discrepancy between paternal and maternal influence. What is adolescent's involvement in risk behaviour like, if their relationship with mother is very good but the one with father is very bad, or vice versa? Does this discrepancy in the quality of the relationships influence potential risk behaviour of the adolescents? We

are not aware of any study exploring such relationships; however, one paper by Pelton and Forehand (2001) was focused on the discrepancy between parental and adolescents' views. The authors reported that one possible source of parent-adolescent conflict were the discrepant ways, in which they perceived their relationships. One reason for such result could be the nature of misunderstanding and frustration. We can expect very similar results with regard to the discrepancy between adolescents' relationship with their mothers and fathers.

Implications for practice

Although generally family characteristic did not have a very strong influence on adolescents' smoking, alcohol and marihuana consumption in this study, it can not be said they are not important with regard to adolescents' risk behaviour. Mainly improving the relationship with mother could help to protect adolescents. This issue could be implemented in prevention programmes that take place on many schools in Slovakia. Furthermore, as having a stepparent appeared to be a risk factor, mainly in terms of smoking and marihuana consumption, this group of adolescents should be identified and a special attention needs to be paid on them.

Conclusion

Even though family therapy is quite well established and used very often, little knowledge about the family influences comes from research, particularly, in the Central Europe (Sobotkova, 2001). Psychological prevention of undesirable effects of adverse family circumstances is even less developed. "Family" is a topic, where people often feel to be experts because of their own long-term experiences. However, this study shows that family relationships are far too complicated and much more research on this topic is required to understand them better. Particular attention should be paid to parents' and children's gender, as well as to the huge number of possible mediators and moderators of family-relationships. It is also vital to examine the multiple interactions among different contexts such as family, schools, neighborhoods (Smetana et al., 2006). As soon as we understand this issue in depth, it will be possible to identify risk families and effective prevention programs can be created to prevent many of the undesirable outcomes.

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Study 5

Bačíková, M. (2015). Parental health-related behaviour and health related behaviour among schoolchildren. In: Berinšterová, M. a kol. Health-related behavior among schoolchildren. Unplugged - Drug use prevention program in Slovakia. Košice: Univerzita Pavla Jozefa Šafárika v Košiciach, 2015.

Generally, it has been found that both parental smoking and alcohol use are associated with adolescents' substance use (Abar, Abar, & Turrisi, 2009; Latendresse et al., 2008; Mak, Ho, & Day, 2012). This association can be explained by Social learning theory (Bandura, 1977). In line with this theory, for an adolescent parental behaviour can become a model behaviour by observing it. However, there is a need to go beyond modelling. The direct modelling effect can also be mediated via other factors. Three main mediating factors have been theoretically proposed and verified within this study: perceived parental approval of substance use, estimated number of using friends, parental rules setting and parental knowledge of adolescent's whereabouts and parental support (for drinking behaviour only). In the study, we expected that parents that behave risky are less strict to their offspring's risky behaviour and adolescents do not perceive their negative attitude toward such behaviour. Further, adolescents who see risky behaviour among their parents tend to affiliate with risky friends. In case of parental alcohol consumption, we expected their parenting practices to be less efficient and thus mediate the link between their alcohol consumption and adolescent alcohol consumption. In previous studies, attention has been paid mainly to parental heavy drinking behaviour (Vermeulen-Smit et al., 2012). Therefore, we have focused also on parental occasional drinking (at least once a week). The aim of the study thus was to explore the associations between parental health related behaviour (as perceived by adolescents: smoking, weekly alcohol consumption and drunkenness) and health related behaviour of their children. Further, we tested the possible indirect associations via several mediators. The study has been conducted among 1098 adolescents (54% girls, mean age 11.7, SD 0.67).

Results show (1) relationship between parental risk behaviour and adolescent risk behaviour, (2) relationship between parental risk behaviour and higher level of perceived parental approval, (3) relationship between parental risk behaviour and higher number of risky friend. Mediational analyses showed that both paternal and maternal smoking was associated with adolescents' smoking directly and indirectly via perceived paternal and maternal approval of adolescents' smoking and via affiliating with smoking friends as mediating variables. As for parental weekly drinking, the strong direct association with adolescents' drinking was fully mediated by the perceived approval of beer drinking and partially mediated by the number of drinking friends. Parenting variables did not mediate the relationship between paternal and adolescents' drinking. Paternal drunkenness was not directly associated with adolescents' drunkenness, but an indirect effect via perceived approval and estimated number of drunk friends was found. On the other hand, maternal drunkenness was associated with adolescents' drunkenness. This relationship was explained by perceived approval of drinking and lack of parental knowledge. However, the indirect effect of parental support has not been confirmed. Our study showed that modelling of parental risk behaviour occurs among early adolescents with an exception of paternal drunkenness. Parents however, influence their children's behaviour also indirectly via perceived parental approval of risk behaviour, affiliating with friends that behave riskily.

Author's contribution: 100%



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Health-related behavior among schoolchildren

Unplugged - Drug use prevention program
in Slovakia

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Health-related behavior among schoolchildren

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Parental health-related behavior and health related behavior among schoolchildren

INTRODUCTION

The role of parental health related behavior in adolescent behavior has been the topic of many previous studies. In particular, attention has been paid to smoking and alcohol consumption. Generally, it has been found that both parental smoking and alcohol use are associated with adolescents' substance use (Engels, Knibe, Vries et al., 1999; Mak, Ho, Day 2012; Flay et al., 1994; Hung, Yen, Wu, 2009; Latendresse et al., 2008; Abar, Abar, Turrisi, 2009). Bahr Hoffmann and Yang (2005) introduce Sutherland's differential associations' theory which proposes that "learning takes place according to the frequency, duration, intensity, and priority of social interactions. Adolescents are likely to acquire attitudes favorable to drug use if they associate frequently with others who use drugs and have favorable attitudes toward drug use. If those interactions occur over a long period of time, internalization of pro-drug attitudes and behaviors is more likely than if the duration of interactions is over a short period of time. Learning is more likely to occur when interactions are intense as opposed to casual and superficial" (Bahr, Hoffmann, Yang, 2005; p. 530). In this sense, early adolescents have long and intense interactions primarily with their parents. Therefore, we may still consider parents as important models for risk behaviors in early adolescence. The examination of early adolescence specifically as a time of first experimenting with smoking and alcohol consumption is of high importance because of the possibility of early implementation of prevention strategies.

The first impulse for studying the impact of parental risk behavior on the risk behavior of their offspring can be found in the Social learning theory (Bandura, 1977). In line with this theory, for an adolescent parental behavior can become a model behavior by observing it. This modelling is effective in particular if the behavior is observed on regular basis and if the relationship with the model is good. Although, while the Social learning theory offers an important framework for understanding the influence of parental behavior on adolescents' behavior, there is a need to go beyond modelling. The direct modelling effect can

also be mediated via other factors. In the following chapter, attention will be paid to the possible mediators of the effect of parental risk behavior on their offspring's behavior. As this link seems to differ according to the substance that is used, the effects of parental smoking and parental alcohol use will be presented in separate sections.

Parental smoking behavior

Parental smoking has been associated with adolescents' smoking both directly and indirectly. A direct effect has been found among 13 to 18 years old in Hong Kong (Mak, Ho, Day, 2012), among approximately 17 year olds in The Netherlands (Engels, Knibbe, Vries et al., 1999), ten to fourteen years old in The Netherlands (Harakeh, Scholte, Vermulst, et al., 2004), adolescents in Southern California (Flay et al., 1994) or 15 years old in Slovakia (Madarasová-Gecková et al., 2005). The direct effect is usually attributed to the previously discussed social learning theory and adolescents' modelling behavior. However, somewhat different results have been presented by Engels, Vitaro, Blokland et al. (2004) who found this direct association only cross-sectionally but not longitudinally.

Besides the direct effect of parental smoking on adolescent smoking behavior, parental smoking can be associated with several factors (mediating variables) that in turn are connected to adolescents' smoking. In the previous research, the role of several possible mediators has been studied.

Flay et al. (1994) found that parental smoking was associated with their offspring's smoking initiation as well as smoking escalation only indirectly via perceived parental approval, negative outcome expectations and smoking intentions.

The indirect effect has been found also in the work of Harakeh, Scholte, and Vermulst, et al. (2004). The case of having smoking parents increased the probability of smoking both directly and indirectly via adolescents' attitudes toward smoking and their smoking intentions.

Several other papers have been published on the topic of parental smoking status. While the authors of these papers did not explicitly study the indirect effect of parental smoking, the results of their studies, however, did suggest the possibility of this effect. Blokland et al. (2007) found that smoking and non-smoking

parents differ in the way they control adolescents. In the group of adolescents with non-smoking parents, the parental control was associated with a higher probability of quitting smoking as compared to the group with smoking parents. The authors suggest that it is not parental smoking per se but the way they exert control that affects adolescents' smoking. Engels, Vitaro, Blokland et al. (2004) studied the effect of parental smoking on the probability of choosing a smoking friend. The results of their longitudinal study confirmed that children of smoking parents were more likely to find a smoking peer when establishing a new friendship. Furthermore, they found the effect of peer smoking on adolescents smoking; therefore the possible indirect influence of parental smoking status on adolescents' smoking via choosing smoking friends can be expected.

Another possibility of the indirect effect discussed by Engels and Bot (2006) is via smoking specific parenting. Smoking parents are less likely to be engaged in smoking-specific prevention practices as a result of expected inconsistency between their attitudes and behaviors. In line with this, Kodl and Memestein (2004) found that parents with a history of smoking were less efficacious, held weaker anti-smoking beliefs, and less often reported household smoking rules.

Parental alcohol use

In a similar way to smoking, parental alcohol use has been found to be positively associated with adolescents' alcohol use. Parental alcohol consumption increased the risk of drinking behavior of early adolescents (Hung, Yen, Wu, 2009), middle adolescents (Latendresse et al., 2008) as well as university students (Abar, Abar, Turrisi, 2009)

With respect to alcohol consumption there is a need to distinguish between occasional, social drinking and heavy or episodic binge drinking. This implies both for parents and adolescents. In previous studies, attention has been paid mainly to parental heavy drinking behavior (Vermeulen-Smit et al., 2012). Lieb et al. (2002) studied the association between maternal and paternal alcohol use disorders and non-problematical, social drinking in offspring. They found this association to be minimal, but there was a strong effect for the transition to hazardous use and for alcohol abuse of adolescents.

The possible mediators of the link between parental smoking and adolescents' smoking have been examined so far in this chapter. With regard to parental alcohol use, one more mediator should be considered. There is evidence that parental drinking, in contrast to smoking, may affect parenting practices and this in turn increases adolescents' alcohol use. Parental alcoholism was associated with parental behavioral undercontrol (King, Chassin 2004) and parental alcohol consumption with less parental monitoring of adolescents' activities (Latendresse et al., 2008). Although, no evidence was found for lower levels of parental support among alcoholic parents (King, Chassin 2004) nor among problematic drinkers (Van Zundert et al., 2006). Among early adolescents, parental alcohol use had a significant effect on first alcohol use even after controlling for parental support and family conflict (Hung, Yen, Wu, 2009). Therefore, several parenting variables will be considered as possible mediators of the associations between parental and adolescents' alcohol consumption within the present study.

Further mediators that will be considered are perceived parental approval of drinking and number of drinking friends. Mares, Van Der Vorst, Engels et al. (2011) found that benevolent parental attitudes about alcohol were related to more excessive drinking in adolescents.

One very interesting finding has been presented by Latendresse et al. (2008). Their research showed that the mediating role of parenting decreases between early and later adolescence, despite the increasing influence that parents alcohol related behaviors have on their adolescents drinking behaviors.

Although we were not aware of any study exploring the effect of parental alcohol use on the selection of drinking peers, based on the previous results on smoking this association was also expected.

AIM

To conclude, the main aim of the present study is to explore the associations between parental health related behavior (smoking, weekly alcohol consumption and drunkenness) and health related behavior of their children. Further, we will test the possible indirect effect via several mediators proposed within the introduction (for smoking: perceived parental approval of substance use, estimated number of using friends, for drinking also parental rules setting, parental knowledge of adolescent's whereabouts and parental support were added in the analyses).

SAMPLE

The sample for the study consisted of 1292 respondents. Data were collected in Slovakia in 2011. The sampling used a list of primary schools retrieved from the Institute of Information and Prognosis of Education (total 2,202 schools). Using a cluster randomized sampling, 60 schools were selected for the study. In each school, a single class of six graders was involved in this research. Those respondents who had more than 40% of missing values were excluded from the analyses. The total sample of respondents for this study then consisted of 1098 respondents, 54.4% females, mean age 11.52 years (SD 0.61).

MEASURES

The following measures, used within this study, were drawn from the international study ESPAD 2011 (Substance use among students in 36 European countries) (Hibell et al., 2012).

Adolescents' health related behavior was measured using single items for each type of behavior. *Smoking*: „On how many occasions (if any) during your lifetime have you smoked cigarettes?“; *alcohol use*: „On how many occasions (if any) have you had any alcoholic beverage to drink in your lifetime?“; *drunkenness*: “On how many occasions (if any) in your lifetime have you been intoxicated from drinking alcoholic beverages for example staggered when walking, not being able to speak properly, throwing up or not remembering what happened?“ Possible answers to each question were on 7 point scale ranging from “0” to “40 times and more”.

Subsequent dichotomization was made for each type of health related behavior – experience versus non experience. As the research sample consisted of 11 year old early adolescents, any experience with such behavior was considered as unwanted. Therefore, the dichotomization (no experience versus 1 and more times) was very strict. The only exception was alcohol consumption where those who had 1 to 2 experiences with alcohol were considered as „non-drinkers“.

Using friends. Respondents indicated the estimated number of friends that use particular substance. Three separate questions were used: “How many of your friends would you estimate smoke cigarettes? How many of your friends would you estimate drink alcoholic beverages? How many of your friends would you estimate get drunk?“ The possible answers for each question were on a 5 point Likert scale: none; a few; some; most; all.

Perceived parental approval. Questions used to measure perceived parental approval of adolescents' risk behavior were modified. Four questions were asked regarding the approval of smoking and beer drinking for father and mother separately. "Do you think that your father/ your mother would allow you to smoke/ drink beer/drink wine/ drink spirits?" Four possible answers were used: Would allow me to do so, Would allow me but not at home, Wouldn't allow at all, I don't know. Those who responded „I don't know“ were excluded from analyses. The answers were dichotomised into would allow versus wouldn't allow. For the approval of drinking behavior the question about approval of beer has been used.

Beside measures adapted from the ESPAD study, parental risk behavior and other parenting variables were also asked about.

Parental smoking and alcohol consumption were assessed asking: "Does your mother/ father smoke cigarettes every day?" "Does your mother/ father drink alcoholic beverages at least once a week?" "Does your mother/ father get drunk at least once a month?" with possible answers yes, no, don't know. Those answering "don't know" were excluded from analyses.

Parental support. Parental support was measured using one subscale of the Resilience and Youth Development Module (Hanson, Kim, 2007). The subscale consists of six statements about the support that (at least) one parent gives the adolescent (e.g. Your parent listens when you have something to say. Your parent believes that you can do a good job.) Respondents agreed or disagreed with a statement on a 4-point scale ranging from 1 definitely false to 4 definitely true. The sum score was computed, in that the higher score means better support from parents.

Parental rules setting. Two questions were used to determine parental rules setting: „My parents set definite rules about what I can do at home.“ „My parents set definite rules about what I can do outside the home.“ Respondents had 5 possible answers ranging from 1 almost always to 5 almost never. The sum score for the two questions was computed and reversed so that a higher score means more rules setting.

Parental knowledge. In a similar way to the previous measure, parental knowledge was assessed using two questions: „My parents know whom I am with in the evenings.“ „My parents

know where I am in the evenings.“ The sum score was then computed and reversed, so that a higher score means better parental knowledge.

Both, parental rules setting and parental knowledge measures were used in the ESPAD study (Hibell et al., 2012).

STATISTICAL ANALYSES

All the data in the present study were analyzed using the statistical software package IBM SPSS Statistics, version 21. Firstly, differences between the perceived parental approval of risk behavior between boys and girls were analyzed using chi-square. Secondly, regressions were used to analyze the associations of parental risk behavior (smoking, alcohol consumption, drunkenness) and several possible mediators. Subsequently, logistic regression was run to assess the effect of parental risk behavior on adolescents' risk behavior.. In the next step, mediational analyses were run using the procedure described by Baron and Kenny (1986). The significance of the indirect effect (mediating effect) was tested using the Sobel test (Z). As some of the mediators and all outcome variables were dichotomous, it was necessary to make the regression coefficients comparable across equations. This was done using the method proposed by MacKinnon and Dwyer (1993) (see also Herr, 2011) by multiplying each coefficient by the standard deviation of the predictor variable in the equation and then dividing by the standard deviation of the outcome variable.

RESULTS

Descriptive statistics

Table 23 shows the prevalence of adolescent's risk behavior. 15.5% of 11 years old adolescents have smoked in their life, 18.10% have drunk alcohol more than two times in their lifetime and 5.6% have been drunk.

Table 23 Percentage of respondents reporting risk behavior

| | never | | yes | | never, 1to2 times | | more than 3 times | |
|-----------------------|-------|------|-----|-------|-------------------|------|-------------------|------|
| | N | % | N | % | N | % | N | % |
| smoking ever | 927 | 84.4 | 170 | 15.50 | | | | |
| drinking alcohol ever | | | | | 887 | 80.8 | 199 | 18.1 |
| being drunk ever | 1028 | 93.6 | 62 | 5.6 | | | | |

Table 24 presents the prevalence of parental risk behavior. Nearly 29% of fathers and 17% of mothers were considered by their offspring as daily smokers, about 37% of fathers and 20% of mothers as consuming alcohol at least once a week and adolescents reported 11% of their fathers and 3% of their mothers to be drunk at least once a month.

Table 24 Parental risk behavior as reported by adolescents

| | father | | | mother | | |
|---------------------|--------|------|------------|--------|------|------------|
| | yes | no | don't know | yes | no | don't know |
| daily smoking | 28.7 | 67.5 | 3.7 | 17.3 | 79.1 | 3.6 |
| weekly drinking | 37.7 | 50.6 | 11.8 | 19.9 | 70.9 | 9.2 |
| monthly drunkenness | 11.3 | 79.9 | 8.8 | 3.1 | 92.7 | 4.2 |

Perceived parental approval of adolescents' risk behavior is presented in Table 23. Adolescents were asked whether their parents would approve of their smoking, beer, wine and spirit drinking. Adolescents' perception of approval of beer drinking was used in subsequent analyses. Generally, adolescents perceived their parents as not approving of smoking and spirit drinking while the perceived approval of beer drinking was relatively high (16.5% and 11.5% for boys and girls respectively). No significant differences between boys and girls were found with an exception of perceived father's approval of beer drinking where boys perceived their fathers as more approving outside beer drinking than girls ($\chi^2 = 16.76, p \leq 0.001$).

Mediating variables

The main aim of this study was to assess possible mediators of the relationship between parental and adolescents' risk behavior. To fulfill this aim, the effect of parental risk behaviors on possible mediators was studied in this study. The results of the regression analyses can be seen in Table 25. All analyses have been adjusted for the gender of adolescents.

With regard to father's risk behavior, paternal smoking was associated with a higher probability of paternal approval of adolescents' smoking ($p \leq 0.01$) and increased number of smoking friends ($p \leq 0.001$).

Table 25 Percentage of perceived parental approval of adolescents' risk behavior

| | smoking | | | beer | | | whine | | | spirit | | |
|-----------------------------|---------|-------|----------|------|-------|----------|-------|-------|----------|--------|-------|----------|
| | boys | girls | χ^2 | boys | girls | χ^2 | boys | girls | χ^2 | boys | girls | χ^2 |
| father | | | | | | | | | | | | |
| would agree | 1.3 | 1.3 | | 10.5 | 9.9 | | 4.8 | 3.6 | | 0.9 | 0.4 | |
| would agree but not at home | 0.4 | 0.5 | | 6.2 | 1.6 | | 2.4 | 0.9 | | 1.3 | 0.2 | |
| definitely wouldn't agree | 82.4 | 85.4 | | 58.5 | 64.1 | | 71 | 74.6 | | 82.8 | 88.2 | |
| I don't know | 15.8 | 12.8 | 2.49ns | 24.5 | 24.4 | 16.76*** | 21.8 | 20.8 | 5.93ns | 15 | 11.3 | 7.12ns |
| mother | | | | | | | | | | | | |
| would agree | 0.9 | 2 | | 6.3 | 9.1 | | 3.5 | 3.4 | | 0.4 | 0.4 | |
| would agree but not at home | 0.4 | 0.5 | | 4.6 | 2.7 | | 2.6 | 1.4 | | 0.7 | 0 | |
| definitely wouldn't agree | 86.1 | 89.4 | | 69.4 | 69.2 | | 74.7 | 79.4 | | 85.1 | 90 | |
| I don't know | 12.6 | 8.1 | 2.78ns | 19.7 | 19 | 5.4ns | 19.2 | 15.7 | 3.16ns | 13.8 | 9.6 | 5.05ns |

ns - not significant

Adolescents with fathers that consumed alcohol at least once a week perceived their fathers as approving of drinking beer ($p \leq 0.001$), had more drinking friends ($p \leq 0.001$) and perceived their parents to set fewer rules ($p \leq 0.05$). The level of parental support and parental knowledge were not significantly associated with paternal alcohol consumption. Having a father who is drunk at least once a month increased the probability of perceived beer drinking approval ($p \leq 0.001$) and higher number of drunk fiends ($p \leq 0.001$) but was not associated with any of the parenting variables.

With regard to mother's risk behavior the results were similar. Maternal smoking increased the risk of perceived mother's approval of smoking ($p \leq 0.05$) and higher number of smoking friends ($p \leq 0.001$). Drinking alcohol at least once a week was associated with both perceived approval of beer drinking and number of drinking friends ($p \leq 0.000$), but was not associated with any of the parenting variables. On the other hand, having mother drunk at least once a month increased the probability of perceived approval ($p \leq 0.001$) but not the number of drunk friends. Maternal drunkenness was associated with less parental knowledge ($p \leq 0.05$) and less parental support ($p \leq 0.001$), but not with rule setting.

Those variables that were associated with parental risk behavior have been subsequently used as possible mediators in the analyses. The results of logistic regression analyses together with the results of a Sobel test of the indirect effect (mediation) are presented in Tables 26, 27 and 28. All analyses have been adjusted for the gender of the adolescents.

Parental smoking

Both paternal and maternal smoking was strongly associated with increased risk of adolescents' smoking ($p \leq 0.001$) (Table 26). With regard to a mediating effect of perceived parental approval of smoking and number of smoking friends, the results were similar for fathers and mothers. Both, perceived paternal and maternal approval and number of friends were highly associated with adolescents' smoking ($p \leq 0.001$). Although the direct effect of parental smoking on adolescents' smoking remained significant, a partial mediating effect of these variables was confirmed by a Sobel test ($Z=2.18$ and $Z=1.83$ for approval, $Z=3.98$ and $Z=3.67$ for friends, for fathers and mothers respectively).

Table 26 The effect of parental risk behavior on possible mediators. The results of regression analysis. All analyses were adjusted for gender of respondents.

| | B | S.E. | p |
|----------------------------|--------|-------|-------|
| father smokes on approval | 1.29 | 0.481 | 0.008 |
| father smokes on friends | 0.232 | 0.053 | 0.000 |
| father drinks on approval | 1.06 | 0.204 | 0.000 |
| father drinks on friends | 0.215 | 0.05 | 0.000 |
| father drinks on rules | -0.368 | 0.157 | 0.019 |
| father drinks on support | 0.22 | 0.35 | 0.531 |
| father drinks on knowledge | -0.33 | 0.196 | 0.094 |
| father drunk on approval | 0.069 | 0.265 | 0.000 |
| father drunk on friends | 0.216 | 0.05 | 0.000 |
| father drunk on rules | -0.388 | 0.231 | 0.093 |
| father drunk on knowledge | -0.362 | 0.289 | 0.211 |
| father drunk on support | -0.629 | 0.516 | 0.223 |
| mother smokes on approval | 1.014 | 0.479 | 0.034 |
| mother smokes on friends | 0.251 | 0.063 | 0.000 |
| mother drinks on approval | 1.01 | 0.233 | 0.000 |
| mother drinks on friends | 0.222 | 0.059 | 0.000 |
| mother drinks on rules | -0.204 | 0.184 | 0.269 |
| mother drinks on support | -0.247 | 0.41 | 0.547 |
| mother drinks on knowledge | -0.212 | 0.231 | 0.359 |
| mother drunk on approval | 1.56 | 0.448 | 0.000 |
| mother drunk on friends | 0.174 | 0.09 | 0.054 |
| mother drunk on rules | -0.795 | 0.418 | 0.058 |
| mother drunk on knowledge | -1.32 | 0.522 | 0.012 |
| mother drunk on support | -3.416 | 0.924 | 0.000 |

Parental alcohol consumption

Both paternal and maternal weekly alcohol consumption was associated with an increased risk of adolescents' drinking experience ($p \leq 0.001$) (Table 27). After adding perceived parental approval into the model, the effect of both paternal and maternal alcohol disappeared and was fully mediated by perceived parental

approval ($Z=4.52$; $Z=3.77$ for mother and father respectively). The number of drinking friends mediated the association partially ($Z=3.92$; $Z=3.39$ for mother and father respectively). When studying the effect of parental alcohol consumption, also several parenting variables were considered as possible mediators. In previous analyses (Table 25), only setting rules was associated with father's alcohol consumption. Although lack of setting rules was associated with adolescents' alcohol consumption ($p \leq 0.05$) it did not mediate the effect of paternal alcohol consumption on adolescents' consumption ($Z=1.63$).

Table 27 The effect of parental smoking on adolescents smoking

| | | B | S.E. | OR | sig | Sobel test | | |
|---------|-------------------|-------|-------|------|-------|------------|------|-------|
| | | | | | | Z | S.E. | sig |
| father | | | | | | | | |
| model 1 | father smokes | 0.882 | 0.191 | 2.41 | 0.000 | | | |
| model 2 | father smokes | 0.724 | 0.226 | 2.06 | 0.001 | | | |
| | father's approval | 1.910 | 0.503 | 6.74 | 0.000 | 2.18 | 0.02 | 0.030 |
| model 3 | father smokes | 0.688 | 0.207 | 2.00 | 0.001 | | | |
| | smoking friends | 1.101 | 0.124 | 3.00 | 0.000 | 3.98 | 0.01 | 0.000 |
| mother | | | | | | | | |
| model 1 | mother smokes | 0.921 | 0.209 | 2.51 | 0.000 | | | |
| model 2 | mother smokes | 1.000 | 0.229 | 2.72 | 0.000 | | | |
| | mothers' approval | 1.782 | 0.485 | 5.94 | 0.000 | 1.83 | 0.02 | 0.070 |
| model 3 | mother smokes | 0.713 | 0.229 | 2.04 | 0.002 | | | |
| | smoking friends | 1.015 | 0.121 | 2.81 | 0.000 | 3.67 | 0.01 | 0.000 |

Model 1 represents the direct effect of parental smoking on adolescents smoking. Models 2 and 3 reflect the indirect effect via mediating variable. Results of Sobel test are presented. Results of logistic regression are adjusted for gender of respondents.

Parental drunkenness

Only maternal drunkenness (at least once a month) was associated with adolescents' drunkenness ($p \leq 0.05$) (Table 28). However, as a recent approach on mediational analyses (Kenny, Jude, 2013) showed that the direct effect of an independent variable is not essential for a possible mediating role of other variables, the study continued with examining the possible indirect effect of parental drunkenness via paternal approval,

maternal approval, parental support and knowledge (variables that had been associated with both parental drunkenness (see Table 25) and adolescents' drunkenness) for both parents.

Table 28 The effect of parental weekly alcohol consumption on adolescents alcohol experiences

| | | B | S.E. | OR | sig | Sobel test | | |
|---------|-------------------|--------|-------|-------|-------|------------|------|-------|
| | | | | | | Z | S.E. | sig |
| model 1 | father drinks | 0.580 | 0.179 | 1.79 | 0.001 | | | |
| model 2 | father drinks | 0.271 | 0.231 | 1.31 | 0.241 | | | |
| | father's approval | 2.101 | 0.237 | 8.15 | 0.000 | 4.52 | 0.03 | 0.000 |
| model 3 | father drinks | 0.409 | 0.193 | 1.506 | 0.004 | | | |
| | drinking friends | 1.064 | 0.126 | 2.91 | 0.000 | 3.92 | 0.01 | 0.000 |
| model 4 | father drinks | 0.523 | 0.184 | 1.69 | 0.005 | | | |
| | rules setting | -0.093 | 0.041 | 0.91 | 0.024 | 1.63 | 0.01 | 0.103 |
| mother | | B | S.E. | OR | sig | Z | S.E. | sig |
| model 1 | mother drinks | 0.701 | 0.197 | 2.01 | 0.001 | | | |
| model 2 | mother drinks | 0.374 | 0.252 | 1.45 | 0.138 | | | |
| | approval | 1.894 | 0.252 | 6.65 | 0.000 | 3.77 | 0.02 | 0.000 |
| model 3 | mother drinks | 0.502 | 0.213 | 1.65 | 0.018 | | | |
| | friends | 1.152 | 0.129 | 3.17 | 0 | 3.39 | 0.01 | 0.000 |

Model 1 represents the direct effect of parental alcohol consumption on adolescents' drinking. Models 2, 3 and 4 reflect the indirect effect via mediating variable. Results of Sobel test are presented. Results of logistic regression are adjusted for gender of respondents.

For paternal drunkenness, the indirect effect via perceived paternal approval of beer drinking ($Z=2.46$) and number of drunk friends ($Z=3.5$) was confirmed. The effect of maternal drunkenness was mediated by perceived maternal approval of beer drinking ($Z=2.62$) and the lack parental knowledge ($Z=2.03$); surprisingly however, it was not mediated by parental support ($Z=1.61$) (Table 29).

Table 29 The effect of parental drunkenness on adolescents' drunkenness

| father | | B | S.E. | OR | sig | Sobel test | | |
|---------|--------------------|--------|-------|------|-------|------------|------|-------|
| | | | | | | Z | S.E. | sig |
| model 1 | father drunk | 0.637 | 0.388 | 1.89 | 0.101 | | | |
| model 2 | father drunk | 0.601 | 0.434 | 1.82 | 0.166 | | | |
| | father's approval | 1.210 | 0.363 | 3.35 | 0.001 | 2.46 | 0.02 | 0.014 |
| model 3 | father drunk | 0.272 | 0.437 | 1.30 | 0.533 | | | |
| | drunk friends | 1.610 | 0.271 | 5.01 | 0.000 | 3.51 | 0.01 | 0.000 |
| mother | | B | S.E. | OR | sig | Z | S.E. | sig |
| | | | | | | | | |
| model 1 | mother drunk | 1.097 | 0.559 | 2.99 | 0.050 | | | |
| model 2 | mother drunk | 1.16 | 0.612 | 3.20 | 0.058 | | | |
| | mother's approval | 1.43 | 0.361 | 4.17 | 0.000 | 2.62 | 0.02 | 0.009 |
| model 3 | mother drunk | 0.934 | 0.662 | 2.54 | 0.158 | | | |
| | parental support | -0.061 | 0.034 | 0.94 | 0.068 | 1.61 | 0.03 | 0.107 |
| model 4 | mother drunk | 0.927 | 0.572 | 2.53 | 0.105 | | | |
| | parental knowledge | -0.171 | 0.051 | 0.84 | 0.001 | 2.03 | 0.02 | 0.040 |

Model 1 represents the direct effect of parental drunkenness on adolescents' drunkenness. Models 2, 3 and 4 reflect the indirect effect via mediating variable. Results of Sobel test are presented. Results of logistic regression are adjusted for gender of respondents.

DISCUSSION

The main aim of this study was to explore whether parental risk behavior is associated with adolescents' behavior and whether this association can be explained by potential mediating variables. In general, both paternal and maternal smoking was associated with adolescents' smoking directly and indirectly via perceived paternal and maternal approval of adolescents' smoking and via affiliating with smoking friends as mediating variables. As for parental weekly drinking, the strong direct association with adolescents' drinking was fully mediated by the perceived approval of beer drinking and partially mediated by the number of drinking friends. Although increased rule setting was associated with paternal drinking, it did not mediate the relationship between paternal and adolescents' drinking. Paternal drunkenness was not directly associated with adolescents' drunkenness, but an indirect effect via perceived approval and estimated number of drunk friends was found. On the other hand, maternal drunkenness was associated with adolescents' drunkenness. This relationship was explained by perceived

approval of drinking and lack of parental knowledge. However, the indirect effect of parental support has not been confirmed.

Several researchers suggest that risk behavior in adolescence is more or less normative (Engels, Bot, 2006). In early adolescence (around 11 years), however, smoking and alcohol consumption cannot be considered as normative behavior yet. Therefore, in this study experimentation with cigarettes and alcohol (not only regular use) were considered as risk behaviors.

When studying the effects of parental drinking on adolescents, the possibility of lower levels of some parenting characteristics due to parental alcohol consumption was considered. The current results are more or less consistent with those published earlier (van der Zwaluw et al., 2008; King Chassin, 2004; Van Zundert, Van der Vorst, Vermulst et al., 2006). These report that parental alcohol consumption is in general not associated with parenting or that this association is only weak.

Consistently within this research, parental risk behavior was associated with an increased number of risky friends. This could be attributed to two factors. Firstly, adolescents with parents that smoke or drink alcohol on a regular basis may perceive this type of risk behavior as the norm, and thus not avoid peers that behave riskily. Secondly, parenting behavior toward risky friends approval (such as strict substance specific rules setting, parental control, rules about leisure time activities, explicit risky friends disapproval) might be weakened (lessened) when parents smoke or drink alcohol themselves and this might be associated with the affiliation with risky friends.

The results further show that both parental smoking and drinking behavior are directly associated with adolescents smoking and drinking respectively. This direct association could be attributed to adolescents' modeling of parental behavior proposed by social learning theory. This modeling effect seems to be stronger with regard to parental smoking as neither perceived parental approval of smoking nor estimated number of smoking friends fully mediated the association.

The results further indicate, that smoking parents tend to be perceived as more permissive in terms of smoking and adolescents of smoking parents have more smoking friends which in turn affects adolescents' smoking experience. Sargent and Dalton (2001) in their study found the effect of perceived parental

disapproval of smoking to be even stronger than the effect of parental smoking. The effect of parental disapproval was the same for smoking and non-smoking parents. Engels and Bot (2006) discuss the possibility that smoking parents do not apply strong anti-smoking attitudes as they feel incongruence between their attitudes and their behavior. Sargent and Dalton's (2001) research, however, shows that parental disapproval of smoking is efficient regardless parents smoke or not. They further suggest that parents' disapproval makes adolescents more resistant to the influence of peer smoking. The current results together with the results of Sargent and Dalton (2001) suggest that adolescents who perceive that their parents would not allow them to smoke are less likely to smoke.

The direct effect of parental alcohol consumption on adolescents' experiences with alcohol was fully mediated by perceived parental approval of beer consumption. In line with these results, Yu (2003) presented that the extent to which parents prohibit children from using alcohol at home tends to reduce children's alcohol involvement. These results seem to be highly relevant particularly with regard to prevention. Parental weekly alcohol consumption is often perceived as normative (having a glass of wine or beer after dinner or in the evenings). Within prevention, it will probably not be able to change parental behavior regarding alcohol consumption. What can be changed, however, are parental attitudes toward strict prohibition of alcohol consumption of their children. In particular, at the age of 11, alcohol consumption is strongly unacceptable as early alcohol consumption is associated with the development of early alcohol dependence and abuse (Gruber, DiClemente, Anderson et al., 1996; DeWit, Adlaf, Offord, et al., 2014).

Parenting behavior explained the association between parental drinking and adolescent's drinking only partially. Similarly, White, Johnson, Buyske et al. (2000) presented that parent drinking rather than parenting behavior predicted heavy drinking in their offspring.

Within this study, parental risk behavior as a possible independent variable associated with adolescents' risk behavior was conceptualized. Besides this, there is another way how parental risk behavior could be connected to the behavior of their offspring. It can serve as a buffer (moderator) between the third variable and adolescents' risk behavior. Li et al. (2002) reported

that non-using parents had a buffering effect on friends' influences to use substances, such that friends' use did not affect adolescent use when parents were non-users. There is also a possibility that rule setting, substance specific rules in particular, is effective only among non-using parents. This possible moderating role of parental risk behavior should be verified in further research.

Secondly, in terms of parenting, substance specific parenting (such as substance specific rules setting, substance specific monitoring, etc.) would be useful in the context of adolescents' risk behavior. Similarly, the increased availability of cigarettes and alcohol at home among adolescents with smoking and drinking parents may be associated with their risk behavior. Further research is needed on this topic.

LIMITATIONS

Several limitations of the present study should be mentioned. Firstly, all the data were collected among single informants – adolescents. Adolescents reported not only their own behavior, but also their parents' behavior. Further, adolescents stated what they think their parents would do. Using adolescents as single informants can lead to obtaining different data than would be obtained from parents. In research among 270 American families, Cottrell et al. (2003) found no relationship between parental and adolescents' perceptions of parental monitoring. In their sample, around 75% of parents reported that they always knew where their adolescents were after school, at night and so on, while only about 58% of adolescents reported their parents knew so. The reason for such discrepancy might be that although parents and their children report on the same relationship (or situation), they experience different stressors, social environments and expectations. Thus, they would be expected to perceive their relationships somewhat differently (Pelton, Forehand, 2001). However, further research shows that although there is a discrepancy between adolescents' and parental reports, mainly adolescents' but not parental reports are associated with diverse outcomes. Abar, Jackson, Colby et al. (2014) for example found that only adolescents' reports on parental monitoring are associated with adolescents' alcohol use. In another study, only adolescents' and not the mother's perception of mother-adolescent conflict was associated with adolescents' perceptions of their adjustment (Pelton, Forehand, 2001). Therefore, it can be assumed, that despite the possible discrepancy between adolescents' report on parental risk behavior and the actual

situation, adolescents self-reports are valid in the context of adolescents' risk behavior.

Secondly, the data on parenting behavior are not gender specific. Respondents were asked to indicate parental knowledge, rules setting and support in general not for the particular parent. This could influence the results regarding the mediating effect of parenting.

Thirdly, the design of the study was cross sectional and thus does not allow causal conclusions to be made. These days, however, a one year follow up data collection is in process and the data presented within this study will be further analyzed longitudinally.

IMPLICATION
FOR PRACTICE

Within adolescents' risk behavior prevention it is often problematic (and sometimes not realistic) to force parents to change their habits regarding their smoking and alcohol consumption to protect their children from unwanted risk behavior. It is also very difficult to change or to influence general parenting style (Chassin et al., 2005). Therefore, it is important to look at small steps such as changes that parents can do to protect their children. In line with the present results, there is a possibility to encourage parents to improve their anti-smoking and anti-drinking attitudes and make them clear to adolescents to decrease the probability in them engaging in risk behavior. This seems to be highly relevant particularly for parents that drink alcohol on a non-problematic weekly basis and their attitudes toward adolescents' beer consumption.

There is a need to prevent adolescents' risk behavior very early, even before the first experimentation with a substance, as there is evidence that children form memory associations related to alcohol before they ever drink alcohol themselves. Parental drinking is related to these associations which in turn predict adolescent alcohol use a year later (van der Vorst et al., 2013).

CONCLUSIONS

Despite the mentioned limitations, the present study contributes to the knowledge on the effect of parental risk behavior on adolescent risk behavior. It shows that modelling of parental risk behavior occurs among early adolescents with an exception of paternal drunkenness. Parents, influence their children's behavior also indirectly via perceived parental approval of risk behavior, affiliating with friends that behave riskily and for alcohol consumption also via several parenting characteristics.

Study 6

Bačíková, M., Janovská, A., & Orosová, O. (2019). Rodičia v prevencii rizikového správania sa dospievajúcich. E-psychologie, 13(4), 23-36.

During the early adolescence period the parental behaviour belongs to one of the most important factors that may help to avoid adolescent risk behaviour. Among the most often studied ways how parents may foster adolescent non-risk behaviour are: monitoring of adolescent behaviour and rules setting; substance use specific communication about negative consequences of such behaviour; parental support and time spent with adolescent; parental own risk behaviour and attitude that parents have toward adolescent risk behaviour. This study had two main aims. The first aim of was to explore discrepancies between parental and adolescent perceptions of several factors related to risk behaviour (perception of adolescent risk behaviour, parental risk behaviour as well as family processes). The second aim of the study was to explore relationship between about mentioned parental behaviour regarding risk behaviour (as perceived by adolescents) and adolescents' smoking and alcohol consumption.

Research sample consisted of 580 adolescents (mean age 12.51), 217 mothers and 150 fathers. In all studied variables, significant differences between the perception of adolescents and their mothers /fathers were found with an exception of parental companionship (time spent together doing interesting things). Parents think that their children behave less risky than do report adolescents; they also report less of their own risk behaviour than do children perceive. Parents report more substance-specific communication and more monitoring. Results of logistic regression show that the most important factor that is associated with probability of smoking and drinking in early adolescence is perceived parental approval of such behaviour. With regard to smoking, also mother's monitoring decreased the probability of smoking experience. Regarding alcohol consumption, it was maternal occasional drinking that was linked to experience with alcohol consumption. It seems to be, that regardless of the way how parents try to prevent adolescents risk behaviour, the most important is to show clear and consistent

disapproval of such behaviour. Our results may be applied also for teachers and significant others that are in contact with adolescents.

Author's contribution: 70%

RODIČIA V PREVENCII RIZIKOVÉHO SPRÁVANIA SA DOSPIEVAJÚCICH

Mária Bačíková, Anna Janovská, & Oľga Orosová

Abstrakt

V období ranej adolescencie patria rodičia a ich správanie k významným faktorom, ktoré môžu napomôcť predchádzaniu rizikovému správaniu dospievajúcich. K najčastejším formám rizikového správania v tomto období patrí fajčenie a konzumácia alkoholu. Prvým cieľom štúdie je sledovať rozdiely v percepcii s rizikovým správaním súvisiacich faktorov medzi adolescentmi a ich matkami/otcami. Druhým cieľom je sledovať vzťah medzi premennými súvisiacimi so správaním rodičov (percipované adolescentom) a fajčením a užívaním alkoholu u dospievajúcich. Výskumnú vzorku tvorilo 580 dospievajúcich (priemerný vek 12,51; SD = 0,59; 51,1 % dievčat), 217 matiek a 150 otcov. Vo všetkých sledovaných premenných, s výnimkou trávenia spoločného času, boli identifikované významné rozdiely medzi percepciou dospievajúcich a rodičov. Výsledky logistickej regresie ukazujú, že najvýznamnejším faktorom súvisiacim s pravdepodobnosťou fajčenia a pitia alkoholu je percipované schvaľovanie takéhoto správania zo strany rodičov. Zdá sa, že bez ohľadu na to, akým spôsobom sa rodičia snažia ovplyvňovať rizikové správanie dospievajúcich, najdôležitejšie je zabezpečiť, aby adolescenti skutočne vnímali postoj rodičov voči alkoholu/cigaretám ako nesúhlasný. Získané výsledky by mohli byť aplikovateľné aj pre učiteľov a iných významných dospelých, ktorí sú v pravidelnom kontakte s dospievajúcimi.

Kľúčové slová: percepcia rizikového správania, diskrepancie rodičia-adolescenti, fajčenie, konzumácia alkoholu, prevencia

PARENTS IN PREVENTION OF RISK BEHAVIOUR OF ADOLESCENTS

Abstract

During the early adolescence period the parental behaviour belongs to one of the most important factors that may help to avoid adolescent risk behaviour. Among the most prevalent forms of risk behaviour in early adolescence are smoking and alcohol consumption. The first aim of this study is to explore discrepancies between parental and adolescent perceptions of several factors related to risk behaviour. The second aim of the study is to explore relationship between parental behaviour (as perceived by adolescents) and adolescents smoking and alcohol consumption. Research sample consisted of 580 adolescents (mean age 12.51, SD=0.59; 51.1% girls), 217 mothers and 150 fathers. In all studied all variables but spending free time, showed, significant differences between the perception of adolescents and their mothers /fathers were found with an exception of parental companionship. Results of logistic regression show that the most important factor that is associated with probability of smoking and drinking in early adolescence is perceived parental approval of such behaviour. It seems to be, that regardless of the way how parents try to prevent adolescents risk behaviour, the most important is to show clear and consistent disapproval of such behaviour. Our results may be applied also for teachers and significant others that are in contact with adolescents.

Keywords: risk behaviour perception, discrepancies in parent-adolescent dyad, smoking, alcohol consumption, prevention

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Úvod

Adolescencia je obdobím, v ktorom významná časť dospelujúcich experimentuje s alkoholom a cigaretami, prípadne nelegálnymi drogami. Ak sú rôzne preventívne stratégie uplatňované na začiatku tohto obdobia, ich efektívnosť môže byť pomerne vysoká (Koning et al., 2009). Rodičia na začiatku dospievania hrajú významnú úlohu v prevencii rizikového správania. Zabezpečiť, aby sa ich dospievajúce deti tomuto rizikovému správaniu vyhli, oddialili jeho nástup, prípadne aby dôsledky takéhoto správania boli pre ich nasledujúci život čo najmenšie, patrí k základným výchovným cieľom. Existujú viaceré spôsoby, ktorými sa rodičia môžu pokúsiť dosiahnuť tieto výchovné ciele. V predkladanom príspevku sa zameriame na niekoľko najvýznamnejších z nich, menovite: monitoring správania dospievajúceho a stanovovanie pravidiel ohľadom správania; komunikácia rodičov s dospievajúcimi špecificky zameraná na dôsledky rizikového správania; poskytovaná opora a čas spolu trávený; vlastný príklad rodičov a postoj, ktorý rodičia voči prípadnému rizikovému správaniu dospievajúceho zaujmú. Zároveň budeme sledovať rozdiely v percepcii týchto premenných ako i rizikového správania dospievajúcich a rodičov medzi adolescentmi a ich rodičmi.

Jedným z efektívnych spôsobov, ktoré môžu rodičia v rámci prevencie uplatniť, sa javí monitoring dospievajúceho. Monitoring je charakterizovaný aktívnym správaním rodiča zameraným na sledovanie aktivít dospievajúceho, ktoré sa deje mimo priameho kontaktu s rodičom. Monitoring môže prebiehať prostredníctvom stanovovania pravidiel ohľadom správania sa, aktívnym kladením otázok a vyjadrovaním záujmu, ako i systematickou kontrolou dospievajúcich, ich priateľov a toho, ako a s kým trávia čas mimo domova (Dishion, & McMahan, 1998). Mnohé štúdie konzistentne ukazujú, že takto realizovaný monitoring súvisí s nižšou mierou rizikového a problémového správania. Špecificky sa ukazuje, že monitoring znižuje pravdepodobnosť začiatku fajčenia u dospievajúcich (Wellman et al., 2016) a zároveň súvisí s nižšou pravdepodobnosťou užívania alkoholu (Bacikova-Sleskova, 2009; Abar et al., 2014).

Druhým z možných spôsobov prevencie rizikového správania je kontrola zameraná špecificky na rizikové správanie. Táto kontrola spočíva zvyčajne v stanovovaní konkrétnych, vývinovo primeraných pravidiel ohľadom fajčenia a užívania alkoholu, ako i v komunikácii o možných rizikách takéhoto správania a negatívnych dôsledkoch, ktoré so sebou prináša. Rodičmi stanovené striktné pravidlá ohľadom rizikového správania súvisí s nižšou pravdepodobnosťou užívania alkoholu dospievajúcimi a neskorším nástupom experimentovania s alkoholom (Janssen et al., 2014; van der Vorst et al., 2006) a s nižšou pravdepodobnosťou fajčenia (Hiemstra et al., 2017). Podobne i na alkohol zameraná komunikácia súvisí s nižšou mierou nárazového pitia alkoholu a s alkoholom spojených problémov (Spijkerman, van den Eijnden & Huiberts, 2008). Súvislosť s fajčením sa zdá byť rozdielna. Hiemstra a kol. (2017) realizovali systematickú analýzu štúdií sledujúcich efekt na fajčenie zameranej komunikácie a ich výsledky naznačujú, že pre prevenciu začiatku fajčenia je dôležitejšia kvalita komunikácie než jej frekvencia. Kvalitnou komunikáciou sa rozumie konštruktívne informovanie o rizikách spojených s takýmto správaním, spôsob, ktorý rešpektuje dieťa a jeho postoje. Nekvalitnou komunikáciou je napr. vyhrážanie sa („Ak ťa uvidím fajčiť, vyhodím ťa z domu!“), strašenie alebo znevažovanie dieťaťa.

Ďalšou z významných preventívnych stratégií zo strany rodičov je vlastný príklad. Na základe teórie sociálneho učenia (Bandura, & Walters, 1977) je rodičovské správanie modelom, ktorý dospievajúci pozoruje a napodobňuje. Vo všeobecnosti, ako fajčenie, tak užívanie alkoholu rodičmi úzko súvisí s fajčením a užívaním alkoholu dospievajúcich (Kandel, Griesler, & Hu, 2015; Latendresse et al., 2008; Mak, Ho, & Day, 2012; Mays et al., 2014). Zároveň však môže byť rizikové správanie rodiča spojené so správaním dieťaťa aj prostredníctvom viacerých mediujúcich premenných. Príkladom môžu byť odlišnosti v tom, do akej miery rodičia, ako fajčiari, tak aj nefajčiari stanovujú pravidlá a kontrolujú dospievajúcich. Rodičia, ktorí fajčia, zvyčajne kontrolujú menej dôsledne, ich stratégie sú menej konzistentné a zároveň menej efektívne pre prevenciu fajčenia dospievajúcich (Engels et al., 2004; Engels, & Bot, 2006; den Exter Blokland et al., 2007).

S vlastným príkladom súvisí i postoj, ktorý rodičia voči prípadnému rizikovému správaniu dospievajúceho zaujmú. Viaceré predchádzajúce štúdie potvrdili súvis medzi percipovaným nesúhlasom rodičov s fajčením či užívaním alkoholu a nižším výskytom takéhoto správania u dospievajúcich (Kong et al., 2012; Mrug, & McCay, 2013; Nash, McQueen, & Bray, 2005; Sargent, & Dalton, 2001; Wood et al., 2004).

Nevyhnutnou podmienkou optimálneho vývinu dospievajúceho a teda i jeho vyhýbania sa rizikovému správaniu, je pozitívny vzťah medzi adolescentom a rodičom. Poskytovaná emocionálna opora zo strany rodičov, vrelosť či spoločne strávený čas priamo súvisia s nižším výskytom fajčenia či užívania alkoholu (Brown, & Rinelli, 2010; den Exter Blokland et al., 2006; Ryan, Jorm, & Lubman, 2010). Najmä v období na začiatku dospievania, kedy vplyv rovesníkov na správanie adolescenta významne rastie (Lam, McHale, & Crouter, 2014), je kvalitný vzťah medzi dospievajúcim a rodičom dôležitým predpokladom pre oddialenie prvého experimentovania s návykovými látkami.

Dospievajúci a rodičia zvyčajne nepercipujú situáciu v rodine rovnako. Mnohé výskumné zistenia ukazujú, že v rodinách existujú významné diskrepancie v percipovaní rôznych rodinných procesov, napr. opora, monitoring, konflikt (Bačíková, 2019; De los Reyes et al., 2010; Korelitz, & Garber 2016), medzi jednotlivými členmi rodiny, najmä potom medzi dieťaťom a rodičom. Rozdielna percipcia sa však netýka len ich vzájomného vzťahu, ale i iných faktorov. Rodičia napr. podhodnocujú mieru prežívaného šťastia svojich adolescentných detí (López-Pérez, & Wilson, 2015), podhodnocujú ich skúsenosti s návykovými látkami (Yang et al., 2006) či celkové emocionálne a behaviorálne problémy adolescentov (Van Roy et al., 2010).

Ciele

Hlavným cieľom predkladanej štúdie je skúmať vzťah medzi premennými súvisiacimi so správaním rodičov (percipované adolescentmi) a výskytom rizikového správania (fajčenia a pitia alkoholu) u dospievajúcich v období skorej adolescencie. Zároveň sa štúdia zameriava na to, ako sa líši vnímanie týchto premenných (fajčenie adolescenta, celoživotná prevalencia konzumácie alkoholu, komunikácia o cigaretách, komunikácia o alkohole, fajčenie rodiča, konzumácia alkoholu rodičom, monitoring, trávenie spoločného času) medzi dospievajúcimi, ich matkami a otcami.

Metódy

Výskumný súbor

Zber údajov bol realizovaný prostredníctvom dotazníkov medzi žiakmi siedmich ročníkov základných škôl na Slovensku a ich rodičmi v septembri/októbri 2017. Do zberu bolo zaradených 12 škôl v rámci celého Slovenska s dôrazom na zastúpenie škôl z rôznych krajov a z obcí rôznych veľkostí. V každej škole sa výskumu zúčastnili žiaci všetkých tried siedmeho ročníka. Každý žiak po vyplnení dotazníka dostal dve (prípadne jednu) obálky s dotazníkmi určenými pre oboch rodičov. Vyplňanie dotazníkov bolo anonymné. Dotazníky pre žiakov i rodičov obsahovali položky, ktoré umožnili vytvoriť identifikačný kód, na základe ktorého boli následne odpovede detí a rodičov spárované. Projekt štúdie bol schválený etickou komisiou Filozofickej fakulty UPJŠ. Každá zúčastnená škola zabezpečila súhlas rodičov s účasťou ich detí na výskume.

Finálny výskumný súbor tvorilo 580 dospievajúcich (priemerný vek 12,51; SD = 0,59; 51,1 % dievčat; 75,3 % žije s oboma vlastnými rodičmi), 217 matiek (priemerný vek 40,5; SD = 4,64) a 150 otcov (priemerný vek 42,71; SD = 5,33).

Metodiky

Metodiky použité v tejto štúdií boli identické pre adolescentov aj ich rodičov. Zmena bola len v spôsobe formulácie pre rodičov (napr. „Z toho, čo viete, fajčilo Vaše dieťa niekedy cigaretu, aj keď len jednu doteraz?“). Rizikové správanie dospievajúcich a ich rodičov bolo sledované prostredníctvom jednopoložkových otázok, ktoré bývajú štandardne využívané pri seba-posudzujúcich dotazníkoch rizikového správania (napr. Fidler et al., 2008; den Exter Blokland et al., 2009).

Rizikové správanie adolescentov. Adolescenti odpovedali na otázky týkajúce sa celoživotnej prevalencie fajčenia a užívania alkoholu „Fajčil si už niekedy cigaretu, aj keď len jednu doteraz?“ s možnosťami odpovede (1) nie nikdy, (2) už som to skúsil, (3) v minulosti som fajčil, ale úplne som prestal, (4) sem tam fajčím, ale nie denne, (5) teraz fajčím denne. „Pil si už niekedy alkohol?“ S možnosťami odpovede (1) nie nikdy, (2) už som to skúsil, (3) pil som ho viackrát, (4) pijem alkohol pravidelne aspoň raz za mesiac, (5) pijem alkohol pravidelne aspoň raz za týždeň.

Odpovede boli následne dichotomizované. Vzhľadom na nízky vek respondentov bola akákoľvek skúsenosť s fajčením a viac ako jedna skúsenosť s alkoholom považovaná za rizikové správanie: aspoň raz skúsili fajčiť (21 %); pili alkohol viac ako jedenkrát (11,9 %).

Na rizikové správanie zameraná komunikácia. Adolescenti i rodičia zodpovedali dve otázky týkajúce sa komunikácie špecificky zameranej na alkohol a fajčenie. „Mojí rodičia sa so mnou rozprávajú o pití alkoholu a s ním súvisiacich rizikách/škodlivých dopadoch.“ „Mojí rodičia sa so mnou rozprávajú o fajčení a s ním súvisiacich rizikách/škodlivých dopadoch.“ S možnosťami odpovedí (1) nikdy, (2) občas, (3) často, (4) stále. Odpovede boli následne dichotomizované: nikdy verus ostatné odpovede.

Percipované schvaľovanie fajčenia/pitia alkoholu. Táto premenná bola v predchádzajúcich štúdiách operacionalizovaná rôznymi spôsobmi, napr. „Pre mojich rodičov je dôležité, aby som nefajčil“ (Kong et al., 2012), alebo „Mojí rodičia by nesúhlasili, ak by som fajčil (Mrug, & McCay, 2013). V predkladanom príspevku je percipované schvaľovanie rizikového správania rodičmi operacionalizované v súlade so štúdiou Sargenta a Daltona (2001). Adolescenti odpovedali na otázku „Ako veľmi by sa Tvoji rodičia hnevali, ak by si pil alkohol/ak by si fajčil?“ s možnosťami odpovedí (1) vôbec by sa nehnevali, (5) veľmi by sa hnevali. Položka bola pre účely analýz dichotomizovaná – tí, ktorí by sa veľmi hnevali verus ostatné odpovede.

Monitoring. Monitoring bol sledovaný pomocou 8 položkovej škály Parental monitoring of Behavior Scale (Barber, 2002 in Soenens et al., 2006). Táto škála zahŕňa položky týkajúce sa monitorovania správania dospievajúceho prostredníctvom pýtania sa, dohliadania, stanovovania pravidiel (napr. *Moja mama/môj otec mi pripomína pravidlá, ktoré mi stanovil/a. Moja mama/môj otec sa snaží vedieť, kto sú moji priatelia a kde trávim voľný čas.*). Dve z položiek boli reverzne prevrátené. V analýzach pracujeme s priemerným skóre škály. Škála monitoringu vykazuje dostatočnú vnútornú konzistenciu: matka $\alpha = 0,67$; otec $\alpha = 0,76$.

Trávenie spoločného času bolo hodnotené prostredníctvom subškály dotazníka The Network of Relationships Social Provision Version (Furman & Buhrmester, 1985). Subškála obsahuje 3 položky (napr. „Ako často spolu s mamou/otcom navštevujete rôzne miesta, robíte zábavné veci?“) s možnosťami odpovedí na 5-bodovej škále Likertoveho typu ((1) *vôbec alebo málo*, (5) *väčšinu/väčšinou*). V analýzach pracujeme s priemerným skóre škály. Vnútorná konzistencia metodiky je adekvátna: matka $\alpha = 0,70$, otec $\alpha = 0,74$.

Rizikové správanie rodičov. Percipované rizikové správanie matky a otca bolo zisťované pomocou dvoch otázok: „Fajčí tvoja mama/tvoj otec každý deň cigarety?“ „Pije tvoja mama/tvoj otec aspoň raz za týždeň alkoholické nápoje?“ S možnosťami odpovede áno – nie.

Štatistické analýzy

Údaje boli analyzované v štatistickom programe IBM SPSS 21 využitím párového McNemar testu a párového t-testu pre porovnanie údajov od dospievajúcich a ich rodičov a logistickej regresie. V prvej časti analýz, kde boli porovnávané údaje získané od adolescentov a ich matiek a/alebo otcov, sme zahrnuli len tých adolescentov, ktorých matka alebo otec vyplnili dotazník, preto je ich počet redukovaný.

Výsledky

Rozdiely v percepcii medzi matkami a adolescentmi a otcami a adolescentmi

V prvom kroku analýz sme skúmali rozdiely v percepcii nami sledovaných premenných medzi matkou a adolescentom a otcom a adolescentom. Výsledky párového McNemar testu, párového t-testu a deskriptívne údaje sú uvedené v tabuľke 1 (údaje o schvaľovaní alkoholu/fajčenia sme od rodičov nezberali, preto v tabuľke nie sú uvedené). Výsledky ukazujú, že vo všetkých sledovaných premenných, s výnimkou trávenia spoločného času, sú rozdiely medzi dospievajúcim a rodičom na úrovni štatistickej významnosti. Adolescenti častejšie uvádzali

rizikové správanie v porovnaní s tým, čo uvádzali ich rodičia; viac adolescentov uvádzalo, že nikdy s rodičmi nehovoria o škodlivosti alkoholu a cigariet. Zaujímavé je, že adolescenti častejšie uvádzali i výskyt rizikového správania rodiča, ako uviedli samotní rodičia. Rodičia percipovali ich monitoring ako intenzívnejší v porovnaní s percepciou adolescentov. Štatisticky významné rozdiely v percepcii spoločne tráveného času medzi adolescentmi a ich rodičmi zistené neboli.

Tabuľka 1 Rozdiely v percipovaní sledovaných premenných medzi adolescentmi a ich matkami/otcami

| | | adolescent | matka | otec | |
|--|-----|--------------|--------------|-----------|---------------------|
| | N | % | % | % | p (McNemar test) |
| skúsenosť s fajčením adolescenta | 216 | 18,40 % | 8,80 | | 0,000 |
| | 149 | 18,70 % | | 9,30 % | 0,000 |
| skúsenosť s alkoholom adolescenta viac ako 1x | 216 | 12,00 % | 0,50 % | | 0,000 |
| | 150 | 9,30 % | | 1,30 % | 0,004 |
| komunikácia o cigaretách (nikdy) | 202 | 29,70 % | 2,80 % | | 0,000 |
| | 137 | 31,70 % | | 6,10 % | 0,000 |
| komunikácia o alkohole (nikdy) | 203 | 31,50 % | 2,80 % | | 0,000 |
| | 136 | 30,20 % | | 6,20 % | 0,000 |
| denné fajčenie rodiča | 233 | 29,50 % | 23,50 % | | 0,000 |
| | 163 | 34,00 % | | 29,50 % | 0,000 |
| príležitostné pitie rodiča | 231 | 30,00 % | 23,50 % | | 0,004 |
| | 163 | 46,70 % | | 42,50 % | 0,024 |
| | | | | | |
| | | adolescent | matka | otec | |
| | N | mean (SD) | mean (SD) | mean (SD) | p (t test) |
| monitoring | 214 | 3,7 (0,6) | 4,3 (0,5) | | 0,000 (-10,8) |
| | 124 | 3,5 (0,7) | | 4,1 (0,5) | 0,000 (-9,2) |
| trávenie spoločného času | 210 | 3,4 (0,9) | 3,3 (0,8) | | 0,484 (0,70) |
| | 129 | 3,2 (0,8) | | 3,2 (0,9) | 0,580 (0,56) |

Regresné analýzy

Hlavným cieľom štúdie bolo overiť, ktorá zo sledovaných premenných súvisiacich s rodičovským správaním najsilnejšie súvisí s pravdepodobnosťou výskytu rizikového správania (fajčenia a pitia alkoholu) dospelých. Výsledky logistickej regresie sú uvedené v tabuľke 2 (fajčenie) a tabuľke 3 (alkohol). Do regresného modelu sme zaradili údaje získané od dospelých. Regresný model pre premennú fajčenie (-2 Log likelihood = 373,9; $R^2 = 0,06$) vysvetľuje pomerne nízke percento variancie (6 %). Najsilnejšou vysvetľujúcou premennou súvisiacou s fajčením je percipované schvaľovanie fajčenia rodičmi. Adolescenti, ktorí uviedli, že ich rodičia by sa nehnevali, ak by fajčili, mali 4,11-krát vyššiu pravdepodobnosť skúsenosti s fajčením ako ostatní adolescenti. Zároveň je štatisticky významným faktorom i úroveň monitoringu matky. Nižšia miera monitoringu zo strany matky súvisí s nižšou pravdepodobnosťou výskytu fajčenia (OR 0,52). Ostatné sledované premenné neboli štatisticky významné vo vzťahu k fajčeniu dospelých.

Tabuľka 2 Faktory súvisiace s pravdepodobnosťou skúsenosti s fajčením u dospelých

| | B | S.E. | OR | 95 % CI |
|-----------------------------------|----------|-------------|-----------|----------------|
| rod | -0,041 | 0,261 | 0,96 | (0,58-1,60) |
| komunikácia o fajčení | -0,007 | 0,298 | 0,99 | (0,55-1,78) |
| percipované schvaľovanie fajčenia | 1,410 | 0,396 | 4,11*** | (1,89-8,93) |
| monitoring matka | -0,66 | 0,318 | 0,52* | (0,28-0,96) |
| monitoring otec | 0,369 | 0,291 | 1,45 | (0,82-2,56) |
| trávenie spoločného času matka | 0,092 | 0,191 | 1,10 | (0,75-1,59) |
| trávenie spoločného času otec | -0,062 | 0,184 | 0,94 | (0,66-1,35) |
| denné fajčenie matka | -0,403 | 0,322 | 1,50 | (0,79-2,81) |
| denné fajčenie otec | -0,378 | 0,314 | 1,46 | (0,79-2,70) |

* $p \leq 0,05$; *** $p \leq 0,001$

V súvislosti s výskytom užívania alkoholu vysvetľuje regresný model (tabuľka 3; -2 Log likelihood 223,2; $R^2 = 0,13$) o niečo vyššie percento variancie (13 %). Zo sledovaných premenných, dve štatisticky významne zvyšujú pravdepodobnosť výskytu užívania alkoholu u dospelých. Opäť je najsilnejším faktorom percipované schvaľovanie alkoholu (OR 5,34).

Druhým významným faktorom je príležitostné pitie alkoholu matkou. Adolescenti, ktorých matky pijú alkohol aspoň raz za týždeň (percipované adolescentami), majú 3,43-krát vyššiu pravdepodobnosť skúsenosti s alkoholom ako ostatní dospelí. Ostatné sledované premenné neboli štatisticky významné vo vzťahu k skúsenosti s alkoholom u dospelých.

Tabuľka 3 Faktory súvisiace s pravdepodobnosťou skúsenosti s alkoholom (viac ako 1x) u dospelých

| | B | S.E. | OR | 95 % CI |
|-----------------------------------|----------|-------------|-----------|----------------|
| rod | 0,379 | 0,367 | 1,46 | (0,71-3,00) |
| komunikácia o alkohole | -0,419 | 0,368 | 0,66 | (0,32-1,35) |
| percipované schvaľovanie alkoholu | 1,680 | 0,366 | 5,34*** | (2,61-10,9) |
| monitoring matka | -0,165 | 0,389 | 0,85 | (0,40-1,82) |
| monitoring otec | -0,061 | 0,338 | 0,94 | (0,49-1,83) |
| trávenie spoločného času matka | -0,289 | 0,259 | 0,75 | (0,45-1,24) |
| trávenie spoločného času otec | -0,218 | 0,249 | 0,8 | (0,49-1,31) |
| príležitostné pitie matka | 1,230 | ,460 | 3,43** | (1,39-8,45) |
| príležitostné pitie otec | -0,555 | 0,476 | 0,57 | (0,23-1,46) |

Diskusia

V predkladanej štúdií sme sa zamerali na dva hlavné ciele. Prvým bolo identifikovanie rozdielov v tom, ako dospelí a ich rodičia percipujú rizikové správanie adolescenta a rodičov, mieru komunikácie o škodlivosti fajčenia a užívania alkoholu, rodičovský monitoring a spoločne strávený čas. Druhým cieľom bolo identifikovať, ako jednotlivé stratégie rodičov súvisiace s možnosťami prevencie rizikového správania dospelých súvisia so skúsenosťou s cigaretami a alkoholom dospelých v období skorej adolescencie.

Výsledky našich analýz poukazujú na pomerne konzistentné rozdiely v percepcii jednotlivých premenných medzi dospelými a ich rodičmi. V súlade s našimi očakávaniami dospelí uvádzali vyššiu mieru rizikového správania, ako si mysleli ich rodičia. Adolescenti trávia stále viac času s rovesníkmi a mimo priamy dohľad rodičov (Lam, McHale, & Crouter, 2014), zároveň významne stúpa miera tajenia osobných informácií a svojich voľnočasových aktivít pred rodičmi (Keijsers et al., 2010). Nie je preto prekvapujúce, že rodičia o ich rizikovom správaní nie sú informovaní. V súvislosti s našim výsledkom je zaujímavá štúdia Yanga a kol. (2006), podľa ktorej najviac podceňovali mieru rizikového správania svojich detí rodičia, ktorých deti boli lepší žiaci a celkovo sa javili ako menej problémoví. Signifikantne vyššiu mieru rizikového správania rodičov uvádzali adolescenti v porovnaní s matkou/otcom, čo môže súvisieť s tendenciou rodičov hodnotiť svoje správanie v spoločensky žiaducejšom svetle (Korelitz, & Garber, 2016). Zaujímavým je pomerne veľký nesúlad v percepcii frekvencie komunikácie o škodlivosti návykových látok. Hoci až takmer tretina adolescentov uviedla, že sa s rodičmi nikdy nerozprávajú o alkohole a cigaretách, túto odpoveď označilo len malé percento rodičov. Diskrepancie v miere percipovaného monitoringu rodičov sú v súlade s predchádzajúcimi zisteniami (De los Reyes et al., 2010; Korelitz, & Garber 2016). V kontexte interpretovania získaných výsledkov je dôležité brať do úvahy, kto podáva informáciu o rodinnej situácii. Viaceré štúdie ukazujú, že hoci pohľad adolescenta nemusí vždy vypovedať

o objektivnej situácii, je pre jeho vývin relevantnejší ako pohľad rodiča (Bačíková, 2019; Maurizi, Gershoff, & Aber, 2012). Z tohto dôvodu v nasledujúcom kroku boli do analýz zahrnuté len údaje získané od dospelých.

Hlavným cieľom predkladanej štúdie bolo sledovať, ako rôzne faktory súvisiace so správaním rodičov súvisia s pravdepodobnosťou skúsenosti s fajčením a alkoholom u dospelých. Najsilnejší vzťah bol potvrdený medzi percipovaným schvaľovaním fajčenia i konzumácie alkoholu zo strany rodičov a výskytom daného správania sa u adolescentov. Adolescenti, ktorí uvádzali, že ich rodičia by za istých okolností schvaľovali fajčenie či pitie alkoholu, mali vyššiu pravdepodobnosť skúsenosti s rizikovým správaním. V oblastiach, ktoré sú adolescentmi vnímané ako oblasti týkajúce sa bezpečia (ku ktorým rizikové správanie nepochybne patrí), majú dospelí tendenciu akceptovať pravidlá rodiča a správať sa v súlade s týmito pravidlami (Smetana, 2010). Vyjadrenie jasného nesúhlasu s takýmto správaním môže byť preto efektívnym spôsobom, ako mu zabrániť. Postoj rodiča k rizikovému správaniu môže byť zároveň chápaný i ako akési nepriame modelovanie správania (Wood et al., 2004).

V súvislosti s konzumáciou alkoholu adolescentmi sa javí byť rizikovým i príležitostné pitie matky. Popri možnosti modelovania správania rodiča je možné brať do úvahy aj fakt, že rodičia, ktorí sa sami správajú rizikovo, majú benevolentnejší postoj voči rizikovému správaniu vo všeobecnosti a môžu mať preto ťažkosti v presvedčaní detí, že by nemali fajčiť či piť alkohol (Engels, & Bot, 2006; den Exter Blokland et al., 2006). Príležitostné pitie alkoholu sa v dospelosti považuje za normatívne (pohár vína k večeri či pivo v teplom dni). V rámci prevencie by pravdepodobne bolo náročné zmeniť správanie rodiča, čo však môže byť zmenené, je postoj, ktorý rodič voči prípadnej konzumácii alkoholu adolescentom komunikuje.

Monitoring rodičov je vo všeobecnosti považovaný za efektívny spôsob ako zabezpečiť menej problémového a rizikového správania dospelých (Abar et al., 2014; Bacikova-Sleskova, 2009; Wellman et al., 2016). V prezentovanej štúdii, kde sú v modeloch brané do úvahy aj rôzne ďalšie premenné, sa monitoring javí byť efektívny len v súvislosti s fajčením dospelých. Ukazuje sa však, že príliš intenzívny monitoring môže byť dospelými interpretovaný ako zdôrazňovanie ich nekompetentnosti, zasahovanie do ich osobnej sféry či vyjadrovanie nedôvery voči adolescentovi (Kakihara, & Tilton-Weaver, 2009; Pomerantz, & Eaton, 2000; Smetana, Crean, & Campione-Barr, 2005). Takto interpretovaný monitoring neznižuje, naopak často zvyšuje rizikové či problémové správanie. Adolescent, ktorý sa cíti príliš obmedzovaný nadmernou kontrolou zo strany rodičov, môže reagovať práve naopak, ako je od neho očakávané, rebéliou a neuposluchnutím pravidiel (Van Petegem et al., 2017).

Limity štúdie

Predkladaná štúdia má niekoľko limitov. Prvým je menej ako polovičná účasť rodičov na výskume, čo bolo jedným z dôvodov, prečo sme v regresných analýzach pracovali len s dátami od adolescentov. Druhou limitáciou je prierezový dizajn štúdie, ktorý neumožňuje vyvodzovať kauzálne závery. Treťou limitáciou štúdie je použitie jednopoložkových metodík na meranie úrovne komunikácie o rizikovom správaní a schvaľovaní rizikového správania rodičmi. Premenná nazvaná „percipované schvaľovanie rizikového správania“ býva v rôznych štúdiách operacionalizovaná rôznymi spôsobmi (napr. Kong et al., 2012; Mrug, & McCay, 2013; Nash,

McQueen, & Bray, 2005). Jej operacionalizácia zvyčajne zahŕňa percipované reakcie rodičov na rizikové správanie dieťaťa, rodičovské normy, dôležitosť nerizikového správania či priame vyjadrenie nesúhlasu s takýmto správaním. V predkladanej štúdii bola táto premenná chápaná pomerne úzko ako miera hnevu rodičov, ktorú by vyjadrili, ak by sa adolescent správal rizikovo. Hnev je však len jedna z foriem vyjadrenia rodičovského nesúhlasu. Vzhľadom na to, že takto vyjadrený nesúhlas bol najsilnejším faktorom súvisiacim s rizikovým správaním, bolo by vhodné zamerať ďalšie štúdie na širšiu operacionalizáciu percipovaného rodičovského súhlasu, resp. nesúhlasu.

Aplikácia pre prax

Na začiatku dospelovania sú rodičia významným faktorom, ktorý ovplyvňuje budúce rizikové správanie dospelujúcich. Pri porovnaní vplyvu rodičov a rovesníkov sa ukazuje, že v skorej adolescencii je viac variácie v rizikovom správaní vysvetlenej faktormi súvisiacimi s rodičmi ako faktormi súvisiacimi s priateľmi (Cleveland et al., 2008). Je preto veľmi dôležité zahrnúť do rôznych prevenčných programov i rodičov. Intervencia zameraná v kombinácii na dospelujúcich a ich rodičov bola napríklad najefektívnejšou v prevencii užívania alkoholu (Koning et al., 2009).

Častou námietkou je, že rodičia nejavia záujem o účasť na aktivitách organizovaných školou a je nereálne očakávať ich účasť na prevenčných programoch. Výsledky štúdie Koning a kol. (2009) však ukazujú, že efektívny prevenčný program môže byť i veľmi jednoduchý a krátky. Autori realizovali jedno stretnutie s rodičmi na začiatku školského roka, v rámci štandardného rodičovského združenia spravili krátku prezentáciu zameranú na negatívne dôsledky užívania alkoholu a na dôležitosť vytvárania pravidiel týkajúcich sa pitia alkoholu. Následne boli rodičia vyzvaní, aby spoločne vytvorili zoznam pravidiel, ktoré budú platné pre všetky deti v rámci danej triedy. To zvýšilo možnosť rodičov efektívne kontrolovať dodržiavanie pravidiel a znížilo sociálny tlak spolužiakov na dospelujúceho („Ale všetci moji spolužiaci to majú dovolené!“). V súlade s výsledkami predkladanej štúdie sa preto zdá byť jednou z možností efektívnej prevencie prostredníctvom rodičov ich oboznámenie s dôležitosťou ich vyjadrovaného postoja voči rizikovému správaniu dospelujúcich. V kontexte prevencie rizikového správania je zároveň dôležitá konzistentnosť hodnotovo-normatívneho rámca správania dospelujúcich v školskom a rodinnom prostredí.

Záver

Zdá sa, že bez ohľadu na to, akým spôsobom sa rodičia snažia ovplyvňovať rizikové správanie dospelujúcich, najdôležitejšie je zabezpečiť, aby adolescenti skutočne vnímali postoj rodičov voči alkoholu/cigaretám ako nesúhlasný. Získané výsledky by však mohli byť aplikovateľné aj pre učiteľov a iných významných dospelých, ktorí sú v pravidelnom kontakte s dospelujúcimi.

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Study 7

Bačíková, M., Čarná, L. (2011). Rodinné procesy z pohľadu adolescenta a rodiča. In: Sociální procesy a osobnost 2011. Člověk na cestě životem: Křižovatky a mosty: Kroměříž 14.-16.9.2011: sborník příspěvků. - Brno: Psychologický ústav Filozofické fakulty Masarykovy univerzity, Tribun EU, 2011. s. 13-16.

Many previous studies show only small agreement between parental and adolescent perceptions of family processes (Korelitz, & Garber, 2016; McElhaney et al., 2008; Maurizi, Gershoff, & Aber, 2012; Pelton, & Forehand, 2001.). In this short study we explored, how several family processes are perceived by parents and their adolescent children in two dyads: mother-daughter and father-son. A sample comprised of 60 parent-adolescent dyads (adolescent mean age 16.9 years). Six family processes were studied: closeness, communication, parental support, monitoring, peer approval and conflicts.

Unlike in previous studies, we have found only several significant differences in parental and adolescent views. For both parent-adolescent dyads, statistically significant discrepancies were found only in monitoring – parents perceived their monitoring as more intensive than adolescents did. In mother-daughter dyad disagreements were identified in conflicts (daughters reported more conflicts) and in peer approval (mothers reported to approve daughter's peers more than did daughters).

Overall, discrepancies were found only in processes that are generally perceived as problematic during adolescence - primarily in mother-daughter dyad. Those processes that represent emotional climate and harmony in the relationship (i.e. closeness, parental support, communication) were perceived similarly by parent and adolescent. These results are in line with the results reported in study 1 and support current trend to see adolescence as a period that in normal situation is not a time of worsening of parent-adolescent relationship, but its transformation to more egalitarian form.

For the future research it is important to note, that usually not the way how family processes are perceived by parents but adolescent perceptions are more relevant in explaining adolescent outcomes (Abar et al., 2015; Laird, Weems, 2011).

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Editorial

Rád bych pozdravil všechny účastníky konference i čtenáře tohoto sborníku.

Před čtrnácti lety se sešlo v malé posluchárně Psychologického ústavu Filozofické fakulty Masarykovy univerzity kolem 25 psychologů, majících pocit, že v našem prostoru chybí platforma pro setkávání těch, kteří se zajímají o základní výzkum. Tehdy se v České republice konala řada konferencí, věnovaných nejružnějším oblastem aplikované psychologie, pracovníci ústavů Akademie věd a univerzitních pracovišť však neměli své fórum.

Úspěch setkání vedl nejprve k nezávaznému opakování příští rok na stejném místě, postupně se do pořádání zapojili kolegové ze Slovenska. Tak můžeme být svědky současné, dnes již čtrnácté mezinárodní konference, pořádané pod názvem Sociální procesy a osobnost. Konference se koná střídavě v České republice (přesněji řečeno na Moravě) a na Slovensku. V organizaci se střídají rotačním způsobem čtyři pracoviště, a to Psychologický ústav FF MU v Brně (jako zakladatele jej uvádím nejprve), Ústav společenského vedomia v Košicích, Ústav experimentálnej psychológie SAV v Bratislavě a Psychologický ústav Akademie věd v Brně.

Jak bývá v našich zemích obvyklé, plné texty příspěvků odevzdávali autoři až několik týdnů po ukončení konference a Sborník byl k dispozici většinou na konferenci další, konané v následujícím roce. Tentokrát jsme se rozhodli přikročit k zásadní změně: texty jsme požadovali od autorů již předem s tím, že kompletní sborník bude k dispozici při zahájení konference. Protože tento editorial píše v předstihu, teprve letošní září ukáže, zda jsme byli ukáznění a dochvilní.

Konference je rozložena do tří dnů s tím, že první den proběhne plenární zasedání na kterém zazní vyžádané přednášky představitelů čtyř pořádajících ústavů a některých hostů, v jeho druhé části se koná symposium na téma Osobnost, motivace a cíle.

Druhý den probíhají sekce Metodologie (testování a diagnostika) a Sociální psychologie a paralelně další sekce Psychologie práce a Školní psychologie. Třetí den je věnován jednak sekcím Psychologie zdraví a coping a rovněž sekci Klinická psychologie. Paralelně probíhá sekce Vývojová psychologie a Varia.

Mimo orální prezentace je bohatě obsazena posterová sekce, v níž zejména mladí kolegové z řad doktorandů z celé bývalé federace představují výsledky svých bádání.

Obvykle bývá editorial zakončen hodnocením proběhlé akce, vzhledem k „obrácenému gardu“ mohu uzavřít svoji poznámku přáním zdaru celé konference, přáním všeho dobrého pro všechny účastníky a přáním úspěchů další konference, pořádané na Slovensku.

Mojmír Svoboda

vedoucí Psychologického ústavu FF MU v Brně

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Rodinné procesy z pohľadu adolescenta a rodiča.

Adolescents' and parents' perceptions of family processes

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Práca bola podporená Agentúrov na podporu výskumu a vývoja číslo APVV-20-038205.

Abstrakt:

Väčšina výskumov zameraných na vzťah adolescent - rodič sledovala tieto vzťahy z pohľadu adolescenta (napr. frekventovane používaná metodika ADOR – Adolescent o rodičoch). Mnohé zahraničné štúdie však ukazujú, že pohľad dieťaťa sa môže od pohľadu rodiča líšiť. Cieľom nášho príspevku je priniesť informácie o vnímaní rodinných procesov rodičmi a ich deťmi a ich prípadných rozdieloch na Slovensku. Intenzitu alebo kvalitu šiestich rodinných procesov (blížkosť, komunikácia, opora, monitoring, konflikt, odsúhlasenie priateľov) hodnotili stredoškóľáci (N=60, priemerný vek 16,9) a ich rodičia rovnakého pohlavia (N=60) pomocou dotazníka The Adolescent Family Process Measure (Vazsonyi a kol., 2003). V súlade s našimi očakávaniami sme zistili rozdiely vo vnímaní niektorých rodinných procesov medzi adolescentmi a ich rodičmi. Dievčatá uvádzali signifikantne viac konfliktov s matkou ako ich matky. Naopak, adolescenti uvádzali menšiu mieru monitoringu a odsúhlasovania priateľov ako ich rodičia.

Klíčová slova:

rodinné procesy, vzťah adolescent-rodič

Abstract:

The majority of researches studying parent-adolescent relationships were oriented on adolescents' views of the situation (e.g. very frequently used questionnaire ADOR – based on CRPBI questionnaire). However, many studies showed different perception of the relationships from parental and adolescents' points of view. The aim of this presentation is to describe the perception of several family processes by parents and their adolescent children in Slovakia. The intensity or quality of six family processes (namely closeness, communication, support, monitoring, conflict, peer approval) assessed secondary school students (N = 60, mean age 16.9) and their parents of the same sex (N=60). We used The Adolescent Family Process Measure (Vazsonyi a kol., 2003). In line with our expectations we found differences in the perception of some of the processes between adolescents and their parents. Girls reported significantly more conflicts with their mothers than their mothers did. On the other side, adolescents reported less monitoring and peer approval than their parents did.

Keywords:

monitoring, family processes, parent-adolescent relationship, monitoring

Úvod

Napriek vzrastajúcemu záujmu adolescenta o rovesnícke skupiny, rodina nepochybne stále patrí medzi základné socializačné jednotky človeka v tomto období. Vzťah rodičov a ich detí v období adolescencie je laickou verejnosťou vnímaný zväčša ako problémový, plný hádok a konfliktov. Výskumy v poslednom desaťročí však ukazujú, že vzťah plný konfliktov je skôr prejavom patológie ako normy (Steinberg, 2001). J. Smetanová (2011) považuje adolescenciu za obdobie zmeny vzťahov rodič – dieťa, ktoré však nemusí byť nevyhnutne problémovým. V harmonickom rodinnom prostredí môže byť konflikt pozitívnou súčasťou procesu individuácie, zatiaľ čo v problémových rodinách môže konflikt prispievať k ešte vážnejším problémom (Steinberg, Silk, 2002).

Ako hovorí Judith Smetanová, k najskúmanejším témam obdobia adolescencie stále patrí povaha a kvalita vzťahov adolescentov s rodičmi (Smetana, 2006). Nie je prekvapujúce, že rodičia a ich deti majú na vzájomné vzťahy rozdielnepohľady. Napriektomu, väčšina výskumov k tejto problematike bolo realizovaných z pohľadu adolescenta.

Rozdielom vo vnímaní rôznych rodinných procesov a vzťahov medzi rodičmi a ich deťmi sa venovalo niekoľko zaujímavých štúdií. Vo všeobecnosti môžeme povedať, že zhoda medzi pohľadom zo strany rodiča a zo strany dieťaťa je relatívne nízka (Jessop, 1981; Krohn et al. 1992; Mc Elhaneý et al., 2008).

Veľmi zaujímavý a rozsiahly výskum realizovali Pelton a Forehand (2001; Pelton et al., 2001). V rámci štúdie realizovanej medzi 11 až 15 ročnými adolescentmi a ich matkami, v ktorej sledovali kvalitu ich vzájomného vzťahu, zistili len miernu koreláciu medzi informáciami uvádzanými adolescentmi a tými, ktoré uvádzali ich matky. Ešte menšia bola táto korelácia v prípade rozvedených rodín v porovnaní s úplnými rodinami. Autori toto zistenie vysvetľujú tendenciou rodičov a ich adolescentných detí vnímať ich vzájomný vzťah rozdielne najmä v stresujúcich situáciách (akou rozvod nepochybne je). Môže to byť spôsobené napríklad zníženou schopnosťou ako matiek tak i adolescentov byť v stresujúcich situáciách k vzájomnému vzťahu vnímavý. K veľmi podobným výsledkom dospeli ešte o pár rokov skôr Tein a kolektív (1994). V ich výskume, v rodinách s menším počtom rizikových faktorov boli informácie od matiek a ich detí omnoho podobnejšie ako to bolo v prípade rizikových rodín. Autori tvrdia, že deti vyrastajúce vo vysoko rizikových rodinách môžu správanie rodičov vnímať skreslene. Možné takisto je, že so vzrastajúcim počtom rodinných stresorov, sa rodičia a adolescenti stávajú menej pozornými k ich vzťahu a zároveň sú si menej vedomí spôsobu akým spolu interagujú.

Použitím projektívnej metodiky Family System Test (klinicky používaná metodika sledujúca rodinnú kohéziu a hierarchiu, v ktorej klient umiestňuje na plochu figúrky reprezentujúce členov rodiny) zistil Gehring a kolektív (1994), že deti (neklinický súbor) vnímajú svoju rodinu ako menej harmonickú v porovnaní s ich matkami a otcami. Pohľad otcov na rodinnú situáciu bol najoptimistickejší. Podľa autorov bola dôvodom zriedkavejšia angažovanosť otcov v každodenných malých konfliktov a preto i idealistickejší pohľad na rodinu než mali ich manželky a deti (Gehring a kol., 1994). Podobne i v práci Paulsona a Sputa (1996) adolescenti vnímali matku i otca ako menej angažovaných vo výchove (napr. školské výsledky) i menej vyžadujúcich si v porovnaní s tým ako sa vnímali samotní rodičia.

Ešte menší súhlas medzi informáciami získavanými od rodičov a ich adolescentných detí bol zistený v 270 rodinách v USA v súvislosti s rodičovským monitoringom (Cottrell a kol., 2003). Autori nezistili žiadny vzťah medzi

odpoveďami rodičov a adolescentov. Okolo 75% rodičov uvádzalo, že vždy vedia kde sa ich deti nachádzajú po škole, v noci a podobne, zatiaľ čo to isté tvrdilo len okolo 58% adolescentov.

Kurióznym nesúladom medzi rodičmi a deťmi uvádza Helen Sweeting (2001). V autorkinom výskume 6% párov adolescent-rodíčov uviedlo rozdielny počet osôb žijúcich v jednej domácnosti. Sweeting to vysvetľuje prítomnosťou nejakej osoby, ktorú adolescent vníma ako člena domácnosti zatiaľ čo rodič ho opomenul.

Seiffge-Krenke (1999) sledovala súvis vekú dieťaťa s týmto nerovnakým pohľadom na rodinnú situáciu. Výsledky jej longitudinálneho výskumu poukazujú na klesajúci nesúlad vo vnímaní rodinnej kohézie, opory a expresivite s rastúcim vekom adolescenta (od 14 do 18 rokov).

V našich podmienkach sme sa s podobným výskumom stretli len v rámci diplomovej práce P. Ikhardta (2005). Autor použil dotazníky Škála rodinného prostredia autorov Hargásovej a Kollárika (1986) a ADOR (Matějček, Říčan, 1983). Zaujímavým bolo zistenie, že pohľady adolescentov a rodičov sa líšia len v dimenzii orientácia na vzťahy, zatiaľ čo v dimenziách osobnostný rast a udržiavanie rodinného systému neboli zistené významné rozdiely. Adolescentom sa, podľa autora, javia vzťahy medzi členmi rodiny menej súdržné, menej expresívne a konfliktné. Pri použití dotazníka ADOR sa významné rozdiely prejavili len v dimenzii direktivity, kde sa otcovia ako i matky vnímali ako direktívnejší v porovnaní s pohľadom adolescentov.

V našom príspevku budeme sledovať rozdiely vo vnímaní šiestich rodinných procesov (blízkosť, komunikácia, opora, konflikt, monitoring a súhlas s priateľmi) tak ako ich definovali Vazsonyi a kol. (2003).

Výskumný súbor

Výskum bol realizovaný vo februári 2010. Výskumný súbor tvorilo 120 respondentov. Polovicu respondentov tvorili dievčatá (N=30) a ich matky, druhú polovicu chlapci (N=30) a ich otcovia. Zber údajov od adolescentov prebiehal na vyučovacej hodine, rodičia vyplňali dotazníky doma. Vek študentov sa pohyboval v rozpätí od 15 do 19 rokov (priemer 16,8; SD 0,9), vek rodičov bol od 29 do 60 rokov (priemer 44,3; SD 5,1). Počet členov domácnosti sa pohyboval od 3 do 11 (modus 4 členovia), 42,5 % rodičov malo ukončené stredoškolské vzdelanie s maturitou a 22% vysokoškolské vzdelanie.

Metodika

Dotazník Rodinných Procesov

Napriek tomu, že na slovenskú populáciu je adaptovaných niekoľko dotazníkov zameraných na adolescentov a ich rodičov, pre účely nášho výskumu sme si zvolili zahraničný dotazník The Adolescent Family Process measure (AFP, Dotazník Rodinných procesov adolescenta). Táto metodika bola zvolená pre svoj krátky rozsah ale zároveň bohatý obsah – sleduje 6 rôznych dimenzií rodinných procesov.

Metodika AFP, zložená zo šiestich subškál, bola vytvorená Vazsonyiom a kol. (2003). Autori vyvinuli metodiku na základe predchádzajúcich výskumov Steinberga a Silka (2002), ktorí vo svojej práci identifikovali tri rozdielne oblasti rodičovstva: harmónia (teda emocionálny vzťah medzi rodičmi a adolescentami), autonómia (aktivity, ktoré povzbudzujú rovnováhu medzi rastom a nezávislosťou a súčasne určujú mladým hranice) a konfliktovosť (bežná tenzia medzi rodičmi a adolescentmi). Dotazník Rodinných procesov obsahuje teda šesť subškál (dimenzií), ktoré reflektujú spomínané oblasti: *blízkosť*, *komunikácia* (oblasť harmónie), *opora*, *monitoring a súhlas s priateľmi* (oblasť autonómie) a *konflikt* (oblasť konfliktov).

Dotazník obsahuje 25 položiek (napr. Je na mňa pyšný, keď skončím niečo, na čom som tvrdo pracoval. Ako často sa spolu rozprávate o svojich pracovných a študijných plánoch v budúcnosti?). Respondenti odpovedali na otázky pomocou 5 bodovej Likertovej škály. Na prvé tri subškály boli možnosti odpovedí od 1- vôbec nesúhlasím po 5 – úplne súhlasím, na ďalšie tri odpovede od 1- nikdy po 5 – veľmi často. V piatich subškálach vyššie skóre indikuje lepší rodinný proces, v prípade konfliktovosti vyššie skóre znamená viac konfliktov.

Súbor otázok zadaný dievčatám sa týkal matky, súbor otázok pre chlapcov otca. Dotazník pre rodičov bol mierne upravený tak, aby otázky v ňom vyjadrovali postoje, prípadne reakciu rodiča k dieťaťu rovnakého pohlavia.

Analýzy

Údaje boli spracované pomocou štatistického programu SPSS 16.0. Rozdiely v odpovediach medzi adolescentmi a ich rodičmi sme analyzovali pomocou párového t-testu osobitne pre dyády matka – dcéra a otec – syn.

Výsledky

Priemerné skóre jednotlivých rodinných procesov pre matky, dcéry, otcov a synov ako i rozdiely medzi nimi sú uvedené v Tabuľke 1. Zo šiestich sledovaných procesov sme zistili signifikantné rozdiely medzi adolescentmi a ich rodičmi rovnakého pohlavia v troch procesoch: monitoring, konflikt a súhlas s priateľmi. Matky i otcovia sa domnievali, že monitorujú správanie svojich detí viac ako to hodnotili ich dcéry a synovia ($p < 0,05$ pre dyádu dcéra – matka, $p < 0,01$ pre dyádu syn – otec). V ďalších dvoch procesoch sme štatisticky významné rozdiely zistili len pre dyádu dcéra – matka. Dcéry udávali častejšiu prítomnosť konfliktov ako ich matky, zároveň sa domnievali, že matky menej často schvaľujú ich priateľov ako to tvrdili matky.

Tab. 1: Rodinné procesy z pohľadu adolescenta a rodiča.

| Rodinný proces (min-max) | | priemer | SD | t-test | p |
|--------------------------|-------|---------|-----|--------|------|
| Blízkosť (6-30) | dcéra | 24,1 | 3,4 | | |
| | matka | 24,0 | 2,4 | 0,15 | ,884 |
| | syn | 22,1 | 3,5 | | |
| | otec | 23,0 | 2,8 | -1,79 | ,085 |
| Opora (4-20) | dcéra | 14,6 | 3,2 | | |
| | matka | 14,2 | 3,1 | 0,77 | ,463 |
| | syn | 13,7 | 3,5 | | |
| | otec | 13,0 | 2,7 | 1,00 | ,324 |
| Monitoring (4-20) | dcéra | 15,1 | 2,4 | | |
| | matka | 16,0 | 1,3 | -2,21 | ,035 |
| | syn | 13,6 | 3,0 | | |
| | otec | 15,0 | 2,4 | -3,19 | ,003 |
| Komunikácia (5-25) | dcéra | 17,6 | 3,8 | | |
| | matka | 17,2 | 2,0 | 0,60 | ,551 |
| | syn | 14,7 | 3,4 | | |
| | otec | 15,7 | 2,6 | -1,79 | ,084 |
| Konflikt (3-15) | dcéra | 10,7 | 2,1 | | |
| | matka | 9,4 | 1,5 | 3,47 | ,002 |
| | syn | 10,7 | 2,6 | | |
| | otec | 10,2 | 1,9 | 1,07 | ,293 |
| Súhlas (3-15) | dcéra | 9,4 | 2,6 | | |
| | matka | 10,4 | 1,7 | -2,75 | ,010 |
| | syn | 9,4 | 2,4 | | |
| | otec | 9,9 | 2,0 | -1,28 | ,211 |

Diskusia

V súlade s našimi očakávaniami, adolescenti a rodičia sa nezhodnú v pohľade na všetky sledované rodinné procesy. Rozdiely sme zaznamenali v oblasti monitoringu, schvaľovania priateľov a vo frekvencii konfliktov.

Tak chlapci ako i dievčatá si myslia, že rodičia monitorujú ich aktivity do menšej miery ako to vidia ich rodičia. V posledných rokoch sa v odbornej verejnosti objavila diskusia o tom, čo vlastne monitoring znamená. Dlhú dobu bol monitoring chápaný ako „Súbor aktivít rodiča, ktoré zahŕňajú pozornosť (záujem) a sledovanie miesta pobytu a aktivít dieťaťa.“ (Dishion a McMahon, 1998, str. 61). Švédski autori Kerr a Stattin (2000) však tvrdia, že rodičovský monitoring, tak ako bol doteraz skúmaný, zahŕňa dva aspekty. Prvým je aktivita rodiča – do akej miery rodič od adolescenta žiada (parental solicitation) informácie o tom kde, ako a s kým trávi čas. Druhým aspektom je však aktivita adolescenta – do akej miery on rodičom o svojich aktivitách rozpráva (child disclosure). V ďalšej štúdií spomínaných autorov (Stattin, Kerr, 2000) bola práve aktivita adolescenta najsilnejším prediktorom rodičovského monitoringu (tak ako bol vo všeobecnosti chápaný). Ak by sme vnímali monitoring ako aktivitu adolescenta, naše výsledky by neboli ničím prekvapivým – rodičia by sa domnievali, že vedia o aktivitách adolescenta viac ako im adolescent v skutočnosti povie. V nami použitom dotazníku sa však 3 z piatich položiek jednoznačne sústreďujú na aktivitu rodiča (chce vedieť kde...), dve položky sa pýtajú na to, či rodič vie (toto vedenie môže byť z časti vďaka aktivite adolescenta, z časti aktivite rodiča). Preto je naše zistenie do istej miery prekvapujúce. Majú rodičia pocit, že sa zaujímajú o aktivity svojho dieťaťa viac ako to vidia ich deti? Nechcú ich príliš obmedzovať, sledovať, vypytovať sa ich?

Téme konfliktov medzi adolescentmi a ich rodičmi bola venovaná značná pozornosť. V našom výskume matky udávali menej časté konflikty so svojimi dcérami ako uvádzali ich dcéry. Rozdiely medzi otcami a synmi sme nezaznamenali. Vo všeobecnosti sú konflikty medzi matkou a adolescentom (obzvlášť matkou a dcérou) intenzívnejšie

a častejšie ako medzi otcom a adolescentom (Fang a kol., 2003; Steinberg, Silk, 2002). Naše výsledky ukazujú, že dievčatá ich vnímajú ešte frekventovanejšie ako matky.

Dôvodom pre istý nesúlad vo vnímaní rodinných procesov môže byť fakt, že hoci rodičia i ich deti hovoria o rovnakom vzťahu (situácii a podobne), v skutočnosti na nich pôsobí rozdielne sociálne prostredie, zažívajú rôzne stresory a zároveň sa líšia ich očakávania (Pelton & Forehand, 2001).

Optimistickým zistením iste je, že nesúlad medzi rodičmi a deťmi sa ukázal len v procesoch, ktoré môžeme považovať za typicky konfliktné v období adolescencie – a to kontrola rodičov, čo ich dieťa robí vo svojom voľnom čase a mimo domova, akceptovanie alebo neakceptovanie ich priateľov a partnerov a frekvencia bežných hádok a konfliktov. V procesoch, ktoré reprezentujú skôr mieru harmónie vo vzťahu adolescent – rodič (blízkosť, opora zo strany rodiča a frekvencia komunikácie), sme zistili zhodu. Tieto výsledky podporujú už v úvode spomínaný postoj J. Smetanovej (2011), že adolescencia za normálnych okolností nie je obdobím narušenia vzťahu dieťa – rodič.

Ako už bolo spomenuté, väčšina výskumov sledujúcich problematiku vzťahu adolescentov s rodičmi je realizovaná z pohľadu adolescenta. Vzhľadom na rozdiely, ktoré boli v tejto oblasti zistené, sa objavuje otázka: Čia „realita“ viac súvisí s rôznymi oblasťami života adolescenta? Čie informácie o rodinnej situácii sú teda pre výskum vhodnejšie? Peltonová a Forehand (2001) sledovali rozdiely vo frekvencii konfliktov medzi matkami a adolescentnými deťmi a ich vplyv na depresívne symptómy a problémové správanie adolescentov. Zistili, že to ako vnímajú konflikty matky nemá žiadny vplyv na depresívne symptómy a problémové správanie adolescentov, zatiaľ čo vnímanie konfliktov adolescentmi tento vplyv má. Aj Vazsonyi a kolektív (2003) považujú sebahodnotenie adolescentov za zmysluplný príspevok k porozumeniu rodinnej situácii.

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Study 8

Bacikova-Sleskova, M., Benka, J., Orosova, O. (2019). Parental behavioural control and knowledge in early adolescence. A person-oriented approach. *Current Psychology*. Advanced online publication.

In recent years, research shows that parenting practices tend to naturally co-occur. In order to identify such parenting styles, a person oriented approach is often used in parenting research (Lippold et al., 2014; Soenens, & Vansteenkiste, 2010; Yan, & Ansari, 2016). A person-oriented approach can bring a new insight into the process of parenting and its association with various outcomes in adolescence.

In the present study we focused on two aspects of parenting: parental behavioural control and parental knowledge. These aspects tend to be correlated (behavioural control is one of the sources of parental knowledge, e.g. Stattin, & Kerr, 2000). However, this is not necessarily true for all adolescents what the person-oriented approach might help to reveal. When parental control is intensive, some adolescents may feel over-controlled (Kakihara, & Tilton-Weaver 2009; Kakihara et al., 2010) and as a result may become more secretive about their whereabouts and activities and decrease parental knowledge. Yet, other adolescents may keep their parents informed about their whereabouts even without any active parental behavioural control (Stattin, & Kerr, 2000). Thus, in this study we have used the person oriented approach to identify subgroups of adolescents based on the different levels of perceived parental behaviour control and perceived parental knowledge. Further, previous research has linked these aspects of parenting primarily with externalizing behaviour (Branstetter, & Furman 2013; Kiesner et al., 2010; Kapetanovic et al., 2017). Few studies, however, have paid attention to its association with the positive aspects of adolescents' development. Therefore, in this study we focused on self-esteem and self-efficacy as important aspects of adolescents' positive development.

This study aimed to answer three main research questions. (1) What combinations of perceived parental behavioural control and knowledge do early adolescents demonstrate? (2) Are certain combinations associated with adolescents' gender and other characteristics of the parent-adolescent relationship that illustrate the overall emotional climate? (3) Can these combinations of perceived parental control and knowledge predict the level of adolescents' self-esteem and self-efficacy one year later?

Data were collected using questionnaires within two waves. The study sample comprised of 845 early adolescents (43% males; baseline mean age 11.52). Cluster analyses identified three subgroups based on adolescents' perceived parental behavioural control and knowledge: controlling parents (high levels of both parental control and knowledge; 31.5% of the sample), not controlling parents (below average level of control but above average level of knowledge, 54.3%), and uninvolved parents (low levels of both control and knowledge, 12.8%). Those with controlling parents reported the most positive parent-adolescent relationship. Secondly, cluster membership was associated with positive self-esteem and self-efficacy in the follow-up when controlling for levels at the baseline in the sense that adolescents with uninvolved parents reported lower levels of self-esteem and self-efficacy than adolescents from the other clusters.

Results of this study also suggest, that although parental behavioural control may be interpreted as intrusive for adolescents' need of autonomy and thus decrease their self-esteem and self-efficacy (as reported in previous studies), when it is introduced together with high parental knowledge, it may bring positive outcomes.

Author's contribution: 70%



Parental behavioural control and knowledge in early adolescence. A person-oriented approach

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Abstract

The main aim of this study is to identify subgroups of adolescents according to levels of their parental knowledge and behavioural control and how belonging to a particular subgroup is associated with some aspects of the parent-adolescent relationship, as well as self-esteem and self-efficacy one year later. Data were collected using questionnaires within two waves. Stratified random sampling was used to include schools from all regions and city sizes. The study sample comprised of 845 early adolescents (43% males; baseline mean age 11.52). Cluster analyses identified three subgroups based on adolescents' information on parental behavioural control and knowledge: controlling parents (high levels of both parental control and knowledge; 31.5% of the sample), not controlling parents (below average level of control but above average level of knowledge, 54.3%), and uninvolved parents (low levels of both control and knowledge, 12.8%). Those with controlling parents reported the most positive parent-adolescent relationship. Secondly, cluster membership was associated with positive self-esteem and self-efficacy in the follow-up when controlling for levels at the baseline in the sense that adolescents with uninvolved parents reported lower levels of self-esteem and self-efficacy than adolescents from the other clusters. The results show that parental control can play an important positive role in the development of the self of early adolescents when accompanied by perceived parental knowledge.

Keywords Adolescence · Parental behavioural control · Parental knowledge · Self-esteem · Self-efficacy

Introduction

Early adolescence is characterised by a decrease in the quality of some family processes (De Goede et al. 2009) although parenting still remains an important determinant of healthy adolescent development. In the present study, we will focus on the role of some aspects of parenting in early adolescents' self-esteem and self-efficacy. In particular, by adapting the person-oriented approach we will focus on parental behavioural control and parental knowledge and study their relationship with adolescents' self-esteem and self-efficacy prospectively.

Baumrind (1966) suggested that parenting is a complex construct that includes a set of parenting practices that tend to co-occur and form parenting styles or profiles. This idea has been widely supported in further studies. In recent years,

researchers have aimed to go further in terms of defining parenting styles by identifying naturally co-occurring parenting practices in particular datasets. In order to do so, a person-oriented approach is often used in parenting research (Latendresse et al. 2009; Lippold et al. 2014; Soenens et al. 2009; Soenens and Vansteenkiste 2010; Yan and Ansari 2016; Zheng et al. 2017). A person-oriented approach can bring a new insight into the process of parenting and its association with various outcomes in adolescence. The main aim of the traditional variable-oriented approach is typically to identify which of the addressed variables is the strongest predictor of the studied outcome, whereas the goal of the person-oriented approach is to identify the characteristic patterns i.e. the combinations of several variables and the way in which these are associated with adolescent outcomes. A combined pattern of influence makes them typologically unique and different from groups showing different patterns. While these two approaches differ they are not essentially contradictory. Rather, they complement each other and provide researchers with different but necessary information in order to address the different aspects of the studied phenomenon (von Eye et al. 2006).

In the present study, we will focus on two aspects of parenting: parental behavioural control and parental knowledge.

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Parental behavioural control has been characterized by the proactive behaviour of parents such as supervision, rule and limit setting as well as the monitoring of adolescents' whereabouts (Barber et al. 1994), with a positive effect on adolescent externalizing behaviour (e.g. Branstetter and Furman 2013; Harris-McKoy and Cui 2013; Kapetanovic et al. 2017; Kiesner et al. 2010). Parents assert behavioural control in several ways. By setting rules about certain behaviours, parents provide structure to adolescents' life and/or they solicit information about their children's whereabouts either directly from them or from people around them such as teachers, friends, their friend's parents, etc. (Kapetanovic et al. 2017; Stattin and Kerr 2000). The information that parents actually have about their children's whereabouts (school performance, leisure time activities, friends, money spending, etc.) has been labelled as parental knowledge.

The concept of parental knowledge has been introduced relatively recently into the research on parenting as a reaction to the existing confusion or misinterpretation of the term parental monitoring in the literature (Stattin and Kerr 2000). As these authors have stated, parental monitoring in previously published studies had often been interpreted rather imprecisely as the active surveillance of adolescents' activities by the parents. Indeed, the questionnaires used in these studies, had only measured the level of parental knowledge and not the active form of parenting behaviour. Active parental behavioural control should be understood as only one of the sources of parental knowledge. This is especially due to the fact that a spontaneous disclosure by the adolescent to her/his parent has been found to be a stronger predictor of knowledge than other means (Kapetanovic et al. 2017; Stattin and Kerr 2000). Therefore, parental behavioural control/monitoring as an active parenting behaviour should be clearly distinguished from parental knowledge. On the other hand, they also tend to be correlated (behavioural control is one of the sources of parental knowledge e.g. Stattin and Kerr 2000; Webb et al. 2002). However, this is not necessarily true for all adolescents and which the person-oriented approach might help to reveal. When parental control is intensive, some adolescents may feel over-controlled (Kakihara and Tilton-Weaver 2009; Kakihara et al. 2010) and as a result may become more reluctant to disclose information to their parents; become more secretive about their whereabouts and activities and decrease parental knowledge. Yet, other adolescents may keep their parents informed about their whereabouts even without any active parental behavioural control (Stattin and Kerr 2000). This is mainly present in families where strong emotional support is available (Webb et al. 2002). Thus, the person-oriented approach will be used to identify subgroups of adolescents based on the different levels of perceived parental behaviour control and perceived parental knowledge. Four groups of adolescents are expected to emerge; those with high levels of both perceived behavioural control and perceived parental knowledge; those with low levels of both;

those with high level of behavioural control but low level of knowledge (those being secretive as a result of high control); and finally those with a high level of knowledge but low level of behavioural control (those disclosing to parents without direct parental behavioural control).

Self Esteem and Self Efficacy

So far, the studies on parental behavioural control and knowledge have mainly focused on its protective effect on adolescents' externalizing problems such as lower substance use (Branstetter and Furman 2013; den Exter Blokland et al. 2007; Kiesner et al. 2010), lower delinquency (Harris-McKoy and Cui 2013; Kapetanovic et al. 2017) and bullying behaviour (Kapetanovic et al. 2017). Few studies, however, have paid attention to its association with the positive aspects of adolescents' development. In the present study we will focus on self-esteem and self-efficacy as important aspects of adolescents' positive development.

Global self-esteem has been defined as "individuals' positive or negative attitude toward the self as a totality" (Rosenberg et al. 1995, p. 141). General self-efficacy is referred to as a general confidence in one's abilities to achieve the desired results across numerous domains, to cope with stressful life events or to manage new life situations (Bandura 1977; Schwarzer et al. 1997). Self-esteem and self-efficacy tend to be highly correlated and some scholars have even suggested that they might represent a single construct (Judge et al. 2002). However, there is strong empirical and theoretical ground to see them as different constructs (Chen et al. 2004; Gardner and Pierce 1998). One of the important differences between self-esteem and general self-efficacy is the level of the relative emphasis put on motivational versus affective components. While general self-efficacy represents more of a cognitive component (a belief of one's capability), self-esteem reflects with much greater intensity the affective component of the self (one's affective evaluation of the self) (Chen et al. 2004).

The development of self-esteem and self-efficacy in adolescence depends on a wide range of intra-individual and societal factors. Parental approval, support and love are among the most important for the optimal development of the self (Mann et al. 2004). Parents may serve as a secure base for experimentation in early adolescence while positive parenting expresses warmth and support that may be internalized and thus increase the overall perception of adolescents' self (Chen et al. 2004).

In general, positive and supportive parenting has been shown to contribute to adolescents' positive self-esteem (Bulanda and Majumdar 2009; Milevsky et al. 2007), as well as encouraging their self-efficacy (Schunk and Meece 2006). Few papers, however, have studied these characteristics in

connection with behavioural control and parental knowledge. Perceived parental knowledge has been found to be associated with higher self-esteem among middle adolescents (Bean et al. 2003; Parker and Benson 2004) and higher self-efficacy in some cultures among mixed-aged adolescents (Chen et al. 2004). On the other hand, with objective measures of parental knowledge such as daily telephone interviews with both parents and adolescents containing questions about adolescents' whereabouts, no significant effect of parental knowledge on adolescents' self-esteem was observed (Waizenhofer et al. 2004).

Regarding parental behaviour control, evidence supports a different pattern. The few published studies which have found parental control to be related to higher self-esteem have, in fact, conceptually measured parental knowledge rather than control (Bean et al. 2003; Hunter et al. 2015; Parker and Benson 2004). The results of the studies that have explored active parental control have shown that parental behaviour control has either no effect or has a negative effect on adolescents' self-esteem. This can be explained within the framework of self-determination theory which suggests that a controlling environment (parental over-control) may hinder optimal development of the self by thwarting the need for competence and autonomy (Ryan and Deci 2000). High levels of perceived parental control may thus result in feelings of incompetence in making life decisions which undermine self-efficacy in different areas and overall negatively affect self-esteem (Kerr and Stattin 2000). It has been shown that having more parental rules regarding adolescents' free time activities decreased self-esteem among adolescents (Kakihara et al. 2010). On the other hand, the subjective perception seems to be crucial and parental behavioural control may often be interpreted by adolescents as a sign of parental interest (Pomerantz and Eaton 2000). In such a case, it is likely to be associated with higher self-esteem and self-efficacy of adolescents especially in early adolescence. These varying associations between parental control and optimal self-development might account for the inconsistent existing findings. Using a person-oriented approach and combining different levels of behavioural control with knowledge may help to clarify this issue.

Present Study

To summarise, this article extends prior studies by specifically focusing on early adolescents, by studying perceived parental behavioural control and parental knowledge which are clearly differentiated and explores their association with aspects of adolescents' self (self-esteem and self-efficacy in particular) by applying the person-oriented approach. This study aims to answer three main research questions. (1) What combinations of perceived parental behavioural control and knowledge do

early adolescents demonstrate? (2) Are certain combinations associated with adolescents' gender and other characteristics of the parent-adolescent relationship that illustrate the overall emotional climate? (3) Can these combinations of perceived parental control and knowledge predict the level of adolescents' self-esteem and self-efficacy one year later?

Methods

Sample

The data for the study were collected in Slovakia in 2013. The sampling used a list of primary schools retrieved from the Institute of Information and Prognosis of Education (2202 schools in total). By using stratified randomized sampling (region and the town population size as sampling criteria), 60 schools were selected for the study. In each school, a single class of six graders was involved in this research. The data were collected by a team of trained researchers and assistants. The respondents filled in questionnaires during regular school lessons on a voluntary and anonymous basis without the presence of a teacher. The parents of all participating adolescents signed an informed agreement. The study obtained local university ethic committee approval and parental approval for the child to be included in the study. The study was designed as a 5-wave longitudinal study. Within this study, the data from the baseline and from the one year follow up are analysed.

Participation in the research was confidential. Respondents generated the identification code based on some data (e.g. the first letter of their mother's name). This code was used to pair respondents within the separate waves. Due to some errors in the identification codes (and thus the inability to make pairs) as well as absences due to sickness of some respondents during the follow up and some parental disagreements with participation at the follow up, the total research sample for the present study comprised of 845 adolescents (baseline mean age 11.52, SD 0.61; 43% males). A comparison of the research sample with those who only participated in the first wave of the data collection (presented in the results section of this paper) showed no significant differences with the exception of gender.

Measures

Parental Behavioural Control The questions for both parental behavioural control and parental knowledge were previously used in the ESPAD study (Hibell et al. 2009). Parental behavioural control was operationalized as parental rule setting. Two questions were used to determine parental rule setting: My parents set definite rules about what I can do at home. My parents set definite rules about what I can do outside of home.

Respondents had 5 response options ranging from 1 (almost always) to 5 (almost never). The sum score for the two questions was computed and reversed so that a higher score meant more parental control. The internal consistency of the two-items was assessed using the Spearman-Brown formula (Eisinga et al. 2013) and reached 0.69.

Parental Knowledge In a similar way to the previous measure, parental knowledge was assessed using two questions: My parents know whom I am with in the evenings. My parents know where I am in the evenings. The sum score was then computed and reversed, so that a higher score meant greater parental knowledge. The Spearman-Brown formula reached 0.87.

Self-Esteem To assess adolescents' self-esteem, the Self-Liking/Self-Competence Scale (SLSCS) (Tafarodi and Swann 2001) was used. The original measure assesses self-esteem as a two-dimensional concept consisting of self-liking and self-competence subscales. The internal consistency of these subscales in our samples was very low (Cronbach alpha ranged from 0.292 to 0.691). Therefore, factor analyses were conducted to identify the factor structure of the measure (Berinšterová 2015). These analyses revealed two clear factors that supported the existence of positive and negative self-esteem factors. Therefore, in this paper, we will refer to positive and negative self-esteem instead of the original self-liking and self-competence dimensions. Each factor included 8 statements, e.g. "I have done well in life so far." "I focus on my strengths." for positive self-esteem and "I don't succeed at much." "I feel worthless at times." for negative self-esteem. The respondents indicated the degree of agreement with statements on a 5-point Likert type scale. The sum scores for each subscale were computed with higher scores indicating higher positive self-esteem and higher negative self-esteem. The two factors showed adequate internal consistency. The Cronbach alphas for positive self-esteem were 0.814 at T1 and 0.862 at T2. For negative self-esteem the Cronbach alpha was 0.728 at T1 and 0.790 at T2.

Self-Efficacy In our study, self-efficacy was measured by the General Self-Efficacy Scale (Schwarzer et al. 1997; Slovak version Košč et al. 1993). The scale assesses optimistic self-beliefs in coping with a variety of difficult demands in life with statements such as "I can always manage to solve difficult problems if I try hard enough". The respondents indicated their agreement about 10 statements using a 4-point Likert type scale. A higher sum score indicated higher general self-efficacy. Cronbach alphas were 0.890 at T1 and 0.911 at T2.

Parent-Adolescent Relationships In order to illustrate the overall parent-adolescent relationship climate that seems to be relevant when clustering parental control and knowledge, several

measures have been used. The first three measures were three subscales from the *RYDM questionnaire* (Constantine et al. 1999; Furlong et al. 2009). Nine questions were grouped into three aspects of parent-adolescent relationships: perceptions of caring relationships (e.g. "At home there is a parent that cares about my school".), high expectations (e.g. "At home there is a parent that wants me to work as hard as I can".), and opportunities for meaningful participation at home (e.g. "At home I participate in decision making with my family"). The separate aspects at T1 yielded an internal consistency of 0.851, 0.813 and 0.775, respectively.

Satisfaction with the relationship with parents was measured using a single question „How satisfied are you usually with your relationship with your mother/father? “for mother and father separately. The possible answers ranged from 1 very dissatisfied to 5 very satisfied. This single item question has been found to be highly correlated with more complex multi-item measures of relationship satisfaction (Jaccard et al. 2000) showing good construct validity.

Analyses

All the data in the present study were analysed using the statistical software package IBM SPSS Statistics, version 21. The respondents who did not participate in T2 and those who had more than 50% missing data at T1 and T2 (27 respondents) were removed from the research sample. All other missing data were replaced using a series of means. The data were analysed in three stages. Firstly, the respondents who participated in the follow up were compared with those who did not in order to conduct a missing data analysis. Secondly, a two-step cluster analysis was performed in order to identify the subgroups of respondents based on the levels of their parents' behavioural control and knowledge. The clusters were subsequently compared with regard to gender and several aspects of the parent-adolescent relationship.

Thirdly, the assumption that cluster membership can be associated with self-esteem and self-efficacy one year later (T2) was verified using General Linear Models. Each model was adjusted for gender and the level of target variable at T1.

In order to identify the clusters, a two-step cluster analyses in SPSS was used. The method consists of pre-clustering cases in order to reduce the size of the matrix that contains distances between all possible pairs of cases (Norusis 2008). In the second step, it uses the standard hierarchical clustering methods. Following the methodology suggested by Norusis (2008), the results were validated in three steps. Firstly, the model fit was evaluated by the silhouette coefficient which measures the cohesion and separation of clusters, i.e. validity of the within- and between-cluster distances. Secondly, ANOVA was applied to confirm that the clusters vary

significantly across the clustering variables. Thirdly, the dataset was randomly split in half and the same statistical procedure was run. The obtained results were in concordance with the result for the whole sample.

Results

Missing Data Analyses

The basic comparisons of the adolescents who participated in the one-year follow-up and those who did not for all measures used in the study at T1 were done using t-test and chi square statistics. Only one significant difference was found. Non-respondents were more likely to be boys ($\chi^2 = 12.05$; $p \leq .001$). No significant differences in parental knowledge ($t = 1.57$; $p = 0.118$), parental behavioural control ($t = -1.17$; $p = 0.243$), self-efficacy ($t = 0.60$; $p = 0.547$), positive self-esteem ($t = 0.258$; $p = 0.796$), negative self-esteem ($t = 0.248$; $p = 0.804$), caring relationships ($t = 1.59$; $p = 0.112$), high expectations ($t = 1.162$; $p = 0.246$), meaningful participation ($t = 1.226$; $p = 0.221$), satisfaction with father ($t = 1.585$; $p = 0.113$) or satisfaction with mother ($t = 1.173$; $p = 0.241$) were found between the respondents and the non-respondents.

Descriptive

The descriptive characteristics of the measured variables can be found in Tables 1 and 2.

Cluster Analyses

In the present study, two step cluster analyses were used to identify subgroups of the respondents based on the

Table 1 Descriptive statistics for studied variables

| | min | max | mean | SD |
|-----------------------------|-----|-----|-------|------|
| T1 positive self-esteem | 8 | 40 | 27.19 | 5.29 |
| T2 positive self-esteem | 8 | 40 | 26.66 | 5.86 |
| T1 negative self-esteem | 8 | 40 | 22.85 | 4.86 |
| T2 negative self-esteem | 8 | 40 | 22.08 | 5.18 |
| T1 self-efficacy | 10 | 40 | 28.13 | 5.86 |
| T2 self-efficacy | 10 | 40 | 27.85 | 6.1 |
| T1 knowledge | 2 | 10 | 7.94 | 2.52 |
| T1 behavioural control | 2 | 10 | 5.83 | 2.11 |
| T1 caring relationships | 3 | 12 | 10 | 2.22 |
| T1 high expectations | 3 | 12 | 9.8 | 2.2 |
| T1 meaningful participation | 3 | 12 | 9.75 | 2.04 |
| T1 satisfaction with father | 1 | 5 | 4.58 | 0.83 |
| T1 satisfaction with mother | 1 | 5 | 4.42 | 0.98 |

The higher score, the higher level of the variable

level of parental behavioural control and parental knowledge. A Log-likelihood distance measure using both the Bayesian Information Criterion (BIC) and Akaike's Information Criterion (AIC) was used to determine cluster membership. The number of clusters was set to a maximum of 10 clusters. Both indices identified a three-cluster solution with 12 outlier cases (1.4% of the sample) as best fitting the data. The average silhouette measure of cohesion and separation $S(i) = 0.50$ indicated good cluster quality, i.e. good cohesion and separation between the data points based on these clusters (Rousseeuw 1987). Both clustering variables were very good predictors of cluster membership (predictor importance 1.00 for parental knowledge and 0.95 for parental behavioural control). Besides fitting the data the best, the three-cluster solution had clear conceptual clarity and was therefore considered as appropriate for the data. The clusters were appropriately balanced in size (Henry et al. 2005).

In the next step, ANOVA was used to compare the clusters on clustering variables to identify the distinct features of each group. Table 1 presents the means and standard deviations of the clustering variables for each cluster and the overall sample. The results of ANOVA showed statistically significant differences in both parental behavioural control ($F = 553.1$) and parental knowledge ($F = 661.8$) between the three clusters (significance level $p \leq 0.001$), with subsequent confirmation of Sheffe and LSD post hoc tests.

Separate clusters were labelled according to the levels of parental behavioural control and knowledge as follows: "controlling parents" (high levels of both control and knowledge, 31.5% of the sample), "not controlling parents" (below average level of control but above average level of knowledge, 54.3%), and "uninvolved parents" (low levels of both control and knowledge, 12.8%).

A chi-square analysis was conducted to identify cluster differences regarding gender. Significantly fewer boys were clustered in the controlling parents' subgroup (50.8% of boys versus 58.3% of girls) and significantly more boys in the uninvolved parents' subgroup (16.5% of boys versus 10.3% of girls) ($\chi^2 = 8.17$, $p \leq 0.05$).

As the next step, we examined the associations among the cluster membership and several aspects of the parent-adolescent characteristics. Tables 3 and 4 shows the results of the cluster comparisons using ANOVA and Scheffe post hoc tests (and Kruskal Wallis test for ordinal variables). Adolescents with controlling parents and those with not controlling parents had significantly higher levels of caring relationships, high expectations, meaningful participation and greater satisfaction with father and mother than those with uninvolved parents. No significant differences in these variables between those with controlling and not controlling parents were found (Table 4).

Table 2 Correlations between variables in T1 (Pearson correlation coefficient)

| | 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. |
|------------------------------|---------|--------|---------|---------|---------|---------|---------|---------|---------|
| 1. Positive self-esteem | 1 | | | | | | | | |
| 2. Negative self-esteem | 0.30*** | 1 | | | | | | | |
| 3. Self-efficacy | 0.40*** | 0.05 | 1 | | | | | | |
| 4. Knowledge | 0.15*** | -0.02 | 0.17*** | 1 | | | | | |
| 5. Behavioural control | 0.07* | 0.05 | 0.09** | 0.26*** | 1 | | | | |
| 6. Caring relationships | 0.27*** | 0.06 | 0.27*** | 0.14*** | 0.05 | 1 | | | |
| 7. High expectations | 0.23*** | 0.05 | 0.26*** | 0.17*** | 0.13*** | 0.81*** | 1 | | |
| 8. Meaningful participation | 0.29*** | 0.05 | 0.34*** | 0.13*** | 0.05 | 0.77*** | 0.66*** | 1 | |
| 9. Satisfaction with father | 0.08* | -0.08* | 0.12*** | 0.14*** | 0.10** | 0.10** | 0.07 | 0.13*** | 1 |
| 10. Satisfaction with mother | 0.09** | 0.01 | 0.16*** | 0.17*** | 0.09** | 0.10** | 0.08* | 0.15*** | 0.57*** |

* $p \leq 0.05$, ** $p \leq 0.01$, *** $p \leq 0.001$

Clusters as Predictors of Self-Esteem and Self-Efficacy

General linear models (GLM) were performed to verify the assumption that cluster membership is associated with self-esteem and self-efficacy one year later. Self-esteem and self-efficacy at T2 were studied as dependent variables and gender, target variable at T1 and cluster membership as independent variables (Table 5). The findings from previous studies have suggested that low levels of parental knowledge and control are risky for adolescents' development so the "uninvolved parents" group was chosen as the reference group for all analyses. In model 2, the interaction effect between cluster membership and gender was added in order to study the moderating role of gender on the relationship. The results of the GLM showed that even after controlling for the level of self-esteem and self-efficacy at the baseline (T1), cluster membership was associated with positive self-esteem and self-efficacy, but not negative self-esteem, one year later (T2). Adolescents in the "not controlling parents" group had higher levels of positive self-esteem ($t = 3.19$; $p \leq 0.001$) and self-efficacy ($t = 3.14$; $p \leq 0.01$) at T2 compared to those in the "uninvolved" group. Similarly, those in the "controlling" group had higher levels of positive self-esteem ($t = 4.27$; $p \leq 0.000$), and self-efficacy ($t = 4.53$; $p \leq 0.001$) at T2 compared to those in the "uninvolved" group. The interaction of cluster membership and gender was not significant in any of studied dependent variables.

Discussion

This study has focused on perceived parental behavioural control and parental knowledge among early adolescents and their associations with adolescents' self-esteem and self-efficacy.

By using cluster analyses, three groups of early adolescents based on the level of perceived parental control and knowledge were identified. These groups manifested the following distinct characteristics: adolescents with high levels of both parental behavioural control and knowledge; those with below average level of control and above average level of knowledge and those with low levels of both control and knowledge. In order to assign labels to these groups, we considered the perceived level of behavioural control as the key factor. Therefore, the group of adolescents who perceived their parents as exerting behavioural control as well as having good knowledge about their leisure time activities were labelled as "controlling parents". The group where the perceived behavioural control was lower than the average, but respondents still referred to their parents as having good levels of knowledge was labelled as "not controlling parents". The last group of respondents who reported both low levels of control and knowledge was labelled as having "uninvolved parents". Parental knowledge has been found to be associated with perceived parental warmth, acceptance and support (Garthe et al. 2015; Yun et al. 2016). Thus, parents who do not control their adolescent children and at the same time have low levels of

Table 3 Clusters descriptive

| | Overall mean | | Controlling parents | | Not controlling parents | | Uninvolved parents | |
|-----------------------|--------------|------|---------------------|------|-------------------------|------|--------------------|------|
| | Mean | SD | Mean | SD | Mean | SD | Mean | SD |
| Parental beh. Control | 5.84 | 2.11 | 8.23 | 1.04 | 4.86 | 1.25 | 3.81 | 1.53 |
| Parental knowledge | 7.94 | 2.52 | 9.09 | 1.29 | 8.63 | 1.49 | 2.85 | 1.14 |
| Cluster size N/%* | | | 266/31.5% | | 459/54.3% | | 108/12.8% | |

*Sum percentage is not 100% due to 12 outlier cases

Table 4 Comparisons of clusters with regard to several aspects of parent-adolescent relationship

| | | Controlling parents | Not controlling parents | Uninvolved parents | | |
|--------------------------|-------|---------------------|-------------------------|--------------------|------------|------------------|
| | Range | Mean (SD) | Mean (SD) | Mean (SD) | F | Scheffé post hoc |
| Caring relationships | 3–12 | 10.2(2.23) | 10.02 (2.11) | 9.31(2.59) | 6.41** | 1 > 3; 2 > 3 |
| High expectations | 3–12 | 10.19 (2.15) | 9.8 (2.05) | 8.83 (2.66) | 14.77*** | 1 > 3; 2 > 3 |
| Meaningful participation | 3–12 | 9.87 (2.03) | 9.77 (1.97) | 9.22 (2.27) | 4.06* | 1 > 3; 2 > 3 |
| | Range | Mean rank | Mean rank | Mean rank | Chi-square | |
| Satisfaction with father | 1–5 | 453.46 | 409.45 | 359.28 | 18.41*** | |
| Satisfaction with mother | 1–5 | 451.03 | 414.39 | 344.27 | 19.58*** | |

* $p \leq 0.05$, ** $p \leq 0.01$, *** $p \leq 0.001$

knowledge about their leisure time activities may not be sufficiently involved in their lives. This also seems to be in line with our other result which showed that being in the uninvolved parent group was associated with a lower quality parent-adolescent relationship. This included adolescents' satisfaction with their relationship with their mother and father, perceptions of caring relationships with their parents, high expectations that parents have on their performance and finally the feelings of meaningful participation in family issues. In line with these results, Stattin et al. (2011) have found that the level of parental knowledge was highest in families characterized by both parental and adolescent openness and fair parental treatment. Further, there were no differences in parent-adolescent relationship variables regarding groups with controlling and non-controlling parents in our study. It seems to be that the level of behavioural control is not the factor that is associated with the quality of parent-adolescent relationship when parental knowledge is taken into account, particularly in this age group. These partial results altogether suggest that the measure of parental knowledge represents the overall emotional climate in the parent-adolescent relationship.

However, the clusters which were identified in our data were not fully in line with our expectations. The analyses

did not reveal a separate cluster which would represent those who perceive their parental behavioural control as high but knowledge as low (a result of overcontrol). This fact could be attributed to the age group in which the study was conducted. Early adolescents may perceive their parents' authority as still legitimate or presumably more so than older adolescents (Darling et al. 2008; Smetana 2000) and therefore may not keep secrets from their parents in the case they are controlled.

In the present study, significantly more boys than girls were grouped in the „uninvolved parents“ cluster. This result is in accordance with previous findings which have suggested that boys tend to be less controlled by their parents and that parents tend to have less knowledge about boys' activities (Laird et al. 2003; Stattin and Kerr 2000; Webb et al. 2002). Parents may be more likely to view their adolescent girls as being at greater risk than boys and therefore may pay more attention to their leisure time activities and exert more behavioural control over them. However, adolescents in the “uninvolved parents” cluster also had the lowest scores in other aspects of the parent-adolescent relationship in our study. Therefore, it seems to be important for parents to focus more on adolescent boys' leisure time activities which may not only help in avoiding risk behaviour (Borawski et al. 2003) but might also improve the parent-adolescent relationship in general.

Table 5 Associations between cluster membership and self-esteem and self-efficacy one year later

| Dependent variable at T2 | Positive self-esteem | | | Negative self-esteem | | | Self-efficacy | | | | | |
|-----------------------------|----------------------|------|---------|----------------------|----------|---------|---------------|----------|----------|---------|---|----------|
| | Model 1 | | Model 2 | Model 1 | | Model 2 | Model 1 | | model 2 | | | |
| | F | B | t | F | F | B | t | F | F | B | t | F |
| Gender | 1.28 | | | 0.001 | 0.99 | | | 2.29 | 1.05 | | | 0.001 |
| Target variable at T1 | 20.79*** | | | 20.64*** | 21.83*** | | | 21.67*** | 31.05*** | | | 31.41*** |
| Cluster membership T1 | 9.13*** | | | 9.49*** | 0.4 | | | 0.47 | 10.38*** | | | 10.92*** |
| Uninvolved parents | | ref | | | ref | | | | ref | | | |
| Not-controlling parents | | 1.96 | 3.19*** | | -0.40 | -0.72 | | | 2.01 | 3.14** | | |
| Controlling parents | | 2.80 | 4.27*** | | -0.53 | -0.90 | | | 3.09 | 4.53*** | | |
| Gender x cluster membership | | | | 2.10 | | | | 1.22 | | | | 1.48 |

** $p \leq 0.01$, *** $p \leq 0.001$

A further aim of this study was to explore whether specific cluster membership can predict adolescents' self-esteem and self-efficacy one year later. Based on our results, perceiving parents as using a low level of behavioural control and having low knowledge about their activities (the uninvolved parents group) seems to be risky for adolescents' positive self-esteem and self-efficacy but interestingly not for negative self-esteem. While parental control in previous studies has not been associated with the positive development of the self or associated negatively with it (e.g. Kakihara et al. 2010), our study has shown that when introduced together with parental knowledge it might even be beneficial for the development of the self, represented by positive self-esteem and self-efficacy. Kakihara et al. (2010) found negative associations of parental behavioural control with adolescent self-esteem. Although there is evidence that high levels of behavioural control are interpreted by adolescents as intrusive to their autonomy (Galambos et al. 2003; Kakihara and Tilton-Weaver 2009) and may decrease adolescents' self-esteem (Kakihara et al. 2010), it seems plausible that when high parental behavioural control occurs together with good levels of knowledge, it may be protective for adolescents' development. In line with the concept of self-determination theory (Ryan and Deci 2000), parental control and knowledge may form a structure that supports the development of good self-esteem as well as self-efficacy. Similarly, Pomerantz and Eaton (2000) have suggested that parental behavioural control may be perceived by adolescents as an indication of parents being involved in their lives and therefore promotes their psychological development. Moreover, the beneficial role of perceived parental behavioural control with high levels of parental knowledge found in this study may also be associated with early developmental stages in adolescence. According to the Stage-environment fit theory (Eccles et al. 1993), some of the negative changes in adolescence are the result of a mismatch between adolescents' needs and the opportunities that the environment offers to them. In this sense, it is possible that the level of control that parents assert in early adolescence is still perceived as appropriate and therefore associated with positive aspects of the self. The research on the developments in adolescence has shown abundantly that a decrease in the perception of parents as a legitimate authority throughout adolescence is typical (Cumsille et al. 2006). Thus, in an older group of respondents and especially in middle or late adolescence, different results could be obtained.

While some researchers do not support the existence of two-dimensional self-esteem (positive and negative) and refer to artificial factors due to positive and negative wording (Marsh 1996), others see a meaningful distinction between positive and negative self-esteem due to its different associations with outcomes (Ang et al. 2006). The results of our research seem to support the latter idea. Perceiving parents as having high levels of knowledge and above or under

average levels of behavioural control was found to be associated with higher levels of positive self-esteem but not with negative self-esteem.

The limitations of the present study have to be acknowledged. Parental behavioural control has been operationalized as rule setting and measured using only a two-item measure which might have certain implications on the validity of this scale. However, it has been used in previous research (unpublished data) and in a different sample of adolescents ($n = 145$; mean age 13.98; SD 0.74) this measure was correlated with the parental behavioural control scale as proposed by Stattin and Kerr (2000) where the measures were highly correlated (Pearson correlation coefficient $r = 0.719$). Therefore, we consider the questions used in our study as relatively good indicators of parental behavioural control. Nevertheless, rule setting is only one aspect of behavioural control and this should be taken into account when interpreting the results.

Another limitation of this study includes the relatively short period of time during which the data was collected. We have addressed the changes only within one year. It would be interesting to study the predictive power of cluster membership through more adolescent years.

Conclusions

The findings of this study contribute to a better understanding of the role of perceived parenting by using the person-oriented approach. In particular, the importance of a clear distinction between parental knowledge and parental control is stressed. It further shows that parental behavioural control can play an important positive role in the development of the self (self-esteem and self-efficacy) of early adolescents when accompanied by perceived parental knowledge.

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Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

Ethical Approval The study obtained local university ethic committee approval. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed Consent Informed consent was obtained from parent of all individual participants included in the study.

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Studies 9 and 10

Bačíková, M. (2019). Psychológia rodičovskej kontroly v dospievaní. (The psychology of parental control in adolescence). Šafárik Press, Košice.

One of an important factors of socialization in family is parental control. Parental control is parenting behaviour toward a child that aims to shape adolescent behaviour in desired way – to promote desired behaviour and to avoid undesirable behaviour. The way how parents assert the control is crucial in terms of adolescent willingness to behave in line with parental expectations. Recent 20 year of research showed that parental control is a broad construct that needs to be clearly defined and positive forms of parental control need to be distinguished from its negative forms.

The study of parental control in adolescence is the topic of authors' research monograph. Within this habilitation thesis two studies from the monograph are included. The first study is oriented on basic associations of parental control with many other variables. The second study uses a person-oriented approach to study the role of parental control in parenting styles.

Study 9

A study called „**Parental control in the context of family processes, rules, risk behaviour and self-esteem of adolescents**“ is oriented on three forms of parental control. One of them is considered as positive form – behavioural control (operationalized as parental monitoring). The other two are considered as negative forms of parental control - psychological control and punishment. In the study, both adolescents and parental perceptions of parental control are included.

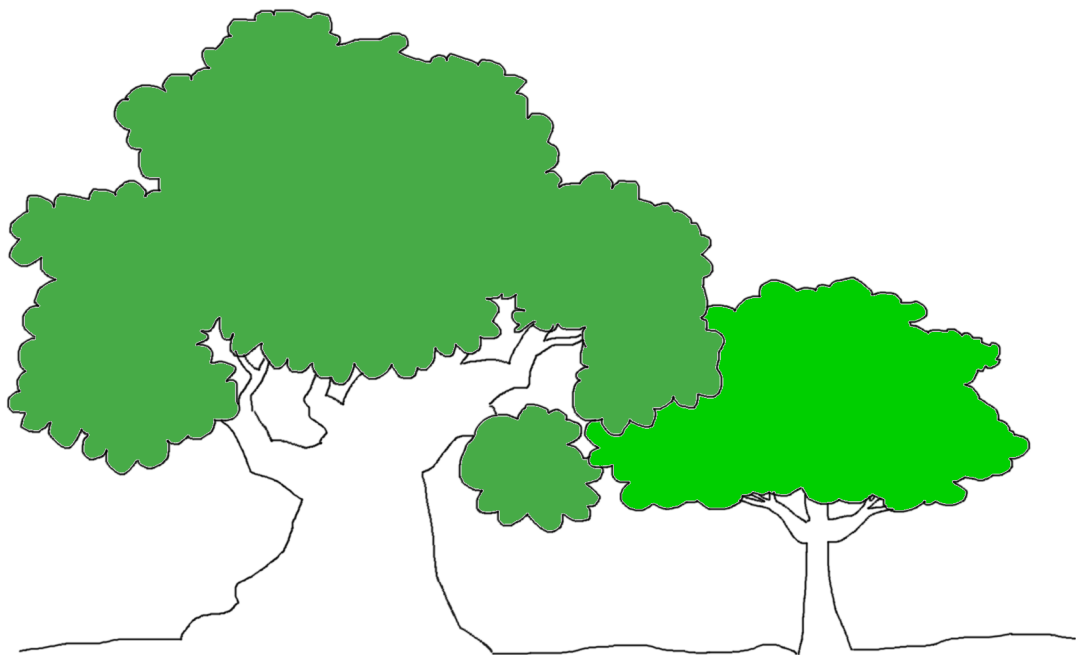
The main aim of the study was to study parental control in Slovak context; to study gender differences in parental control and the relationship between control and other variables. Several family processes (representing both positive and negative processes), the clarity of perceived rules, the quality of internalization of rules, oppositional defiance, adolescent self-esteem (as psychological aspect of development) and adolescent risk behaviour (as behavioural aspect) were included in the study. The analyses were conducted among 580 early adolescents (12.5 years, 51% boys) with respect to gender of both parents and adolescents. Overall, the results show positive role of behavioural control in all studied aspect and negative role of psychological control and punishment. Behavioural control increases the probability of perceiving rules as clear, the quality of internalization and decreases oppositional defiance, while psychological control is associated inversely. With regard to psychological and behavioural outcomes, behavioural control is associated with increased self-esteem and decreased probability of risk behaviour. Psychological control and punishment is associated only with decreased self-esteem, but no association with risk behaviour has been found.

The results are in overall in line with previous studies, however the role of behavioural control seems to differ in our study. Behavioural control consistently seems to be a positive factor in adolescent development in our studies what contradicts several previous results from other countries. The possibility of cultural specifics of Slovakia are discussed.

Author's contribution: 100%

Mária Bačíková

Psychológia rodičovskej kontroly v dospievaní



UNIVERZITA PAVLA JOZEFA ŠAFÁRIKA V KOŠICIACH

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Psychológia rodičovskej kontroly v dospievaní

Mária Bačíková

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Psychológia rodičovskej kontroly v dospievaní

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8. Rodičovská kontrola u slovenských dospievajúcich

V teoretickej časti monografie sme vymedzili základné pojmy súvisiace s problematikou rodičovskej kontroly. Predstavili sme jej rôzne formy a okolnosti, za ktorých má uplatňovanie kontroly pozitívne behaviorálne a psychologické dôsledky. V empirickej časti monografie sa pokúsime podať ucelenejší obraz o rodičovskej kontrole a jej rôznych formách ako ich percipujú slovenskí dospievajúci a ich rodičia. Zameriame sa pri tom na tri formy rodičovskej kontroly: na monitoring - ako formu kontroly, ktorá je považovaná za pozitívnu v zmysle jej dôsledkov pre dospievajúceho a na psychologickú kontrolu a trestanie, ktorých dôsledky sú zvyčajne negatívneho charakteru. Problematiku rodičovskej kontroly uchopíme v rôznych kontextoch, pričom použijeme údaje získané od dospievajúcich vo veku skorej adolescencie a ich matiek a/alebo otcov. V neposlednom rade sa v analýzach zameriame na efekt rodičovskej kontroly vo vzťahu k rizikovému správaniu (ako jednému z významných ukazovateľov behaviorálnych dôsledkov kontroly) a úrovni sebaúcty dospievajúcich (psychologický dôsledok).

Teoretické poznatky, uvedené v predchádzajúcich častiach monografie, vychádzajú zo štúdií zameraných na rôzne fázy dospievania zahrňujúce obdobie od nástupu puberty (približne v 12 roku života) až po koniec adolescencie (zvyčajne medzi 18-20 rokom života). V nasledujúcej empirickej časti sa však zameriame len na obdobie skorej adolescencie a problematiku rodičovskej kontroly budeme analyzovať na vekovo homogénnej vzorke dospievajúcich (priemerný vek 12,5). Obdobie skorej adolescencie je z hľadiska skúmania rodičovskej kontroly kľúčovým, pretože práve v tomto období dochádza k významnému nesúladu medzi potrebou autonómie dospievajúceho a prevzatia zodpovednosti za svoje konanie a tendenciou rodiča pokračovať v riadení, kontrolovaní a monitorovaní dieťaťa (Eccles et al., 1993). Tento nesúlad môže viesť k zvýšenej konfliktovosti vo vzťahu dospieva-

júci-rodič a následným negatívnym behaviorálnym či psychologickým dôsledkom. Pochopenie procesu fungovania rodičovskej kontroly v tomto období môže napomôcť jej efektívnemu využívaniu s cieľom predísť nežiaducim dôsledkom nevhodne vyžívanej kontroly.

Analýzy budú prezentované v troch samostatných štúdiách. (1) V prvej štúdii sa zameriame na jednotlivé formy kontroly v kontexte ďalších rodinných procesov, percipovania a internalizácie pravidiel a overíme vzťah všetkých troch foriem kontroly k rizikovému správaniu a sebaúcte dospievajúcich. (2) V druhej štúdii využijeme na osobu orientovaný prístup, ktorý umožní na základe prirodzene sa vyskytujúcich kombinácií použitých foriem rodičovskej kontroly a úrovne emocionálneho vzťahu adolescent-rodič identifikovať rôzne výchovné štýly matiek a otcov. (3) V tretej štúdii sa zameriame na údaje získané od dospievajúcich, ich matiek a otcov, a budeme analyzovať diskrepencie v percipovaní kontroly a ich súvis s ďalšími premennými.

8.1 Štúdia 1. Rodičovská kontrola v kontexte rodinných procesov, pravidiel, rizikového správania a sebaúcty dospievajúcich

8.1.1 *Teoretické východiská*

Cieľom výchovného pôsobenia rodiča na dospievajúceho je podporiť jeho optimálny vývin v súlade so spoločenskými normami a pravidlami i individuálnymi hodnotami rodičov, ktorého konečným cieľom by malo byť dosiahnutie vlastnej sebaregulácie správania mladého človeka. Jedným z najvýznamnejších prostriedkov socializácie, ktorý majú rodičia k dispozícii, je kontrola. Výskum naznačuje pozitívny súvis adekvátne uplatňovanej kontroly s mnohými oblasťami socializácie (Bacikova-Sleskova, 2009; Carroll et al., 2016; Fosco et al., 2012). Aby bolo možné hovoriť o adekvátne uplatňovanej kontrole, je nevyhnutné rozlišovať medzi jej dvoma základnými formami - behaviorálnou a psychologickou kontrolou a dôsledne ich operationalizovať. Behaviorálna kontrola je charakterizovaná aktívnym

správaním rodiča v podobe supervízie, stanovovania pravidiel a obmedzení, či sledovania správania dieťaťa vo voľnom čase (Barber, Olsen, Shagle, 1994; Criss et al., 2015). Psychologická kontrola naopak zahŕňa konanie rodiča prejavujúce sa znevažovaním dieťaťa, manipuláciou, či vyvolávaním pocitov viny (Barber et al., 2012).

Obdobie dospievania je spájané so zvýšenou tendenciou k rizikóvemu správaniu, najmä v podobe experimentovania s fajčením a alkoholom, preto je rodičovská kontrola často upriamená týmto smerom. Primeraná behaviorálna kontrola (v podobe stanovovania pravidiel a monitoringu) sa javí byť protektívnou v zmysle prevencie rizikóveho správania dospievajúcich (Abar et al., 2014). Naopak nadmerná, nevhodná behaviorálna kontrola, či psychologická kontrola efektívne nie sú, prípadne pravdepodobnosť rizikóveho správania ešte zvyšujú (Donovan, Brassard, 2011). Cieľom rodičovskej kontroly však nie je len dosiahnuť žiaduce správanie, prípadne zabrániť nežiaducemu správaniu, ale zároveň podporiť optimálny psychický vývin dospievajúcich. Jednou z psychologických charakteristík, ktoré sa v kontexte výskumu rodičovskej kontroly javia ako kľúčové, je sebaúcta dospievajúceho. Sebaúcta je definovaná ako „pozitívny alebo negatívny postoj jednotlivca k sebe ako celku“ (Rosenberg et al., 1995, p. 141) a je považovaná za významný komponent duševného zdravia. Vyššia sebaúcta súvisí s mnohými pozitívnymi aspektami vývinu v podobe spokojnosti so životom, duševným zdravím, pozitívnymi medziľudskými vzťahmi, či školskou a pracovnou úspešnosťou. Adolescencia je považovaná za kritické obdobie formovania sebaúcty (Rosenberg et al., 1995), pričom sa zdá, že na jej začiatku dochádza k poklesu celkovej úrovne sebaúcty spôsobenému pravdepodobne pubertálnymi zmenami a emocionálnou nerovnováhou, ktorá ich sprevádza (Robins et al., 2002). Vývin sebaúcty v dospievaní závisí od mnohých individuálnych a sociálnych faktorov. Jedným z najvýznamnejších sociálnych faktorov je rodičovská výchova. Vo všeobecnosti, výchova charakterizovaná vrelosťou, emocionálnym putom a prejavovaným záujmom rodičov významne prispieva k optimálnemu vývinu dospievajúceho a vyššej sebaúcte (Chen, Gully, Eden, 2004; Mann et al., 2004; Milevsky et al.,

2007). Výskumy zamerané špecificky na rodičovskú kontrolu ukazujú rozporuplné výsledky. Informovanosť rodičov o voľnočasových aktivitách dieťaťa bola vo viacerých štúdiách asociovaná s vyššou sebaúctou dospievajúcich (napr. Bean et al., 2003; Parker, Benson, 2004). Naopak, behaviorálna kontrola so sebaúctou dospievajúcich v predchádzajúcich štúdiách buď nesúvisela, alebo, ak bola jej intenzita nadmerná, súvisela negatívne (Kerr, Stattin, 2000; Kakiyama et al., 2010). Štúdia realizovaná na vzorke dospievajúcich na Slovensku poukázala na možnosť, že rodičovská kontrola, pokiaľ sa objavuje spolu s dostatočnou informovanosťou rodičov, je významným prediktorom vyššej sebaúcty o rok neskôr (Bacikova-Sleskova, Benka, Orosova, v tlači). Psychologická kontrola býva zvyčajne konzistentne asociovaná s nižšou sebaúctou dospievajúcich (Bean et al., 2003; Boudreaault-Bouchard et al., 2013). Pomerne nekonzistentné výsledky súvisiace s behaviorálnou kontrolou a sebaúctou si vyžadujú ďalšie skúmanie.

Jedným z dôležitých faktorov, ktoré súvisia s tým, či sa dospievajúci budú správať v súlade s očakávaniami rodiča je jasnosť pravidiel, ktoré rodičia stanovujú a jasnosť a primeranosť dôsledkov v prípade ich neuposlušnosti. Deti majú tendenciu pravidlá rodiča hodnotiť, interpretovať a zároveň sa rozhodujú, či sa budú správať v súlade s nimi (Parkin, Kuczynski, 2012). Pokiaľ sú pravidlá stanovené jasne, ich rešpektovanie bude pravdepodobne častejšie. Nie je nám však známy výskum, ktorý by identifikoval, ako jednotlivé formy kontroly súvisia s percepciou stanovených pravidiel ako jasných.

Ďalším z významných faktorov dodržiavania pravidiel aj bez priamej kontroly rodičov je kvalita ich internalizácie (Soenens, Vansteenkiste, Sierens, 2009; Van Petegem et al., 2017a), teda miera do akej dospievajúci pravidlu rozumie a plne uznáva jeho dôležitosť. V kontexte Teórie seba-determinácie (Ryan, Deci, 2000) je za najvyššiu kvalitu internalizácie považované identifikovanie sa s pravidlom. Identifikovanie sa s pravidlom nie je nevyhnutne sprevádzané správaním sa v súlade s týmto pravidlom, avšak významne zvyšuje pravdepodobnosť takéhoto správania. V predkladanej monografii budeme

sledovať, ako jednotlivé formy rodičovskej kontroly na začiatku dospievania prispievajú ku kvalite zvnútorňovania pravidiel.

Predchádzajúce štúdie naznačujú existenciu rodových rozdielov v uplatňovaní rodičovskej kontroly, ako i rozdielny efekt kontroly matky a otca na rôzne aspekty vývinu. Pomerne konzistentné sú zistenia týkajúce sa rodu rodičov. Matky vo všeobecnosti využívajú rôzne formy kontroly častejšie ako otcovia (Dwairi, Achouri, 2009; Shek, 2008; Barber, Harmon, 2002). Zdá sa, že primeraná kontrola zo strany matky je efektívnejšia ako kontrola otca, naopak, neprimeraná kontrola otca má väčší negatívny dôsledok pre dospievajúceho ako neprimeraná kontrola matky (Keijsers et al., 2010; Soenens et al., 2006; Verhoeven et al., 2012). V súvislosti s rodom dospievajúcich sú výsledky menej konzistentné, naznačujúce, že dievčatá percipujú kontrolu rodičov ako intenzívnejšiu v porovnaní s chlapcami (McKinney, Brown, Malkin, 2018; Willoughby, Hamza, 2011).

Cieľom prvej prezentovanej štúdie je popísať rôzne formy rodičovskej kontroly v súvislosti s rodom a v kontexte rôznych premenných. Štúdia má niekoľko čiastkových cieľov: (1) skúmať rozdiely v percipovaní rodičovskej kontroly vzhľadom na rod adolescenta a rodiča; (2) analyzovať, ako jednotlivé formy kontroly súvisia s vnímaním jasnosti stanovených pravidiel, mierou internalizácie pravidiel a uposlúchnutím pravidiel; (3) analyzovať, ako jednotlivé formy kontroly súvisia s ďalšími rodinnými procesmi (konflikt, antagonizmus, vrelosť a spokojnosť so vzťahom); (4) analyzovať, ako jednotlivé formy kontroly súvisia s rizikovým správaním a sebaúctou dospievajúcich a nakoľko formy kontroly vo svojom efekte interagujú.

8.1.2 Výskumný súbor

Zber údajov bol realizovaný pomocou dotazníkov medzi žiakmi siedmich ročníkov základných škôl na Slovensku a ich rodičmi v septembri/októbri 2017. Do zberu bolo prostredníctvom stratifikovaného príležitostného výberu zaradených 12 škôl v rámci celého Slovenska. S cieľom dosiahnuť čo najreprezentatívnejší výskumný súbor bol kladený dôraz na zastúpenie škôl z rôznych krajov a z obcí rôznych

veľkostí. V každej škole sa výskumu zúčastnili žiaci všetkých tried siedmeho ročníka. Dotazníky žiaci vyplňali počas dvoch vyučovacích hodín za prítomnosti zaškoleného člena výskumného tímu, bez prítomnosti učiteľa. Každý žiak po vyplnení dotazníka dostal dve (prípadne jednu) obálky s dotazníkmi určenými pre oboch rodičov. Rodičia žiakov boli požiadaní o vyplnenie priložených papierových foriem dotazníka, v prípade ich preferencie im bola ponúknutá možnosť on-line dotazníka. Žiaci, žijúci s iným ako vlastným rodičom, boli inštruovaní, aby dotazník odovzdali tomu, s kým trávajú viac času. Dotazníky boli následne v zalepenej obálke doručené späť do školy učiteľovi zodpovednému za zber údajov. Vypĺňanie dotazníkov bolo anonymné. Dotazníky pre žiakov i rodičov obsahovali položky, ktoré umožnili vytvoriť identifikačný kód (napr. prvé písmeno tvojho mena/prvé písmeno mena Vášho dieťaťa; tvoj dátum narodenia/dátum narodenia Vášho dieťaťa), na základe ktorého boli následne odpovede detí a rodičov spárované.

Finálny výskumný súbor tvorilo 580 dospievajúcich (priemerný vek 12,51; SD = 0,59; 51,1% chlapcov; 75,3% žije s oboma vlastnými rodičmi), 217 matiek (priemerný vek 40,5; SD = 4,64) a 150 otcov (priemerný vek 42,71; SD = 5,33); pričom rodičovských párov jedného dieťaťa bolo 113.

Pre overenie reprezentatívnosti výskumného súboru rodičov sme porovnali údaje získane od dospievajúcich v súvislosti so základnými demografickými charakteristikami a sledovanými rodinnými procesmi medzi žiakmi, ktorých rodičia sa výskumu zúčastnili a tými, ktorí sa nezúčastnili. Deti matiek, ktoré sa výskumu zúčastnili sa signifikantne nelíšili od tých, ktorých matky sa výskumu nezúčastnili v žiadnej zo sledovaných premenných. Dospievajúci otcov, ktorí vyplnili dotazník, boli signifikantne častejšie dievčatá ($\chi^2 = 5,78$; $p \leq 0,05$), lepší žiaci (jednotkári a dvojkári) ($\chi^2 = 13,2$; $p \leq 0,01$), uvádzali vyššiu mieru spokojnosti so vzťahom s otcom ($t = 2,68$; $p \leq 0,001$) a náklonnosti ($t = 2,20$; $p \leq 0,05$). V úrovni rizikového správania, sebaúcty a ostatných rodinných procesov nebol zistený štatisticky významný rozdiel medzi dospievajúcimi, ktorých otcovia

sa zúčastnili a nezúčastnili výskumu. Podrobnejšie informácie o základných demografických charakteristikách rodičov uvádzame v tabuľke 5.

Tabuľka 5 Základné demografické údaje rodičov, ktorí sa zúčastnili výskumu

| | | matky | | otcovia | |
|-------------|--------------------|-------|------|---------|------|
| | | N | % | N | % |
| vzdelanie | základné | 6 | 2,8 | 4 | 2,7 |
| | stredoškolské | 139 | 64,0 | 111 | 75,0 |
| | vysokoškolské | 72 | 33,2 | 35 | 23,3 |
| počet detí | 1 | 37 | 17,2 | 28 | 19,0 |
| | 2 | 128 | 59,5 | 85 | 57,8 |
| | viac | 50 | 23,3 | 34 | 23,2 |
| zamestnanie | zamestnaný/á | 190 | 88,4 | 140 | 94,0 |
| | iné | 25 | 11,6 | 9 | 6,0 |
| partner/ka | otec/matka dieťaťa | 156 | 72,2 | 134 | 90,0 |
| | iný partner/ka | 32 | 14,8 | 6 | 4,0 |
| | bez partnera/ky | 28 | 13,0 | 9 | 6,0 |

8.1.3 Metodiky

V práci bolo použitých niekoľko zahraničných metodík (publikovaných v anglickom jazyku). Všetky metodiky boli podrobené procesu obojstranného prekladu. Prípadné významové nezrovnalosti dvoch anglických verzií boli posúdené dvoma odborníkmi v oblasti vývinovej psychológie a slovenská verzia metodík bola podľa nich významovo upravená.

Dotazníky týkajúce sa rodičovskej kontroly a ďalších rodinných procesov boli položené dospelujúcim aj ich rodičom. Použité dotazníky sú primárne určené deťom, položky pre rodičov boli mierne

upravené tak, aby sa týkali ich správania voči ich deťom. Rodičia boli inštruovaní, aby na položky odpovedali vzhľadom k dieťaťu, ktoré im dotazník donieslo (dieťa zúčastňujúce sa výskumu). Adolescenti odpovedali na všetky položky osobitne v súvislosti matkou a osobitne v súvislosti s otcom. Rodičia odpovedali na metodiky týkajúce sa rodičovskej kontroly a rodinných procesov. Ostatné metodiky vyplňali len dospievajúci.

Všetky použité metodiky sú skórované tak, aby vyššie skóre reflektovalo vyššiu úroveň danej premennej (napr. viac psychologickéj kontroly, viac tráveného času, viac sebaúcty, atď.). V štatistických analýzach pracujeme s priemerným skóre všetkých položiek pre jednotlivé premenné.

Rodičovská kontrola. V prezentovanej štúdií sme sa zamerali na tri formy rodičovskej kontroly: monitoring, psychologická kontrola a trestanie. Na všetky položky nasledujúcich metodík respondenti odpovedali pomocou 5 stupňovej škály Likertovho typu (1 vôbec nesúhlasím - 5 úplne súhlasím).

Monitoring. Monitoring bol sledovaný pomocou 8 položkovej škály Parental monitoring of Behavior Scale (Barber, 2002). Táto škála zahŕňa položky týkajúce sa monitorovania správania dospievajúceho prostredníctvom pýtania sa, dohliadania, stanovovania pravidiel (napr. „*Moja mama/môj otec mi pripomína pravidlá, ktoré mi stanovil/a.*“ „*Moja mama/môj otec sa snaží vedieť, kto sú moji priatelia a kde trávim voľný čas.*“) Dve z položiek boli reverzne prevrátené. Škála monitoringu vykazuje dostatočnú vnútornú konzistenciu: adolescentom vyplňaný dotazník týkajúci sa matky $\alpha = 0,67$; týkajúci sa otca $\alpha = 0,76$. Matkou vyplňaný dotazník $\alpha = 0,69$; otcom vyplňaný dotazník $\alpha = 0,70$.

Psychologická kontrola. Psychologická kontrola bola operacionalizovaná ako manipulácia myšlienkami a emóciami dieťaťa prostredníctvom vyvolávania pocitov viny, odopierania lásky, vytvárania anxiety a znevažovania pohľadu dospievajúceho. Využitá bola 8-položková škála Psychologickej kontroly (Psychological Control

Scale - Youth Self-Report, Barber, 1996) (napr. „*Moja mama/môj otec zmení tému vždy, keď chcem niečo povedať.*“ „*Ak mamu/otca urazím, prestane so mnou rozprávať, až kým ho/ju zase nejako nepotesím.*“) Vnútorňa konzistencia škály je nasledujúca: adolescentom vyplňaný dotazník - matka $\alpha = 0,75$; otec $\alpha = 0,76$; rodičmi vyplňaný dotazník - matka $\alpha = 0,69$; otec $\alpha = 0,65$.

Trestanie. V štúdiu sme použili trojpoložkovú subškálu Trestanie dotazníka The Network of Relationships Social Provision Version (Furman, Buhrmester, 1985). Trestanie je v tejto metodike chápané široko, ako používanie trestov vo všeobecnosti, karhanie a verbálna agresia v podobe nadávok. Cronbachovo alfa pre túto subškálu je nasledujúce: adolescent matka $\alpha = 0,78$; otec $\alpha = 0,81$; rodičia matka $\alpha = 0,59$, otec $\alpha = 0,63$.

Rodinné procesy. Rôzne rodinné procesy boli sledované pomocou dotazníka The Network of Relationships Social Provision Version (Furman, Buhrmester, 1985). Dotazník obsahuje 9 subškál. Pre potreby našej práce sme vybrali päť z nich: trávenie spoločného času, 2 subškály charakterizujúce negatívne rodinné procesy: konflikt, vzájomný antagonizmus a 2 subškály charakterizujúce pozitívne rodinné procesy: náklonnosť a spokojnosť so vzťahom. Jednotlivé subškály pozostávali z troch položiek. Respondenti odpovedali na položky na 5-bodovej škále Likertoveho typu ((1) vôbec alebo málo, (5) väčšinu/väčšinou). Príklady položiek pre jednotlivé subškály sú uvedené v tabuľke 6.

Vnútorňa konzistencia jednotlivých subškál je dobrá. Cronbachova alfa pre položky vyplňané adolescentom je: trávenie voľného času matka $\alpha = 0,70$, otec $\alpha = 0,74$; konflikt matka $\alpha = 0,72$, otec $\alpha = 0,73$; antagonizmus matka a otec $\alpha = 0,71$; náklonnosť matka $\alpha = 0,75$, otec $\alpha = 0,79$; spokojnosť so vzťahom matka $\alpha = 0,85$, otec $\alpha = 0,89$; pre položky vyplňané rodičmi je o niečo nižšia: trávenie voľného času matka $\alpha = 0,67$, otec $\alpha = 0,73$; konflikt matka $\alpha = 0,73$, otec $\alpha = 0,69$; antagonizmus matka $\alpha = 0,67$, otec $\alpha = 0,63$, náklonnosť obaja rodičia $\alpha = 0,76$; spokojnosť so vzťahom matka $\alpha = 0,72$, otec $\alpha = 0,74$.

Tabuľka 6 Príklady položiek subškál dotazníka *The Network of Relationships Social Provision Version* (Furman, Buhrmester, 1985)

| subškála | príklad položky |
|--------------------------|---|
| trávenie spoločného času | Ako často spolu s mamou/otcom navštevujete rôzne miesta, robíte zábavné veci? |
| konflikt | Ako veľmi sa s mamou/ s otcom hádate? |
| antagonizmus | Do akej miery vás s mamou/ s otcom otravuje správanie toho druhého? |
| náklonnosť | Ako veľmi tvojej mame/ tvojmu otcovi na tebe záleží? |
| spokojnosť so vzťahom | Ako si spokojný so svojim vzťahom s mamou/ s otcom? |

Pravidlá. Mieru percipovania pravidiel ako jasných sme zisťovali pomocou jednej položky. Respondenti vyplnili položku: „*Pravidlá v mojej rodine sú jasné.*“ S možnosťami odpovede (1) nikdy, (2) občas, (3) často, (4) stále. Keďže odpovede na otázku nespĺňali kritérium normálneho rozloženia, položka bola dichotomizovaná: pravidlá nie sú jasné (nikdy a občas) / pravidlá sú jasné (často a stále). Približne 73% respondentov percipovalo pravidlá v rodine ako jasné.

Na určenie stupňa **internalizácie rodičovských pravidiel** bol použitý dotazník *Internalization of Parental Rules in the Moral Domain* (Soenens, Vansteenkiste, Sierens, 2009). Tento dotazník sa týkal špecificky matkiných pravidiel. Respondenti dostali nasledujúcu inštrukciu: „*Niekedy tvoja mama určí pravidlá ohľadom toho, ako sa nemáš správať. Napríklad, mohla Ti už niekedy zakázať klamať, kraďnúť alebo porušiť sľub. Tieto pravidlá sú o správaní, ktoré väčšina ľudí vníma ako nesprávne. Ty môžeš mať však aj iné dôvody, prečo tieto pravidlá dodržiavaš. Prosím, uved' nakoľko súhlasíš s nasledujúcimi dôvodmi, prečo je dôležité dodržiavať pravidlá, ktoré zaviedla tvoja matka ohľadom zlého správania. Dodržiavam matkine pravidlá týkajúce sa toho, ako sa nemám správať, pretože:*“ Následne mali na škále od (1) vôbec nesúhlasím

po (5) úplne súhlasím ohodnotiť 18 rôznych odpovedí, ktoré reflektujú tri typy regulácie v súlade s teóriou seba-determinácie: *externá regulácia* (6 položiek), *introjektovaná regulácia* (6 položiek) a *identifikovaná regulácia* (6 položiek). Externá regulácia je charakterizovaná uposlúchnutím rodiča s cieľom vyhnúť sa nepríjemným dôsledkom („*Dodržiavam matkine pravidlá týkajúce sa toho, ako sa nemám správať, pretože sa bojím, že by som mohol/mohla stratiť vymoženosti, ktoré mám, ak by som ich nedodržiaval/a.*“); introjektovaná regulácia vyjadruje čiastočnú internalizáciu noriem, avšak uposlúchnutie rodičovských pravidiel je motivované potrebou vyhnúť sa pocitom viny a hanby („*Dodržiavam matkine pravidlá týkajúce sa toho, ako sa nemám správať, pretože inak by som mal zo seba zlý pocit.*“); identifikovaná regulácia je charakterizovaná úplným zvnútornením rodičovských noriem („*Dodržiavam matkine pravidlá týkajúce sa toho, ako sa nemám správať, pretože rozumiem, prečo sú tieto pravidlá dôležité.*“)

Pre jednotlivé typy regulácie bolo vyrátané priemerné skóre. Na základe odporúčaného postupu autorov metodiky bol následne vypočítaný *Relatívny index internalizácie*: 3x skóre identifikácie - skóre introjekcie - 2x skóre externej regulácie. S týmto relatívnym indexom internalizácie pracujeme v ďalších analýzach. Cronbachova alfa pre jednotlivé subškály je: identifikovaná $\alpha = 0,87$; introjektovaná $\alpha = 0,81$; externá regulácia $\alpha = 0,72$.

Reakciou na stanovené pravidlá môže byť namiesto internalizácie ich aktívne neuposlúchnutie, konanie opačné, ako pravidlá stanovujú. **Neuposlúchnutie pravidiel** bolo merané prostredníctvom štyroch položiek (Vansteenkiste et al., 2014) (napr. „*Robím presný opak toho, čo odo mňa mama očakáva*“, „*Je mi jedno, čo mi mama hovorí o zlom správaní. Robím si sám, čo chcem.*“) opäť s možnosťou odpovede (1) vôbec nesúhlasím, (5) úplne súhlasím. Následne bolo vyrátané priemerné skóre. Vnútoraná konzistencia škály je $\alpha = 0,85$.

Sebaúcta dospievajúcich bola meraná pomocou 10-položkovej škály sebaúcty Rosenberg self-esteem scale (Rosenberg, 1979). Polovica

položiek tejto škály je negatívne orientovaná. Respondenti odpovedajú na 4 bodovej škále Likertoveho typu (1-úplne súhlasím, 4-vôbec nesúhlasím). Skóre bolo následne prepólované tak, aby vyššie skóre indikovalo vyššiu sebaúctu. Túto metodiku vyplňali len dospievajúci. Vnútoraná konzistencia škály je $\alpha = 0,71$. Úroveň sebaúcty chlapcov a dievčat sa štatisticky významne líši. Chlapci uvádzali vyššiu mieru sebaúcty ($M = 2,80$; $SD = 0,38$) ako dievčatá ($M = 2,67$; $SD = 0,39$) avšak veľkosť efektu bola malá ($t = 4,29$; $p \leq ,001$; $d = 0,34$).

Rizikové správanie. Adolescenti odpovedali na tri otázky, týkajúce sa celoživotnej prevalencie fajčenia, užívania alkoholu a opitosti: „*Fajčil si už niekedy cigaretu, aj keď len jednu doteraz?*“ (1) nie nikdy, (2) už som to skúsil, (3) v minulosti som fajčil, ale úplne som prestal, (4) sem tam fajčím, ale nie denne, (5) teraz fajčím denne. „*Pil si už niekedy alkohol?*“ s možnosťami odpovede (1) nie nikdy, (2) už som to skúšal, (3) pil som ho viackrát, (4) pijem alkohol pravidelne aspoň raz za mesiac, (5) pijem alkohol pravidelne aspoň raz za týždeň. „*Koľkokrát sa Ti stalo, že si si pitím alkoholických nápojov navodil/a opitosť, napr. si sa potácal/a, nedokázal/a si poriadne rozprávať, uracal/a si, alebo si nepamätal/a na to, čo sa stalo včera?*“ (1) nikdy, (2) už sa mi to stalo, (3) stalo sa mi to viackrát, (4) stáva sa mi to pravidelne aspoň 1x za mesiac, (5) stáva sa mi to pravidelne aspoň 1x za týždeň. Výskyt jednotlivých druhov rizikového správania a rodové rozdiely uvádzame v tabuľke 7. Chi kvadrát test nepoukázal na rodové rozdiely v prevalencii rizikového správania.

Vzhľadom na relatívne nízku prevalenciu rizikového správania v tejto vekovej skupine (viď tabuľka 7) sme vytvorili **kumulatívny index rizikového správania**, pričom sme za rizikové správanie považovali ak adolescent aspoň raz skúsil fajčiť, pil viackrát alkohol a aspoň raz sa opil. 73,2% respondentov bolo zaradených do skupiny bez skúsenosti s rizikovým správaním; 18,8% respondentov malo jednu skúsenosť, 6,3% dve skúsenosti a 1,7% tri skúsenosti s rizikovým správaním. Následne bol tento index dichotomizovaný na žiadna skúsenosť/aspoň jedna skúsenosť.

Tabuľka 7 Prevalencia rizikového správania (fajčenie, pitie alkoholu, opitosť) u chlapcov a dievčat

| | chlapci N (%) | dievčatá N (%) |
|---|----------------------------|-------------------|
| skúsenosť s fajčením | | |
| nie, nikdy | 229 (77,1%) | 229 (80,6%) |
| už som to skúsil | 56 (18,9%) | 44 (15,5%) |
| v minulosti, ale úplne som prestal | 5 (1,7%) | 4 (1,5%) |
| sem tam fajčím, ale nie denne | 5 (1,7%) | 6 (2,1%) |
| teraz fajčím denne | 2 (0,7%) | 0 (0,0%) |
| | $\chi^2 = 3,31, p = 0,508$ | |
| skúsenosť s alkoholom | | |
| nie, nikdy | 119 (40,1%) | 132 (46,5%) |
| už som to skúsil | 134 (45,1%) | 125 (44,0%) |
| pil som alkohol viackrát | 40 (13,5%) | 26 (9,2%) |
| pijem alkohol pravidelne, aspoň raz za mesiac | 2 (0,7%) | 0 (0,0%) |
| pijem alkohol pravidelne, aspoň raz za týždeň | 1 (0,3%) | 0 (0,0%) |
| | $\chi^2 = 6,67, p = 0,155$ | |
| opitosť | | |
| nie, nikdy | 280 (94,3%) | 275 (96,8%) |
| už sa mi to stalo | 12 (4,0%) | 5 (1,8%) |
| stalo sa mi to viackrát | 1 (0,3%) | 2 (0,7%) |
| stáva sa mi to pravidelne, aspoň raz za mesiac | 1 (0,3%) | 0 (0,0%) |
| stáva sa mi to pravidelne, aspoň raz za týždeň | 1 (0,3%) | 0 (0,0%) |
| | $\chi^2 = 4,97, p = 0,290$ | |

8.1.4 Štatistické analýzy

Údaje boli analyzované prostredníctvom štatistického programu IBM SPSS 21. Využité boli metódy korelácie, t-testu, párového t-testu, logistickej a lineárnej regresie. Veľkosť efektu sledovaných rozdielov sme hodnotili prostredníctvom Cohenovho d . Štandardne používané hodnoty pre interpretovanie tohto koeficientu sú 0,2-0,5 malý efekt, 0,5-0,8 stredný efekt, viac ako 0,8 veľký efekt.

8.1.5 Výsledky

V tabuľke 8 uvádzame korelácie medzi premennými tak, ako ich percipovali adolescenti. V prvom kroku sme sa zamerali na vzťah medzi jednotlivými formami kontroly. Pearsonov korelačný koeficient poukazuje na silný súvis psychologickkej kontroly matky s trestaním ($r=0,416$ percipované adolescentmi; $r=0,279$ percipované matkami) a takmer nulový medzi monitoringom a psychologickou kontrolou matky ($r=-0,025$ percipované adolescentmi; $r=0,076$ matkami) a monitoringom a trestaním ($r=0,099$ adolescenti; $r=0,019$ matky). Podobný vzťah medzi jednotlivými formami kontroly je i u otcov - silný súvis psychologickkej kontroly a trestania ($r=0,483$ percipované adolescentmi; $r=0,231$ percipované otcami) a takmer nulový medzi monitoringom a psychologickou kontrolou ($r=0,037$ adolescenti; $r=-0,042$ otcovia) a monitoringom a trestaním ($r=-0,031$ adolescenti; $r=0,056$).

Rodové rozdiely v rodičovskej kontrole. Prvým cieľom práce bolo identifikovať rodové rozdiely v jednotlivých formách rodičovskej kontroly. Analýzy boli realizované vzhľadom na rod adolescenta a rod rodiča. Výsledky párového t-testu ukazujú, že matka a otec toho istého adolescenta percipujú úroveň jednotlivých foriem kontroly rovnako, s výnimkou trestania. Matky uvádzali trestanie dospievajúcich vo väčšej miere ako to uvádzali otcovia (tabuľka 9), hoci veľkosť efektu bola nízka (Cohenovo $d=-0,203$). Porovnanie matkinej a otcovej kontroly, tak ako ju percipujú adolescenti, však poukazuje na štatisticky významné rozdiely v monitoringu. Adolescenti vnímajú mieru monitoringu matky ako vyššiu v porovnaní s monitoringom otca (tabuľka 9).

Tabuľka 8 Korelácie medzi sledovanými premennými z pohľadu adolescenta.³ Pearsonov korelačný koeficient.

| | 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | 10. |
|--------------------|---------|---------|----------|---------|---------|---------|---------|---------|----------|---------|
| 1. behav. kon. M | 1 | | | | | | | | | |
| 2. behav. kon. O | ,697*** | 1 | | | | | | | | |
| 3. psychol. kon. M | -,025 | -,059 | 1 | | | | | | | |
| 4. psychol. kon. O | ,016 | ,037 | ,712*** | 1 | | | | | | |
| 5. trestanie M | ,099* | ,042 | ,416*** | ,376*** | 1 | | | | | |
| 6. trestanie O | ,087 | ,073 | ,387*** | ,483*** | ,711*** | 1 | | | | |
| 7. spoločný čas M | ,305*** | ,272*** | -,160*** | -,104* | -,008 | -,018 | 1 | | | |
| 8. spoločný čas O | ,213*** | ,389*** | -,082 | -,093 | ,005 | ,047 | ,578*** | 1 | | |
| 9. konflikt M | -,052 | -,065 | ,489*** | ,313*** | ,579*** | ,402*** | -,036 | -,072 | 1 | |
| 10. konflikt O | -,012 | -,063 | ,346*** | ,466*** | ,409*** | ,600*** | ,022 | -,056 | ,551*** | 1 |
| 11. antagon. M | -,095* | -,125** | ,476*** | ,368*** | ,556*** | ,436*** | -,100* | -,087 | ,752*** | ,464*** |
| 12. antagon. O | -,043 | -,106* | ,396*** | ,537*** | ,433*** | ,588* | -,061 | -,084 | ,461*** | ,780*** |
| 13. náklonnosť M | ,274*** | ,179*** | -,222*** | -,0666 | -,013 | -,013 | ,422*** | ,219*** | -,125** | -,048 |
| 14. náklonnosť O | ,167*** | ,327*** | -,166*** | -,143** | -,065 | -,001 | ,239*** | ,440*** | -,097* | -,116* |
| 15. spok. vzťah M | ,293*** | ,247*** | -,276*** | -,097* | -,095* | ,045 | ,480*** | ,237*** | -,244*** | -,103* |

3 behaviorálna kontrola matka/otec, psychologická kontrola, trestanie, trávenie spoločného času, konflikt, antagonizmus, náklonnosť, spokojnosť so vzťahom, jasnosť pravidiel, internalizácia pravidiel, neuposlušnutie pravidiel, rizikové správanie, sebaúcta

| | | | | | | | | | | |
|---------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| 16. spok. vzťah O | ,164*** | ,356*** | -,199*** | -,198*** | ,063 | -,029 | ,269*** | ,561*** | -,158*** | -,223*** |
| 17. jasnosť prav. | ,309*** | ,364*** | -0,39 | ,023 | ,048 | ,028 | ,196*** | ,258*** | -,070 | -,100* |
| 18. internal. prav. | ,232*** | ,206*** | -,450*** | -,329*** | -,283*** | -,249*** | ,299*** | ,240*** | -,381*** | -,255*** |
| 19. neuposlúchn. | -,264*** | -,227*** | ,287*** | ,199*** | ,244*** | ,245*** | -,240*** | -,206*** | ,336 | ,207*** |
| 20. rizikové spr. | -,141*** | -,127** | ,137*** | ,101* | ,096* | ,097* | -,085* | -,054 | ,058 | ,106* |
| 21. sebaúcta | ,102* | ,119* | -,241*** | -,210*** | -,126** | -,115* | ,252*** | ,248*** | -,153 | -,184*** |
| | 11. | 12 | 13. | 14. | 15. | 16. | 17. | 18. | 19. | 20. |
| 11. antagon. M | 1 | | | | | | | | | |
| 12. antagon. O | ,613*** | 1 | | | | | | | | |
| 13. náklonnosť M | -,102* | -,051 | 1 | | | | | | | |
| 14. náklonnosť O | -,110* | -,134** | ,642*** | 1 | | | | | | |
| 15. spok. vzťah M | -,266*** | -,114* | ,687*** | ,452*** | 1 | | | | | |
| 16. spok. vzťah O | -,156*** | -,210*** | ,478*** | ,798*** | ,529*** | 1 | | | | |
| 17. jasnosť prav. | -,085 | -,104* | ,094* | ,127** | ,150*** | ,168*** | 1 | | | |
| 18. internal. prav. | -,383*** | -,311*** | ,222*** | ,141** | ,291*** | ,192*** | ,214*** | 1 | | |
| 19. neuposlúchn. | ,354*** | ,315*** | -,166*** | -,167*** | ,304*** | -,195*** | -,294*** | -,398*** | 1 | |
| 20. rizikové spr. | ,130** | ,158*** | -,072 | -,016 | -,107* | -,049 | -,093* | -,091* | ,097* | 1 |
| 21. sebaúcta | -,178*** | -,189*** | ,185*** | ,160*** | ,248*** | ,228*** | ,098* | ,256*** | -,229* | -,091* |

* $p \leq 0,05$; ** $p \leq 0,01$; *** $p \leq 0,001$

Tabuľka 9 Porovnanie kontroly u rodičovského páru. Výsledky párového t-testu.

| | | N | priemer (SD) | t-test | p | d |
|--------------------------|-------|-----|--------------|--------|------|--------|
| percipované rodičmi | | | | | | |
| monitoring | matka | 113 | 4,23 (0,45) | 1,48 | ,141 | -0,152 |
| | otec | | 4,16 (0,47) | | | |
| ps. kontrola | matka | 113 | 2,07 (0,56) | 0,47 | ,642 | -0,057 |
| | otec | | 2,04 (0,49) | | | |
| trestanie | matka | 113 | 1,95 (0,67) | 2,00 | ,048 | -0,203 |
| | otec | | 1,82 (0,61) | | | |
| percipované adolescentom | | | | | | |
| monitoring | matka | 104 | 3,68 (0,60) | 5,19 | ,000 | -0,416 |
| | otec | | 3,42 (0,65) | | | |
| ps. kontrola | matka | 104 | 2,43 (0,79) | 1,58 | ,117 | -0,104 |
| | otec | | 2,35 (0,75) | | | |
| trestanie | matka | 101 | 2,31 (1,02) | 0,94 | ,351 | -0,067 |
| | otec | | 2,25 (0,97) | | | |

V tabuľke 10 prezentujeme rodové rozdiely v rodičovskej kontrole vzhľadom na rod adolescenta. Chlapci uvádzali štatisticky významne väčšie používanie psychologickéj kontroly ($t = 2,55$; $p \leq ,05$; $d = -0,203$) a trestania ($t = 4,15$; $p \leq ,001$; $d = -0,566$) matkami ako dievčatá. Údaje získane od matiek však poukazujú len na malý rozdiel v trestaní v neprospech chlapcov ($t = 2,02$; $p \leq ,05$; $d = -0,278$). V miere monitoringu sme nezistili štatisticky významné rodové rozdiely. V súvislosti s kontrolou otca, chlapci uvádzali štatisticky významne častejšie trestanie ($t = 3,87$; $p \leq ,001$; $d = -0,688$), avšak z pohľadu otca neboli zaznamenané žiadne rodové rozdiely.

Tabuľka 10 Rodové rozdiely v rodičovskej kontrole tak, ako ich percipujú adolescenti a ich rodičia.

| | | N | priemer (SD) | t-test | p | d |
|----------------------------------|---------|-----|--------------|--------|------|--------|
| matka - percipované adolescentom | | | | | | |
| monitoring | chlapec | 101 | 3,76 (0,57) | 1,61 | ,110 | -0,203 |
| | dievča | 114 | 3,64 (0,61) | | | |
| ps. kontrola | chlapec | 101 | 2,66 (0,83) | 2,55 | ,011 | -0,130 |
| | dievča | 114 | 2,39 (0,75) | | | |
| trestanie | chlapec | 100 | 2,62 (0,98) | 4,15 | ,000 | -0,566 |
| | dievča | 112 | 2,10 (0,86) | | | |
| matka - percipované matkou | | | | | | |
| monitoring | chlapec | 101 | 4,28 (0,44) | 0,56 | ,575 | -0,085 |
| | dievča | 115 | 4,24 (0,50) | | | |
| ps. kontrola | chlapec | 101 | 2,05 (0,60) | 0,17 | ,869 | -0,017 |
| | dievča | 115 | 2,04 (0,56) | | | |
| trestanie | chlapec | 101 | 2,08 (0,72) | 2,02 | ,044 | -0,278 |
| | dievča | 115 | 1,89 (0,65) | | | |
| otec - percipované adolescentom | | | | | | |
| monitoring | chlapec | 56 | 3,41 (0,66) | -0,85 | ,398 | 0,161 |
| | dievča | 73 | 3,52 (0,70) | | | |
| ps. kontrola | chlapec | 56 | 2,36 (0,62) | -0,09 | ,962 | 0,027 |
| | dievča | 73 | 2,38 (0,82) | | | |
| trestanie | chlapec | 54 | 2,59 (1,00) | 3,87 | ,000 | -0,688 |
| | dievča | 76 | 1,99 (0,77) | | | |
| otec - percipované otcom | | | | | | |
| monitoring | chlapec | 62 | 4,12 (0,50) | -0,12 | ,909 | 0,020 |
| | dievča | 82 | 4,13 (0,49) | | | |
| ps. kontrola | chlapec | 62 | 2,07 (0,52) | -0,41 | ,685 | 0,058 |
| | dievča | 82 | 2,10 (0,52) | | | |
| trestanie | chlapec | 64 | 1,91 (0,67) | 0,74 | ,458 | -0,121 |
| | dievča | 84 | 1,83 (0,65) | | | |

Rodičovská kontrola a jej súvis s percipovaním pravidiel, internalizáciou a neuposlúchnutím. V ďalšom kroku analýz sme overovali, do akej miery jednotlivé formy kontroly predikujú to, nakoľko jasne adolescenti percipujú doma stanovené pravidlá, aká je miera internalizácie stanovených pravidiel a do akej miery adolescenti stanovené pravidlá uposlúchnu. Premenná jasnosť pravidiel bola pre účely analýz dichotomizovaná.

Tabuľka 11 Súvis medzi jednotlivými formami rodičovskej kontroly a percipovaním pravidiel ako jasných, logistická regresia.

| | OR | 95% CI | |
|------------------------------|---------|--------|------|
| model 1: matka | | | |
| rod (chlapec) | 1,07 | 0,71 | 1,61 |
| matka monitoring | 3,30*** | 2,31 | 4,72 |
| matka ps. kontrola | 0,92 | 0,69 | 1,23 |
| matka trestanie | 1,09 | 0,86 | 1,38 |
| model χ^2 (4): 51,4*** | | | |
| -2 log likelihood: 560,9 | | | |
| pseudo R ² : 0,14 | | | |
| model 2: otec | | | |
| rod (chlapec) | 1,39 | 0,85 | 2,28 |
| otec monitoring | 3,73*** | 2,54 | 5,49 |
| otec ps. kontrola | 0,98 | 0,69 | 1,41 |
| otec trestanie | 0,98 | 0,74 | 1,31 |
| model χ^2 (4): 56,8*** | | | |
| -2 log likelihood: 421,6 | | | |
| pseudo R ² : 0,19 | | | |

*** p ≤ 0,001

Výsledky logistickej regresie (tabuľka 11) ukazujú, že len monitoring (matky i otca) významne zvyšuje pravdepodobnosť percipovania pravidiel v rodine ako jasných. Psychologická kontrola, ani trestanie s jasnosťou pravidiel v rodine nesúvisia.

Nasledujúca tabuľka (tabuľka 12) v prezentovaných regresných modeloch vyjadruje, do akej miery môžu jednotlivé formy kontroly predikovať mieru internalizácie pravidiel a naopak, mieru neuposlúchnutia pravidiel.

Tabuľka 12 Vzťah medzi kontrolou rodičov a internalizáciou pravidiel a neuposlúchnutím pravidiel.

| | internalizácia pravidiel | | neuposlúchnutie | |
|--------------------|---------------------------------------|----------|---------------------------------------|----------|
| | B (SE) | β | B (SE) | β |
| model 1 | | | | |
| rod (chlapec) | 0,376 (0,179) | 0,08* | 0,069 (0,062) | 0,05 |
| matka monitoring | 0,914 (0,146) | ,235*** | -0,354 (0,050) | -,283*** |
| matka ps. kontrola | -1,184 (0,127) | -,381*** | 0,180 (0,044) | ,178*** |
| matka trestanie | -0,342 (0,101) | -,140*** | 0,167 (0,035) | ,207*** |
| | F(4) = 49,2***; R ² = 0,27 | | F(4) = 27,9***; R ² = 0,17 | |
| model 2 | | | | |
| rod (chlapec) | 0,207 (0,225) | ,042 | 0,135 (0,073) | ,087 |
| otec monitoring | 0,750 (0,160) | ,209*** | -0,255 (0,051) | -,225*** |
| otec ps. kontrola | -0,855 (0,166) | -,265*** | 0,125 (0,054) | ,121* |
| otec trestanie | -0,338 (0,130) | -,138** | 0,177 (0,042) | ,225*** |
| | F(4) = 21,7***; R ² = 0,16 | | F(4) = 16,0***; R ² = 0,12 | |

** p ≤ 0,01; *** p ≤ 0,001

Výsledky sú pomerne konzistentné, ukazujúce, že kontrola zo strany matky vysvetľuje viac variancie (27% a 17%) v sledovaných premenných ako otcova kontrola (16% a 12%). V súlade s očakávaniami, monitoring oboch rodičov signifikantne pozitívne predikuje mieru internalizácie a negatívne neuposlúchnutie pravidiel. Naopak, psychologická kontrola a trestanie oboch rodičov signifikantne negatívne predikujú mieru internalizácie a pozitívne neuposlúchnutie pravidiel.

Rodičovská kontrola a jej súvis s ďalšími rodinnými procesmi. Predpoklad, že používanie rôznych foriem kontroly súvisí s ostatnými rodinnými procesmi, sme overovali pomocou lineárnej regresie (tabuľka 13). Rodičovská kontrola vysvetľuje viac variancie (približne 40% pre oboch rodičov) v negatívnych rodinných procesoch (konflikt a antagonizmus) ako v pozitívnych procesoch (spoločný čas, náklonnosť, spokojnosť, variancia približne 13%). V súlade s očakávaniami, monitoring rodičov pozitívne predikuje pozitívne rodinné procesy a negatívne predikuje negatívne procesy. Naopak je to v prípade psychologickej kontroly. Trestanie oboch rodičov súvisí len s mierou konfliktu a antagonizmu, nie s pozitívnymi procesmi.

Rodičovská kontrola a jej súvis s rizikovým správaním a seba-úctou dospelujúcich. Jedným z hlavných cieľov rodičovskej kontroly je dosiahnuť u dospelujúcich žiaduce správanie a zároveň neznižovať sebaúctu dospelujúcich. Jednotlivé formy kontroly zároveň môžu medzi sebou interagovať. V nasledujúcich tabuľkách (tabuľka 14 a 15) prezentujeme regresné modely, ktoré boli realizované v troch krokoch. Model 1 sleduje efekt jednotlivých foriem kontroly na rizikové správanie (tabuľka 14) a sebaúctu (tabuľka 15). V modely 2 boli pridané interakcie medzi dvoma formami kontroly, v modely 3 interakcia všetkých troch foriem kontroly.

Tabuľka 13 Vzťah medzi kontrolou a rodinnými procesmi (lineárna regresia).

| | spoločný čas | | náklonnosť | | spokojnosť | | konflikt | | antagonizmus | |
|----------------|---|----------|---|----------|---|----------|---|---------|---|----------|
| | B (SE) | β | B (SE) | β | B (SE) | β | B (SE) | β | B (SE) | β |
| model 1: matka | | | | | | | | | | |
| rod | 0,110 (0,08) | ,060 | -0,073 (0,06) | -,049 | -0,046 (0,07) | -,028 | 0,064 (0,06) | ,037 | -0,080 (0,06) | -,046 |
| monitoring | 0,446 (0,06) | ,299*** | 0,332 (0,05) | ,264*** | 0,390 (0,05) | ,287*** | -0,129 (0,05) | -,093** | -0,192 (0,05) | -,134*** |
| ps. kontrola | -0,198 (0,05) | -,164*** | -0,230 (0,04) | -,229*** | -0,285 (0,05) | -,261*** | 0,330 (0,04) | ,293*** | 0,327 (0,04) | ,283*** |
| trestanie | 0,037 (0,04) | ,039 | 0,044 (0,04) | ,055 | -0,016 (0,04) | -,019 | 0,418 (0,03) | ,471*** | 0,401 (0,03) | ,441*** |
| | F(4) = 18,3*** R ² = 0,11 | | F(4) = 18,6*** R ² = 0,12 | | F(4) = 25,2*** R ² = 0,15 | | F(4) = 94,6*** R ² = 0,41 | | F(4) = 87,7*** R ² = 0,39 | |
| model 2: otec | | | | | | | | | | |
| rod | -0,058 (0,09) | -,031 | -0,018 (0,08) | -,011 | -0,047 (0,08) | -,025 | 0,055 (0,07) | ,032 | 0,049 (0,07) | ,027 |
| monitoring | 0,528 (0,06) | ,386*** | 0,382 (0,05) | ,320*** | 0,474 (0,06) | ,350*** | -0,135 (0,05) | -,109** | -0,186 (0,05) | -,143*** |
| ps. kontrola | -0,184 (0,06) | -,148** | -0,240 (0,06) | -,225*** | -0,315 (0,06) | -,257*** | 0,267 (0,05) | ,237*** | 0,386 (0,05) | ,328*** |
| trestanie | 0,053 (0,05) | ,057 | 0,070 (0,04) | ,086 | 0,055 (0,05) | ,059 | 0,431 (0,04) | ,505*** | 0,392 (0,04) | ,438*** |
| | F(4) = 21,6*** R ² = 0,16 | | F(4) = 17,9*** R ² = 0,14 | | F(4) = 23,2*** R ² = 0,17 | | F(4) = 78,5*** R ² = 0,42 | | F(4) = 87,0*** R ² = 0,44 | |

** $p \leq 0,01$; *** $p \leq 0,001$

Pravdepodobnosť výskytu rizikového správania dospelujúcich (výsledky logistickej regresie, tabuľka 14) je nižšia v prípade vyššieho monitoringu matky (nie otca). Psychologická kontrola ani trestanie nesúvisia s výskytom rizikového správania dospelujúcich. Výsledky zároveň poukazujú na štatisticky významnú interakciu medzi monitoringom a trestaním v prípade oboch rodičov (model 2). Pre lepšiu interpretáciu interakcie medzi monitoringom a trestaním sme vytvorili graf pre matku (graf 1). Zdá sa, že hoci chýbajúci monitoring matky zostáva sám o sebe rizikovým faktorom rizikového správania, zároveň kombinácia nízkeho monitoringu a vysokej miery trestania zvyšuje pravdepodobnosť rizikového správania sa dospelujúcich. Táto interakcia bola štatisticky signifikantná aj pre otca.

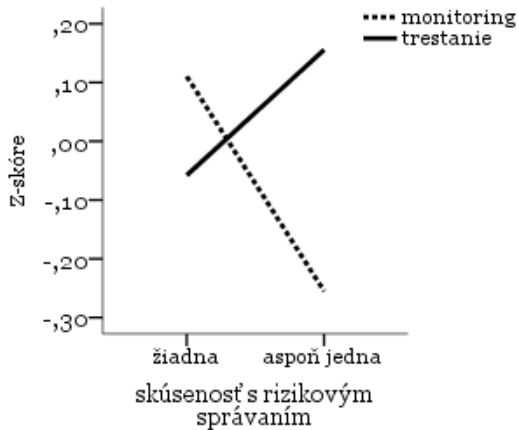
Tabuľka 14 Vzťah medzi rodičovskou kontrolou a rizikovým správaním dospelujúcich (logistická regresia).

| | model 1 | | | model 2 | | | model 3 | | |
|---|---------|--------|------|---------|--------|-------|---------|--------|------|
| | OR | 95% CI | | OR | 95% CI | | OR | 95% CI | |
| matka | | | | | | | | | |
| rod (chlapec) | 1,08 | 0,73 | 1,61 | 1,08 | 0,73 | 1,60 | 1,08 | 0,73 | 1,60 |
| monitoring | 0,52*** | 0,37 | 0,72 | ,264* | ,079 | 0,89 | ,445*** | 0,28 | 0,70 |
| ps. kontrola | 1,28 | 0,97 | 1,70 | 2,11 | ,417 | 10,68 | 1,02 | 0,61 | 1,72 |
| trestanie | 1,22 | 0,98 | 1,51 | 0,27 | ,065 | 1,12 | 0,97 | 0,58 | 1,61 |
| monitoring X ps. kontrola | | | | ,870 | ,548 | 1,38 | | | |
| monitoring X trestanie | | | | 1,51* | 1,08 | 2,10 | | | |
| ps. kontrola X trestanie | | | | 1,00 | 0,78 | 1,28 | | | |
| monitoring X ps. kontrola X trestanie | | | | | | | 1,02 | 0,98 | 1,07 |
| model χ^2 | 26,0*** | | | 22,8** | | | 26,9*** | | |
| -2 log likelihood | 610,9 | | | 486,7 | | | 609,9 | | |
| pseudo R ² | 0,07 | | | 0,07 | | | 0,07 | | |

| otec | | | | | | | | | |
|---|------|-------|------|-------|-------|------|-------|-------|------|
| rod (chlapec) | 1,16 | 0,74 | 1,80 | 1,19 | 0,76 | 1,87 | 1,16 | 0,74 | 1,82 |
| monitoring | 0,76 | 0,56 | 1,05 | 0,47 | 0,18 | 1,24 | 0,60* | 0,39 | 0,94 |
| ps. kontrola | 1,38 | 1,00 | 1,90 | 2,12 | 0,50 | 9,80 | 1,02 | 0,61 | 1,69 |
| trestanie | 1,09 | 0,85 | 1,40 | 0,23 | 0,05 | 1,06 | 0,77 | 0,46 | 1,30 |
| monitoring X ps. kontrola | | | | 0,84 | 0,55 | 1,28 | | | |
| monitoring X trestanie | | | | 1,45* | 1,02 | 2,07 | | | |
| ps. kontrola X trestanie | | | | 1,07 | 0,84 | 1,38 | | | |
| monitoring X ps. kontrola X trestanie | | | | | | | 1,04 | 0,99 | 1,08 |
| model χ^2 | | 11,2* | | | 15,6* | | | 13,4* | |
| -2 log likelihood | | 496,7 | | | 492,3 | | | 494,5 | |
| pseudo R ² | | 0,04 | | | 0,05 | | | 0,04 | |

* $p \leq 0,05$; *** $p \leq 0,001$

Graf 1 Interakcia medzi monitoringom matky a trestaním vo vzťahu k rizikovému správaniu.



V tabuľke 15 prezentujeme podobné modely pre sebaúctu (lineárna regresia). Vyššia miera monitoringu matky a nižšia miera psychologickej kontroly predikujú mieru sebaúcty dospievajúcich (model 1), pričom najsilnejším prediktorom sa javí byť psychologická kontrola. Po pridaní interakcií medzi jednotlivými formami kontroly do modelu (model 2) však zostáva významným prediktorom sebaúcty len psychologická kontrola.

Tabuľka 15 Vzťah medzi rodičovskou kontrolou a sebaúctou dospievajúcich (lineárna regresia).

| | model 1 | | model 2 | | model 3 | |
|---|---|----------|--|----------|---|----------|
| | B (SE) | β | B (SE) | β | B (SE) | β |
| matka | | | | | | |
| rod (chlapec) | -0,169 (0,032) | -,217*** | -0,187 (0,035) | -,243*** | -0,187 (0,035) | -,243*** |
| monitoring | 0,073 (0,026) | ,116** | -0,103 (0,106) | -,162 | 0,065 (0,032) | ,102* |
| ps. kontrola | -0,113 (0,023) | -,224*** | -0,359 (0,154) | -,715* | -0,037 (0,025) | -,210*** |
| trestanie | -0,032 (0,018) | -,081 | -0,008 (0,116) | -,012 | -0,105 (0,032) | -,094 |
| monitoring X ps. kontrola | | | 0,072 (0,041) | ,604 | | |
| monitoring X trestanie | | | -0,006 (0,030) | -,064 | | |
| ps. kontrola X trestanie | | | -0,006 (0,008) | -,059 | | |
| monitoring X ps. kontrola X trestanie | | | | | 0,000 (0,002) | -,011 |
| | F(4) = 18,3*** R ² = 0,11 | | F(6) = 9,7*** R ² = 0,12 | | F(5) = 12,9*** R ² = 0,12 | |

| otec | | | | | | |
|---|---|----------|---|----------|---|----------|
| rod (chlapec) | -0,208 (0,036) | -,274*** | -0,210 (0,036) | -,276*** | -0,208 (0,036) | -,274*** |
| monitoring | 0,062 (0,025) | ,112* | 0,130 (0,078) | ,234 | 0,060 (0,035) | ,109 |
| ps. kontrola | -0,095 (0,026) | -,190*** | 0,053 (0,121) | ,106 | -0,097 (0,043) | -,195* |
| trestanie | -0,035 (0,021) | -,091 | -0,089 (0,106) | -,233 | -0,037 (0,044) | -,098 |
| monitoring X ps. kontrola | | | 0,017 (0,025) | ,123 | | |
| monitoring X trestanie | | | 0,015 (0,029) | ,165 | | |
| ps. kontrola X trestanie | | | -0,043 (0,034) | -,359 | | |
| monitoring X ps. kontrola X trestanie | | | | | 0,000 (0,004) | ,011 |
| | F(4) = 15,2*** R ² = 0,12 | | F(6) = 10,4*** R ² = 0,12 | | F(5) = 12,1*** R ² = 0,11 | |

* p ≤ 0,05; *** p ≤ 0,001

8.1.6 Diskusia

Prvá štúdia bola zameraná na rôzne formy rodičovskej kontroly a ich súvis s rodom, percepciou a internalizáciou stanovených pravidiel, rodinnými procesmi a rizikovým správaním a sebaúctou dospievajúcich. Výsledky korelačných analýz poukazujú na pomerne úzky vzťah medzi psychologickou kontrolou a trestaním tak ako ich percipujú adolescenti. Toto zistenie je v súlade s predchádzajúcimi informáciami naznačujúcimi, že neprimerané formy behaviorálnej kontroly (v našom prípade trestanie) sú dospievajúcimi percipované podobne ako psychologická kontrola (Evans, Simons, Simons, 2012). Naopak, monitoring s ostatnými formami kontroly nesúvisel, hoci by bolo možné očakávať medzi týmito formami kontroly negatívnu koreláciu (čím viac rodičia využívajú monitoring, tým menej budú uplatňovať nevhodné

formy kontroly). Naše výsledky dopĺňajú názor, že dimenzia kontroly by mohla byť charakterizovaná dvoma samostatnými faktormi - mierou behaviorálnej kontroly a mierou psychologickkej kontroly (Schaefer, 1965).

Zdá sa, že matka je v každodennom živote dospelujúcich stále angažovaná viac ako otec (Bornstein, 2015). Aj v prezentovanom výskume rodové rozdiely v kontrole poukazujú na štatisticky významne vyššiu mieru monitoringu zo strany matky ako otca. Tento výsledok však bol potvrdený len ak boli do úvahy brané údaje od dospelujúcich. Rozdiely v monitoringu tak, ako ho percipujú rodičovské páry, neboli zistené. Otcovia pri monitoringu vo zvýšenej miere využívajú informácie od manželiek (Waizenhofer, Buchanan, Jackson-Newsom, 2004). Môžu preto sami vnímať svoju mieru monitoringu ako vysokú, napriek tomu, že nie je zameraný priamo na adolescentov. Adolescenti si nemusia byť vedomí toho, že otcovia sledujú ich aktivity prostredníctvom matiek a preto vnímať matky ako viac monitorujúce.

Výchovné postupy rodičovského páru sa zvyčajne nelíšia, alebo sa líšia len málo (Baumrind, 1991). To potvrdzuje i naše zistenie, že rodičovský pár vníma spôsob a intenzitu používanej kontroly rovnako (s výnimkou mierneho rodového rozdielu v trestaní). Z doterajšieho stavu poznania vyplýva, že pre optimálny vývin dospelujúcich je dôležitý práve rovnaký výchovný prístup oboch rodičov (Harvey, 2000; Simons, Conger, 2007; Steinberg, 2001).

V súlade s niektorými predchádzajúcimi zisteniami (Blossom et al., 2016; Luebbe et al., 2014; Shek, 2008), chlapci v našej štúdií uvádzali významne vyššiu mieru psychologickkej kontroly zo strany matky a trestania zo strany oboch rodičov ako dievčatá. Avšak údaje získané od rodičov poukazujú len na malý rozdiel v neprospech trestania chlapcov matkami. Jedným z dôvodov týchto rozdielnych výsledkov môže byť interpretácia rodičovského správania. Chlapci v dospievaní očakávajú od rodičov vyššiu mieru autonómie ako dievčatá (Fuligni, 1998), preto môžu prípadnú psychologickú kontrolu a trestanie rodi-

čov vnímať ako zasahujúce do ich autonómie viac ako to vnímajú dievčatá.

Ak dospievajúci vnímajú rodičmi stanovené pravidlá ako jasné, je pravdepodobnejšie, že sa v súlade s nimi budú správať a zároveň skôr akceptujú dôsledky, ktoré by prípadné neuposlušnutie pravidiel so sebou prinieslo (Soenens, Vansteenkiste, 2010). Výsledky našich regresných analýz poukazujú na to, že jedine monitoring (matky aj otca) signifikantne zvyšoval pravdepodobnosť, že dospievajúci budú stanovené pravidlá percipovať ako jasné. Podobný výsledok bol zistený i v súvislosti s mierou internalizácie pravidiel a neuposlušnutia pravidiel. Najsilnejším prediktorom toho, do akej miery dospievajúci stanovené pravidlá internalizujú sa však javí byť psychologická kontrola. Vyššia miera psychologickkej kontroly predikovala nižšiu mieru internalizácie. Psychologická kontrola je niektorými autormi chápaná ako opačný pól podpory autonómie (Soenens, Vansteenkiste, Sierens, 2009; Van Petegem et al., 2015), podpora autonómie je zároveň významným predpokladom zvnútorňovania pravidiel (Vansteenkiste et al., 2014). Najsilnejším prediktorom neuposlušnutia pravidiel (prostredníctvom otvoreného vzdoru) sa javí byť nedostatok monitoringu. Ak monitoring rodičov nie je dostatočný, pravidlá sa javia ako nejasné (táto štúdia), dospievajúci nevie, aké pravidlá by mal dodržiavať a aké sú dôsledky nedodržiavania, čo môže následne vyvolať jeho tendenciu správať sa opačne ako rodičia očakávajú. Tento fakt je v súlade s teóriou reaktancie (Miron, Brehm, 2006), bližšie predstavenou v teoretickej časti.

V ďalšom kroku prvej časti analýz sme overovali, do akej miery rodičovská kontrola súvisí s ďalšími rodinnými procesmi reflektujúcimi kvalitu vzťahu adolescent-rodič. Výsledky prezentovaných analýz poukazujú na pomerne úzky vzťah medzi kontrolou a ostatnými rodinnými procesmi. Všetky formy rodičovskej kontroly vysvetľujú viac variancie v negatívnych rodinných procesoch (konflikt a antagonizmus) ako v pozitívnych procesoch (spoločný čas, náklonnosť, spokojnosť). To môže byť vysvetlené veľmi významným súvisom trestania rodičov s konfliktmi a antagonizmom. V súlade s očakávaniami, moni-

toring rodičov pozitívne predikuje pozitívne rodinné procesy a negatívne predikuje negatívne procesy. Naopak je to v prípade psychologickej kontroly. Trestanie oboch rodičov súvisí len s mierou konfliktu a antagonizmu, nie s pozitívnymi procesmi. Tieto zistenia sú v súlade s predchádzajúcimi poznatkami o tom, že rodičia viac monitorujú dospelujúcich v rodinách, ktoré sú charakterizované lepšou kvalitou vzťahov adolescent - rodič (Keijsers et al., 2009) a že psychologická kontrola úzko súvisí s nižšou vrelosťou (Güngör, Bornstein, 2010). Emocionálny kontext, ktorý rodičia svojim prístupom k dospelujúcim vytvárajú, môže zároveň meniť význam kontroly pre dospelujúcего. Adolescenti, ktorí majú s rodičmi dobrý vzťah charakterizovaný vrelosťou, oporou a záujmom môžu i vyššiu mieru riadenia vnímať ako primeranú a stanovené pravidlá ako nápomocné (Čáp, Boschek, 1994; Smetana, Crean, Campione-Barr, 2005; Sorkhabi, Middaugh, 2014).

Tretím cieľom prvej štúdie bolo overiť súvis rodičovskej kontroly s behaviorálnymi (rizikovým správaním) a psychologickými (sebaúctou) faktormi u dospelujúcich. V súlade s predchádzajúcimi zisteniami (Parker, Benson, 2004; Wellman et al., 2016) vyšší monitoring matky súvisí s nižšou pravdepodobnosťou výskytu rizikového správania v skoršej adolescencii. Psychologická kontrola v podobe manipulácie prostredníctvom výčitiek, či vyvolávania pocitov viny, ani samotné trestanie, sa nejavia byť protektívnymi faktormi rizikového správania, ale zároveň ani nezvyšujú pravdepodobnosť jeho výskytu. Zaujímavým zistením je však existencia interakcie medzi monitoringom a trestaním u oboch rodičov. Kombinácia nízkeho monitoringu a vysokej miery trestania matky a otca súvisí s vyššou pravdepodobnosťou rizikového správania sa dospelujúcich.

V súlade s našimi očakávaniami i predchádzajúcimi štúdiami (napr. Boudreault-Bouchard et al., 2013), psychologická kontrola matky i otca negatívne súvisela so sebaúctou dospelujúcich. Vyššia miera monitoringu oboch rodičov súvisela naopak s vyššou sebaúctou. Hoci sila tohto efektu nebola veľmi vysoká, výsledok je v súlade s našou predchádzajúcou štúdiou na vzorke 11-ročných dospelujúcich, ukazujúcou pozitívny vzťah medzi behaviorálnou kontrolou a seba-

úctou (Bacikova-Sleskova, Benka, Orosova, v tlači) avšak zároveň v rozpore so štúdiami z iných krajín (napr. Kerr, Stattin, 2000). Tento výsledok naznačuje možnosť, že v Slovenskom kontexte (ako bolo diskutované v teoretickej časti tejto monografie) je behaviorálna kontrola rodičov percipovaná adolescentmi pozitívne a má pozitívne psychologické dôsledky.

8.2 Štúdia 2. Rodičovská kontrola ako súčasť výchovných štýlov

8.2.1 Teoretické východiská

Jedným z trendov v súčasnom výskume rodinných procesov je použitie tzv. na osobu orientovaného prístupu (*person-oriented approach*) (napr. Lippold, Greenberg, Collins, 2013; Soenens, Vansteenkiste, Sierens, 2009; Yan, Ansari, 2016). Tento prístup využíva rôzne techniky zhlukovej analýzy na identifikáciu podskupín jednotlivcov, ktorí sú nositeľmi určitých kombinácií konkrétnych charakteristík. Rôzne výchovné praktiky rodičov majú tendenciu sa vyskytovať v určitých kombináciách a vytvárať tak akési „výchovné profily“ (Soenens, Vansteenkiste, 2010; Yan, Ansari, 2016). Na osobu orientovaný prístup v súčasnosti do istej miery nahrádza tradičný prístup k problematike výchovných štýlov, pretože výchovné štýly vopred nedefinuje, ale identifikuje na základe získaných údajov.

Tradičný, na premennú zameraný prístup (*variable-oriented approach*) sleduje, ako jednotlivé aspekty rodinných procesov súvisia s rôznymi dôsledkami pre dospelávajúceho. Na druhej strane, na osobu zameraná analýza umožňuje identifikovanie prirodzene sa zhlučujúcich aspektov rodinných procesov a sledovať, ako táto špecifická kombinácia viacerých procesov súvisí s dôsledkami pre adolescenta. Konkrétna kombinácia rodinných procesov odlišuje jednu skupinu dospelávajúcich od iných skupín. Oba tieto prístupy si však nie sú proti-rečiace, ale navzájom sa dopĺňajúce (von Eye, Bogat and Rhodes 2006), umožňujú získať rozdielne avšak v oboch prípadoch užitočné informácie pre lepšie pochopenie fungovania rodinných procesov.

Study 10

The second study published within a monograph is „**Parental control as a part of parenting styles**“.

According to Schaefer (1965), parenting style can be defined as a combination of parenting behaviours in three main dimensions: emotionality/ warmth, behavioural control and psychological control. In this study we again apply a person-oriented approach. We aimed to identify parenting styles based on the level of parental behaviour in these dimensions as perceived by adolescents. The dataset for the study was the same as in study 8. Results show 5 parenting styles for mothers (distant/ neglecting; controlling/ manipulating; monitoring; authoritative; permissive), and 4 parenting styles for fathers (distant/ neglecting; controlling/ manipulating; monitoring; supportive).

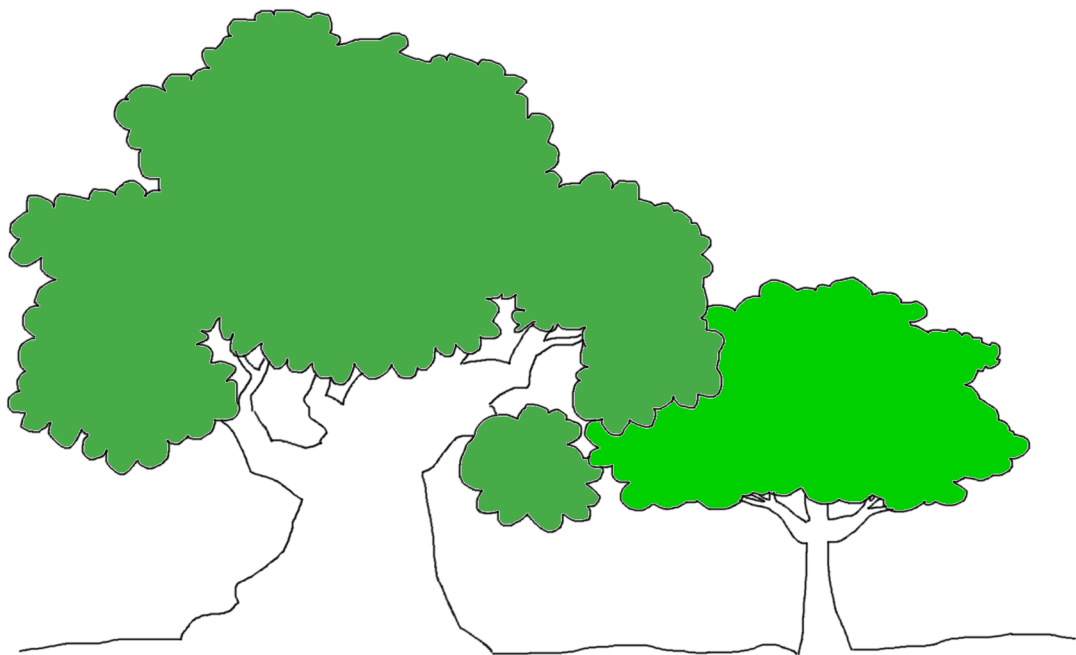
Controlling/ manipulating style of father, unlike mother, was characterised by higher level of monitoring together with higher level of psychological control. This result suggests that in some fathers monitoring (as positive form of control) and psychological control (negative form) do not contradict.

In the next step of analyses, we have explored to what extent these parenting styles are associated with risk behaviour and self-esteem of adolescents. The most optimal maternal styles for both behavioural and psychological development seem to be monitoring (high monitoring, below average psychological control and warmth) and authoritative style (high monitoring and warmth, low psychological control). Monitoring style seems to be more suitable for avoiding risk behaviour, while authoritative for protecting self-esteem (with still quite low risk behaviour). On the other hand, the least optimal style is distant/ neglectful style. With regard to paternal styles, the most optimal style is supportive both for risk behaviour and self-esteem.

Author's contribution: 100%

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Psychológia rodičovskej kontroly v dospievaní



UNIVERZITA PAVLA JOZEFA ŠAFÁRIKA V KOŠICIACH

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úctou (Bacikova-Sleskova, Benka, Orosova, v tlači) avšak zároveň v rozpore so štúdiami z iných krajín (napr. Kerr, Stattin, 2000). Tento výsledok naznačuje možnosť, že v Slovenskom kontexte (ako bolo diskutované v teoretickej časti tejto monografie) je behaviorálna kontrola rodičov percipovaná adolescentmi pozitívne a má pozitívne psychologické dôsledky.

8.2 Štúdia 2. Rodičovská kontrola ako súčasť výchovných štýlov

8.2.1 Teoretické východiská

Jedným z trendov v súčasnom výskume rodinných procesov je použitie tzv. na osobu orientovaného prístupu (*person-oriented approach*) (napr. Lippold, Greenberg, Collins, 2013; Soenens, Vansteenkiste, Sierens, 2009; Yan, Ansari, 2016). Tento prístup využíva rôzne techniky zhlukovej analýzy na identifikáciu podskupín jednotlivcov, ktorí sú nositeľmi určitých kombinácií konkrétnych charakteristík. Rôzne výchovné praktiky rodičov majú tendenciu sa vyskytovať v určitých kombináciách a vytvárať tak akési „výchovné profily“ (Soenens, Vansteenkiste, 2010; Yan, Ansari, 2016). Na osobu orientovaný prístup v súčasnosti do istej miery nahrádza tradičný prístup k problematike výchovných štýlov, pretože výchovné štýly vopred nedefinuje, ale identifikuje na základe získaných údajov.

Tradičný, na premennú zameraný prístup (*variable-oriented approach*) sleduje, ako jednotlivé aspekty rodinných procesov súvisia s rôznymi dôsledkami pre dospelávajúceho. Na druhej strane, na osobu zameraná analýza umožňuje identifikovanie prirodzene sa zhlukejúcich aspektov rodinných procesov a sledovať, ako táto špecifická kombinácia viacerých procesov súvisí s dôsledkami pre adolescenta. Konkrétna kombinácia rodinných procesov odlišuje jednu skupinu dospelávajúcich od iných skupín. Oba tieto prístupy si však nie sú proti-rečiace, ale navzájom sa dopĺňajúce (von Eye, Bogat and Rhodes 2006), umožňujú získať rozdielne avšak v oboch prípadoch užitočné informácie pre lepšie pochopenie fungovania rodinných procesov.

Hlavným cieľom druhej výskumnej časti predkladanej monografie je preto využitím na osobu orientovaného prístupu identifikovať aké výchovné štýly (tak, ako ich percipujú dospievajúci) sa v našom výskumnom súbore prirodzene vyskytujú. Budeme pritom vychádzať z predpokladu existencie troch základných dimenzií výchovných štýlov - behaviorálna kontrola (špecificky úroveň monitoringu), psychologická kontrola a emocionálna opora (špecificky miera percipovanej náklonnosti). Zároveň overíme, ako identifikované výchovné štýly súvisia s rizikovým správaním a sebaúctou dospievajúcich.

8.2.2 Výskumný súbor, metodiky a štatistické analýzy

Analýzy v druhej časti práce boli realizované na rovnakom výskumnom súbore ako v predchádzajúcej časti, s použitím údajov len od dospievajúcich (N=580). V rámci výskumných metodík sme na identifikáciu výchovných štýlov použili informácie o úrovni monitoringu, psychologickej kontroly a náklonnosti (referované dospievajúcimi); ďalej sme pracovali s úrovňou sebaúcty a skúsenosťou s rizikovým správaním (kumulatívny index). Všetky použité metodiky sú popísané v prvej štúdii.

V druhej štúdii bola použitá metóda dvojkrokovej klastrovej (zhlukovej) analýzy (*two-step cluster analyses*) použitím štatistického softwaru SPSS. Klastrová analýza je exploratívna metóda, ktorá slúži na identifikáciu štruktúry v dátach. Pomocou nej je možné identifikovať homogénne skupiny jednotlivcov (zhluky), ktorí majú podobné charakteristiky a zároveň sa odlišujú od jednotlivcov v iných skupinách (Kaufman, Rousseeuw 2009). V tejto štúdii použitá metóda pozostáva z dvoch krokov. V prvom kroku sa na základe vzdialenosti medzi jednotlivými prípadmi vytvorí tzv. podzhluky, ktoré pomáhajú redukovať veľký počet prípadov. V druhom kroku nasleduje štandardná hierarchická zhluková analýza. Analýzy boli realizované osobitne pre matku a otca. Počet klastrov bol determinovaný na základe hodnoty BIC (Bayesian information criterion). Na základe uvedeného kritéria bolo vybrané riešenie s piatimi klastrami pre matku a štyrmi klastrami

pre otca, ktoré okrem optimálnej hodnoty použitých kritérií, sú zároveň konceptuálne jasné a logické.

V druhom kroku analýz sme použili χ^2 kvadrátový test na sledovanie rozdielov v rizikovom správaní vzhľadom na príslušnosť k identifikovanému klastru a ANOVA pre sledovanie rozdielov v miere sebaúcty. Veľkosť efektu v týchto analýzach bola overovaná prostredníctvom Cramerovho V (pre χ^2 kvadrát) a hodnoty eta squared (pre ANOVA). Hodnota Cramerovho V môže nadobúdať číslo 0-1, pričom čím vyššia hodnota, tým vyšší je efekt. Hodnota eta squared je zvyčajne interpretovaná podľa Cohena (1988) nasledovne: 0,01-0,059 malý efekt, 0,06-0,137 stredný efekt, od 0,138 veľký efekt.

8.2.3 Výsledky

Použitím dvoj krokovej klastrovej analýzy boli respondenti zaradení do niekoľkých vzájomne odlišných skupín (zhlukov) podľa toho, ako percipovali úroveň rodičovského monitoringu, psychologickej kontroly a náklonnosti zo strany matky a otca. Analýzu sme realizovali v dvoch podobách: (1) pre matku a otca osobitne a (2) procesy zo strany oboch rodičov sme zaradili do jedného modelu klastrovej analýzy. Keďže v prípade analýz pre každého z rodičov osobitne boli výsledné zhluky informatívnejšie, zachytávajúce práve rozdiely vo výchove matiek a otcov, prezentujeme v nasledujúcej časti výsledky samostatne pre matku a otca.

V súvislosti s matkou bolo identifikovaných 5 skupín respondentov. Traja respondenti neboli zaradení do žiadnej zo skupín (vylúčený prípad, outlier case). V tabuľke 16 prezentujeme priemerné hodnoty a štandardné odchýlky rodinných procesov (matka) pre jednotlivé klastre a zastúpenie respondentov v jednotlivých klastroch. Pre lepšiu ilustráciu klastrov uvádzame i graf 2, pričom priemerné skóre rodinných procesov, prezentované v grafe, bolo konvertované na Z-skóre.

Prvý klaster bol pomenovaný **dištančný/zanedbávajúci výchovný štýl** (nízka úroveň monitoringu a náklonnosti a priemerná úroveň psychologickej kontroly, do tejto skupiny bolo zaradených 23,2%

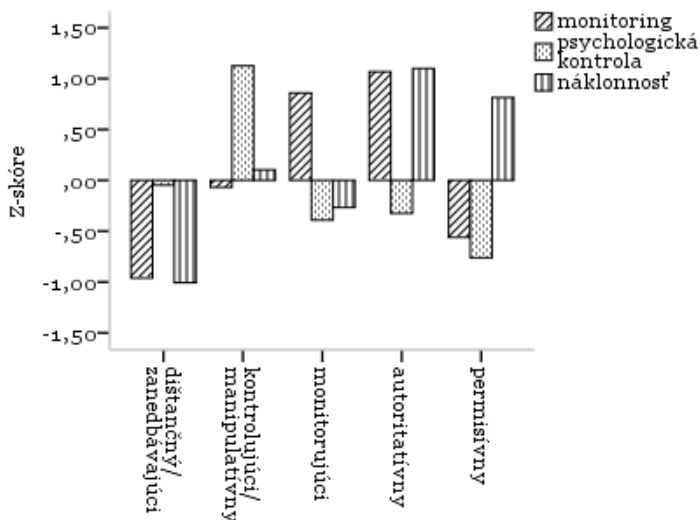
dospievajúcich); druhý klaster bol pomenovaný **kontrolujúci/manipulatívny** (*vysoká miera psychologickkej kontroly, priemerná hodnota monitoringu a náklonnosti, 22,5% adolescentov*); tretí klaster bol nazvaný **monitorujúci** (*vysoká miera monitoringu, podpriemerná miera psychologickkej kontroly i náklonnosti, 21,8% respondentov*); štvrtý klaster - **autoritatívny** (*vysoká miera monitoringu aj náklonnosti a podpriemerná úroveň psychologickkej kontroly, 15,3% respondentov*); piaty klaster - **permisívny** (*vysoká miera náklonnosti, nízka miera monitoringu i psychologickkej kontroly, 16,6% adolescentov*). Je potrebné zdôrazniť, že uvedené hodnoty (vysoká, priemerná, nízka) sú odvodené od priemerných hodnôt pre celý výskumný súbor. To znamená, že napr. nízka miera náklonnosti je nízka len v porovnaní s ostatnými respondentmi, hoci v absolútnej hodnote môže byť priemerná.

Použitím chi-kvadrát testu sme porovnali percentuálne zastúpenie chlapcov a dievčat v jednotlivých klastroch. Hodnota testu nepoukazuje na štatisticky významný rodový rozdiel ($\chi^2 = 8,69$; $p = 0,069$).

Tabuľka 16 Priemerné hodnoty rodinných procesov (monitoring, psychologická kontrola, náklonnosť) pre jednotlivé klastre. Údaje týkajúce sa matky.

| matka | monitoring | ps. kontrola | náklonnosť | veľkosť klastra |
|-----------------------------------|-------------|--------------|-------------|-----------------|
| | M (SD) | M (SD) | M (SD) | N (%) |
| 1. dištančný/ zanedbávajúci | 3,12 (0,42) | 2,51 (0,63) | 3,31 (0,60) | 126 (23,2%) |
| 2. kontrolujúci/ manipulatívny | 3,68 (0,35) | 3,42 (0,60) | 4,17 (0,60) | 122 (22,5%) |
| 3. monitorujúci | 4,25 (0,38) | 2,24 (0,57) | 3,88 (0,33) | 118 (21,8%) |
| 4. autoritatívny | 4,38 (0,29) | 2,30 (0,48) | 4,95 (0,12) | 83 (15,3%) |
| 5. permisívny | 3,37 (0,35) | 1,96 (0,40) | 4,73 (0,27) | 90 (16,6%) |
| vylúčený prípad | | | | 3 (0,65%) |
| priemer | 3,73 (0,61) | 2,54 (0,75) | 4,10 (0,77) | |

Graf 2 Úroveň monitoringu, psychologické kontroly a náklonnosti v jednotlivých klastroch. Údaje týkajúce sa matky.



Analýzou informácií o jednotlivých rodinných procesoch zo strany otca boli identifikované štyri klastre (tabuľka 17, graf 3). Piati z respondentov boli identifikovaní ako vylúčený prípad. Respondenti sú v jednotlivých klastroch rovnomerne zastúpení. Klastre boli pomenované podobne ako v prípade matky: 1. klastre - **dištančný/zanedbávajúci výchovný štýl** (nízka miera monitoringu i náklonnosti, podpriemerná miera psychologické kontroly; do tejto skupiny bolo zaradených 27,4% dospievajúcich); 2. klastre - **kontrolujúci/manipulatívny výchovný štýl** (vysoká miera psychologické kontroly, nadpriemerná miera monitoringu, priemerná miera náklonnosti, 24,1% adolescentov); 3. klastre - **monitorujúci** (vysoká miera monitoringu, nízka úroveň psychologické kontroly a priemerná náklonnosť, 20,5%); 4. klastre bol pomenovaný **podporujúci výchovný štýl**, pretože, na rozdiel od klastra pre matky, bola v tomto

prípade prítomná nadpriemerná miera monitoringu (*nízka psychologická kontrola, vysoká náklonnosť, mierne nadpriemerný monitoring*, 36,9% dospievajúcich).

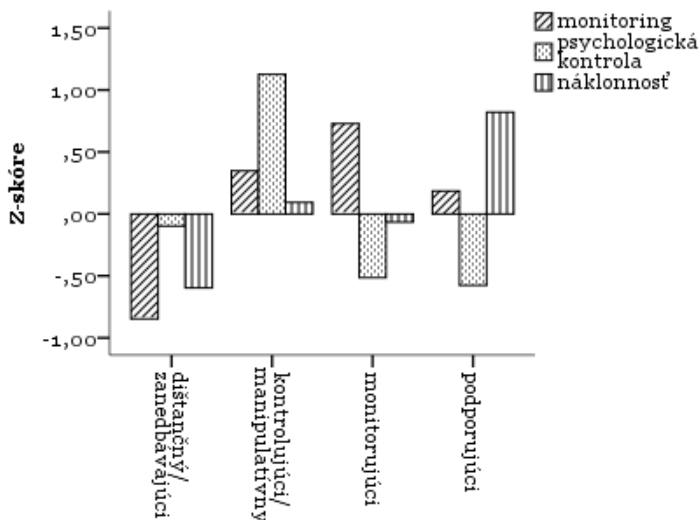
Porovnanie (chí kvadrátový test) zastúpenia chlapcov a dievčat v jednotlivých skupinách výchovných štýlov otca opäť nepoukázalo na štatisticky významné rozdiely ($\chi^2 = 6,46$; $p = 0,091$).

Tabuľka 17 Priemerné hodnoty rodinných procesov (monitoring, psychologická kontrola, náklonnosť) pre jednotlivé klastre. Údaje týkajúce sa otca.

| otec | monitoring | ps. kontrola | náklonnosť | veľkosť klastra |
|-----------------------------------|-------------|--------------|-------------|-----------------|
| | M (SD) | M (SD) | M (SD) | N (%) |
| 1. dištančný/ zanedbávajúci | 2,91 (0,39) | 2,38 (0,65) | 3,47 (0,65) | 119 (27,4%) |
| 2. kontrolujúci/ manipulatívny | 3,77 (0,53) | 3,31 (0,53) | 4,30 (0,55) | 105 (24,1%) |
| 3. monitorujúci | 4,04 (0,34) | 2,05 (0,39) | 3,81 (0,44) | 89 (20,5%) |
| 4. podporujúci | 3,64 (0,72) | 2,01 (0,45) | 4,86 (0,20) | 117 (36,9%) |
| vylúčený prípad | | | | 5 (1,1%) |
| priemer | 3,54 (0,69) | 2,45 (0,76) | 4,11 (0,77) | |

V nasledujúcom kroku sme zisťovali, nakoľko príslušnosť k jednotlivým klastrom (teda špecifické formy výchovného štýlu) súvisia s rizikovým správaním a sebaúctou dospievajúcich. V tabuľke 18 prezentujeme percentuálne zastúpenie tých respondentov, ktorí už majú skúsenosť s rizikovým správaním a priemerné hodnoty sebaúcty podľa jednotlivých klastrov pre výchovný štýl matky. Hodnota chí kvadrátu ($\chi^2 = 15,06$) poukazuje na štatisticky významný rozdiel v skúsenosti s rizikovým správaním medzi jednotlivými skupinami.

Graf 3 Úroveň monitoringu, psychologickú kontrolu a náklonnosti v jednotlivých klastroch. Údaje týkajúce sa otca.



Najnižšiu skúsenosť uvádzali respondenti v 3. klastri (autoritársky výchovný štýl). Naopak, v prvom klastri (dištančný/zanedbávajúci štýl) viac ako dvojnásobný podiel respondentov mal skúsenosť s rizikovým správaním. Rozdiely v miere sebaúcty v jednotlivých klastroch boli overované pomocou ANOVY. V tabuľke 18 sú uvedené priemerné hodnoty sebaúcty. Výsledky F testu a LSD post hoc testov poukazujú na štatisticky významné rozdiely v sebaúcte medzi respondentami v jednotlivých klastroch. Najvyššiu mieru sebaúcty uvádzali respondenti v 5. klastri (permisívny), ktorí však zároveň uvádzali vysokú mieru rizikového správania. Najnižšia sebaúcta bola zaznamenaná medzi adolescentmi v 2. klastri (kontrolujúci/manipulatívny štýl), ktorí zároveň uvádzali pomerne vysokú skúsenosť s rizikovým správaním.

Tabuľka 18 Súvis výchovných štýlov matky s rizikovým správaním a sebaúctou dospievajúcich.

| matka | rizikové správanie | sebaúcta |
|-----------------------------------|-----------------------|--------------------|
| | % | M |
| 1. dištančný/ zanedbávajúci | 34,9 | 2,66 |
| 2. kontrolujúci/ manipulatívny | 32,0 | 2,63 |
| 3. monitorujúci | 15,3 | 2,76 |
| 4. autoritatívny | 22,9 | 2,81 |
| 5. permissívny | 31,1 | 2,91 |
| | $\chi^2 = 15,06^{**}$ | $F = 9,18^{***}$ a |
| | $V = 0,167$ | $\eta^2 = 0,065$ |

** $p \leq 0,01$; *** $p \leq 0,001$; ^a post hoc (LSD) 1<4, 1<5, 2<3, 2<4, 2<5, 3<5, 4<5

Podobné porovnania boli realizované aj pre klastre v súvislosti s výchovným štýlom otca. Percentuálne zastúpenie adolescentov, ktorí majú skúsenosť s rizikovým správaním a priemerná hodnota sebaúcty podľa jednotlivých klastrov je uvedená v tabuľke 19. Aj v prípade rizikového správania ($\chi^2 = 9,54$; $p \leq 0,05$) aj sebaúcty ($F = 8,14$; $p \leq 0,001$) sme identifikovali štatisticky významné rozdiely medzi jednotlivými štýlmi. Najnižšie zastúpenie tých, ktorí majú skúsenosť s rizikovým správaním je v klasi 3 (autoritársky výchovný štýl). Veľmi podobné percentuálne zastúpenie je však i v klasi 4 (podporujúci), v ktorom adolescenti zároveň uvádzali najvyššiu mieru sebaúcty.

Tabuľka 19 Súvis výchovných štýlov otca s rizikovým správaním a sebaúctou dospievajúcich.

| otec | rizikové správanie | sebaúcta |
|-----------------------------------|--------------------|------------------|
| | % | M |
| 1. dištančný/ zanedbávajúci | 34,5 | 2,67 |
| 2. kontrolujúci/ manipulatívny | 32,5 | 2,67 |
| 3. monitorujúci | 19,1 | 2,77 |
| 4. podporujúci | 21,4 | 2,88 |
| | $\chi^2 = 9,54^*$ | F = 8,14*** a |
| | V = 0,149 | $\eta^2 = 0,054$ |

^a post hoc (LSD) 1<4, 1<3, 2<3, 2<4, 3<4

8.2.4 Diskusia

Cieľom štúdie 2 bolo identifikovať výchovné štýly tak, ako ich percipujú adolescenti, na základe prirodzene sa zhlukujúcich spôsobov správania sa rodiča v troch základných dimenziách výchovy (Schaefer, 1965): behaviorálna kontrola, psychologická kontrola a emocionalita. Prostredníctvom klastrovej analýzy bolo identifikovaných päť výchovných štýlov pre matku a štyri pre otca.

Identifikované výchovné štýly pre matku (dištančný/zanedbávajúci; kontrolujúci/manipulatívny; autoritársky; autoritatívny a permisívny) do značnej miery korešpondujú s teoreticky vymedzenými štýlmi Diany Baumrindovej (1965), preto, pokiaľ to bolo koncepcne vhodné, sme pri pomenovaní identifikovaných klastrov vychádzali z jej typológie. Baumrindová však koncipovala svoju teóriu na základe predpokladu existencie dvoch základných dimenzií. Pridaním tretej dimenzie výchovných štýlov (podľa Schaefer, 1965) - úroveň psychologickej kontroly - bol v našom výskumnom súbore identifikovaný ďalší výchovný štýl charakterizovaný vysokou úrovňou psychologickej

kontroly a zároveň priemernou úrovňou monitoringu a náklonnosti, ktorý sme pomenovali manipulatívny. Tento výchovný štýl matky súvisí s veľmi vysokou mierou rizikového správania dospelujúcich a zároveň s nízkou úrovňou sebaúcty. Zaujímavým zistením je, že vysoké hodnoty psychologickkej kontroly sa prirodzene nevyskytovali v kombinácii s vysokými hodnotami monitoringu ani náklonnosti.

Ako najoptimálnejšie výchovné štýly matky sa v našom výskumnom súbore javia byť štýl monitorujúci (vysoký monitoring, podpriemerná psychologická kontrola a náklonnosť) a autoritatívny výchovný štýl (vysoký monitoring a náklonnosť, podpriemerná psychologická kontrola). Monitorujúci štýl sa zdá byť vhodnejší v súvislosti s obmedzením rizikového správania, naopak autoritatívny súvisí s vyššou sebaúctou pri stále pomerne nižšej úrovni rizikového správania. Naopak, najmenej vhodný výchovný štýl, ako v súvislosti s rizikovým správaním tak i so sebaúctou, sa zdá byť štýl dištančný/zanedbávajúci, čo je v súlade s predchádzajúcimi zisteniami o dôležitosti pozitívneho emocionálneho vzťahu medzi rodičom a dospelujúcim (napr. Adalbjarnardottir, Hafsteinsson, 2001; Chassin et al., 2005).

V súvislosti s otcom sme identifikovali len štyri výchovné štýly (dištančný/zanedbávajúci; kontrolujúci/manipulatívny; monitorujúci a podporujúci). Len dištančný/zanedbávajúci a monitorujúci štýl svojimi charakteristikami korešpondovali s výchovnými štýlmi matky. Kontrolujúci/manipulatívny štýl otca, na rozdiel od matky, je charakterizovaný i pomerne vyššou mierou monitoringu, čo naznačuje, že u istej skupiny otcov sa monitoring (ako pozitívna forma kontroly) a psychologická kontrola nevyklúčujú. Zatiaľ čo respondenti percipujúci vysokú náklonnosť matky boli zaradení do dvoch klastrov (tí s vysokým monitoringom a tí s nízkym monitoringom) v prípade otca analýzy potvrdili len jeden klaster. Pomenovali sme ho podporujúci výchovný štýl. Podporujúci výchovný štýl otca sa javí byť najoptimálnejší pre vyhnutie sa rizikovému správaniu a zároveň udržanie vysokej sebaúcty. V súvislosti s rizikovým správaním a sebaúctou sa dištančný/zanedbávajúci a kontrolujúci/manipulatívny štýl zdajú byť ako najmenej vhodné.

3. General discussion

In the present thesis we aimed to focus on family situation, parental behaviour and various family processes and its' associations with health and health risk behaviour of adolescents. Within ten published studies we have shown the shift of our research interest from focusing more on family events (i.e. parental unemployment) on more nuanced aspects of family processes (e.g. the changes in family processes during adolescence or a closer look at the use of parental control). In the following paragraph we will briefly summarize our results.

Longitudinal study (Study 1) showed that in early adolescence (within one and a half year) there is a statistically significant, although not large, decrease in several family processes reflecting parent-adolescent relationship. Further studies revealed that adverse family events (father's unemployment in particular) are associated with worse health (studies 2 and 3) and with more risk behaviour (study 4). We have found some contradictory results regarding father's unemployment and family processes. In study 2 adolescents with unemployed fathers reported receiving less support than did those with employed father, while in study 3 no differences in family processes between those with employed and unemployed parents have been found, although adolescents with unemployed father reported the highest level of negative emotions toward a father. Family structure (other than two-parent family) seems to be the strongest predictor of risk behaviour (study 4). The link between parental own risk behaviour (as perceived by adolescents) and adolescent risk behaviour is mostly mediated by perceived parental approval of such behaviour and by affiliating with risky peers (study 5). From various family processes, perceived parental disapproval seems to be the most important factor in avoiding risk behaviour (study 6). With regard to specific family processes, many were associated both with adolescent health and risk behaviour. We have reported positive associations of perceived adolescent health with parental support (studies 2 and 3), frequency of communication (study 3) or behavioural control (studies 8 and 9) and negative association with parent-adolescent conflict (study 3) and psychological control (study 9). The importance of distinguishing between various forms of parental control has also been confirmed (studies 9

and 10). We have also confirmed significant discrepancies in parent-adolescent perceptions of various variables (study 6 and 7).

The results will further be discussed within two large topics that occur in most of the 10 studies: gender differences and cultural and context specifics.

3.1 Gender differences

The question whether the process of socialization in family is distinct for boys and girls and whether mother and father take different roles in this process is one of the most discussed questions in developmental psychology. There is a substantial amount of research showing that parenting differs regarding gender both of a parent and a child and that boys and girls might be differentially affected by parenting (Bosco et al., 2003; Gryczkowski et al., 2010; Paulson, & Spota, 1996; Verhoeven, Bögels, & van der Bruggen, 2012). However, the results are not consistent enough to give a clear gender specific picture of family processes.

Although the role of mother and father in the parenting process is still not clear, several trends can be identified from previous studies. Firstly, despite considerable changes in mother-father roles in recent years, mothers are still more involved in adolescents' everyday life than fathers (Bornstein, 2015). They spend more time with their children and are more responsible for daily care and discipline than fathers (McKinney, & Renk, 2011; Phares, Fields, & Kamboukos, 2009) as well as are more engaged in their children's emotional life than fathers (Klimes-Dougan et al., 2007). Mothers are more informed about their adolescents' leisure time activities (Keijsers et al., 2010) and monitor them more (Shek, 2008). Adolescents also tend to disclose more often to mothers than fathers (Smetana, Campione-Barr, & Metzger, 2006). Secondly, the father-adolescent relationship is characterized by physical and emotional distance, while mother-adolescent relationship by attachment and intimacy (Sim, 2003). Thirdly, mothers are more likely to adopt more appropriate parenting strategies than fathers (Conrade, & Ho, 2001; van Lissa et al., 2019).

This altogether suggest greater effect of maternal than paternal parenting on adolescents' outcomes. However, research is very unclear in this issue. Some studies suggest that when parenting is positive, parenting of mothers has greater effect on adolescents' outcomes; while when negative, parenting of fathers has greater effect (Keijsers et al., 2010; Soenens et al., 2006; Verhoeven et al., 2012). On the other hand, in another research (Vazsonyi et al., 2003), maternal and paternal processes were associated similarly with measures of both internalizing (anxiety, depression, low self-esteem and low well-being) and externalizing (alcohol use, drug use and school misconduct) behaviours. Similarly, the results of our studies are inconsistent with regard to this issue. In study 2 we have found that the level of perceived support of father is lower when father is not employed. However, maternal support seems not to differ by employment status. On the other hand, although father's support is lower when not employed, when it is present it seems to have greater effect on health of adolescent than mothers support. Contrary to this finding, in Study 4 maternal processes were associated with adolescent risk behaviour to a higher extent than paternal processes. In Study 9, maternal control seems to be more important for adolescent risk behaviour while both maternal and paternal control is associated with self-esteem. These results altogether could suggest that when differentiating between maternal and paternal processes, the studied outcome may be important. Maternal parenting seems to be more strongly associated with risk behaviour, while both parents parenting is associated with health.

Although individual studies suggest gender differences, several metaanalyses showed the differences to be only small. Lytton and Romney (1991) reported on 19 family processes and found only one significant boy-girl difference in physical punishment. Similarly, Endendijk et al. (2016) did not confirm gender differences in parental control.

The second pattern of gender-differences suggests that girls are raised in a more intensive way both with regard to parental control as well as parental warmth and support (Branje, Laursen, & Collins 2012; Kapetanovic et al., 2017; McKinney, Brown, & Malkin, 2018; Smetana, & Daddis, 2002; van Lissa et al., 2019; Willoughby, & Hamza, 2011). Our studies confirmed this assumption to some extent. In Study 4 we have confirmed boy-girl differences in most of studied family processes with an exception of perceived social support

from mother. Girls reported to have more warmth and communication with mother, support from father and more monitoring and conflicts with both parents. Boys reported more communication with father than did girls. Further, girls seemed to be more vulnerable to other than biological parent's family structure. Moreover, results of this study (study 4) in general showed stronger relationship between family characteristics/ processes and risk behaviour among girls than boys. On the other hand, when both adolescent and parental reports on parental control were compared by adolescent gender (study 9), no gender differences have been found with an exception of punishment. Adolescent boys reported being punished more often than girls. When looking at changes in family processes (study 1), no gender differences have been confirmed.

In our recent study (Bacikova-Sleskova, Hricova, & Orosova, submitted) we have extended our knowledge on gender specific parenting by studying mother-daughter, mother-son, father-daughter, father-son dyads. The aim of the study was to explore the gender-specific links between perceived parental behavioural and psychological control and adolescents' psychological adjustment directly and indirectly through the positive and negative aspects of the parent-adolescent relationship. The participants in the study were 930 early adolescents (mean age 12.9; 49.9% girls) who filled in questionnaires about their parents' parenting (for mothers and fathers respectively) and their psychological adjustment (self-esteem and life satisfaction). The results of the structural equation modelling showed that the perception of adolescents regarding their parents' behavioural and psychological control is significantly directly and/or indirectly associated with their psychological adjustment (behavioural control positively and psychological control negatively). Among the boys, for both mothers and fathers, control is associated with boys' psychological adjustment only indirectly via the perceived parent-adolescent relationship. For the girls on the other hand, the link between parental control and psychological adjustment is direct for father's control and both direct and indirect for mother's control. The link between perceived parental control, the parent-adolescent relationship and adolescent psychological adjustment shows some gender-specific patterns. Maternal control was associated with adolescents' adjustment only indirectly via the quality of

the mother-adolescent relationship while among the fathers, more direct associations were found. This was particularly the case for the father-daughter dyad.

Some evidence (Parke, 2004; Sim, 2003) suggests that parenting of one parent should be considered in the context of parenting of other parent. In particular, when studying paternal parenting. Fathers may mediate and moderate mother-child relationship (Parke, 2004). Fathers may have indirect impact on mother-child relationships by modifying and moderating mother-child interactions or by their relationships with the wives. Sim (2003) reported that father characteristics moderate links between mother characteristics and adolescent attributes. For example, the link between mother's responsiveness and adolescent's sense of self-worth has become stronger as father's responsiveness increased. In our study (study 2), on the other hand, when mother's support studied together with father's support, the association of mother's support with adolescent health decreased.

As can be seen in previous paragraphs, although some gender specific trends in parenting are visible, any general conclusion cannot be made. Russel and Saebel (1997) suggest that many different factors may influence parenting and family processes, and gender is only one of them.

3.2 Cultural and socio-economic context

Within the Bronfenbrenner's Ecological system approach (1979), the life of individual is shaped not only by microsystems (such as family), but also mesosystems (such as cultural and socio-economical context). Alike, family processes and parent-adolescent relationship are influenced by larger systems. Cultural specifics of family processes may be seen both in the way how parents behave and the way how adolescents respond to parental behaviour. Parents in different cultures vary in their parenting goals and parenting values. Although these might be specific for each nation, in general they were hypothesised to be related to the level of individualism and collectivism in each country (Prevo, & Tamis-LeMonda, 2017). Countries where higher level of individualism is prevalent appraise individual values such as personal freedom or time for oneself. On the other hand, in countries that are characterised by higher level of collectivism

good interpersonal relations and group benefits are highly valued. Countries therefore differ also in their “parenting priorities” – whether parents in the particular society endorse child independence or obedience (Park, Lau, 2016). In individualistic societies parents foster their child’s independence in order for their children to grow up as autonomous and independent individuals. On the other hand, parents in collectivistic societies emphasize group harmony and understand self in relation to one’s context and relationship with others. Thus parents in individualistic countries use parenting strategies that emphasise independence, such as autonomy support, while parents in collectivistic countries stress the importance of group goals and form children to be more obedient (Park, Lau, 2016). Authors in their broad study across 90 different nations found that independence was more popular in nations with greater wealth and higher percentage of educated populations; obedience was more popular in nations with less wealth and lower percentages of educated and urban populations.

Research for example shows that although parental warmth seems to be a universally positive aspect of parenting, interpretations of parental control and the relation between parental control and perceived parental warmth vary widely across cultural groups (Deater-Deckard et al., 2011). In collectivistic countries (such as China, Korea, Ghana) parents use more controlling behaviour toward their children than do parents in individualistic countries (Dwairy, & Achoui, 2010; Richman, & Mandara, 2013). The cultural differences can be also found in the way how parenting behaviour is perceived and interpreted by adolescents. For example, parental behaviour that was characterized by guilt induction was perceived more negatively by Belgian than Chinese adolescents (Chen et al., 2016). Another example can be found in research of Chao and Aque (2009) who found that Afro-American adolescents perceive parental highly controlling behaviour as showing parental love and interest. Similarly, in Ghana parental behaviour that was autonomy supportive characterised by providing choices to adolescents was perceived as neglecting with a lack of parental interest (Marbell, & Grolnick, 2013).

Slovakia in this context is quite specific country where collectivistic values (brought from a past) are mixed with individualistic values (typical for present European community). In our recent study (Bačíková, 2017) we identified more or less similar levels of individualism and collectivism in a sample of university students. Bašňáková, Brezina and Masaryk (2016)

reported that in the context of other European countries people in Slovakia score rather low on individualism scale. This place Slovakia virtually in the middle of the individualistic – collectivistic scale.

Of course, cultural specifics are not highlighted only in broad differences between collectivistic and individualistic countries. Separate countries may differ in what is perceived as normative with regard to parenting. For example, in some countries, physical punishment might be perceived as more normative than in others. Similarly, expressing love toward a child by father may be seen as inappropriate in some cultures. Furthermore, broader cultural constructions in what is appropriate for adolescents' development might play a role.

These cultural specifics may account for somewhat different results in several of our studies when compared to previously published results from other countries. In studies 6, 9 and 10 we consistently reported parental behavioural control (monitoring) to be positively associated with psychological outcomes (e.g. self-esteem) what contradicts findings from other cultures. Several previous studies showed that although behavioural control is desirable for avoiding risk behaviour and externalizing problems, it might also be associated with lower psychological adjustment (Kakihara et al., 2010; Van Lissa et al., 2019). This association may be attributed to feelings of overcontrol or incompetence that adolescents often feel when controlled by parents (Kakihara, & Tilton-Weaver, 2009; Kapetanovic et al., 2017) as well as to parental control in domains that are perceived as personal by adolescents (Smetana, Crean, & Campione-Barr, 2005). In our studies (9 and 10), however, both maternal and paternal behavioural control was associated with better psychological adjustment both for boys and girls. It is possible, that in Slovakia, where collectivistic values are endorsed, adolescents perceive their parents control as a sign of interest rather than intrusiveness to their autonomous behaviour. Similarly, our previous study showed the importance of national context with regard to the effect of parental unemployment on adolescents' health (Sleskova et al., 2006). Fathers employment status was more important in Slovak sample, while in Dutch sample it was mother's employment status.

Beside cultural specifics, an important contextual factor for parenting and other family processes is overall socio-economic status of family (parental education, parental employment

status, objective financial situation as well as subjective financial strain). Higher perceived financial stress is associated with more conflicts between adolescents and parents, with lower parental warmth and higher hostility (Conger et al., 1994; Morrison Gutman, McLoyd, & Tokoyawa, 2005). Family stress model (Conger et al., 1992) suppose that objective economic strain and unstable work are associated with worse parental emotional well-being and their behaviour toward adolescent via subjective perception of financial stress. This perceived stress is further associated with parental depression, what can lead to inter-marital conflicts and decrease in parenting quality. Moreover, parents from lower socio-economic groups have less information on adequate forms of parenting. Evans et al. (2005) found that perceived poverty is associated with chaos and lack of structure in parenting. Leinonen et al. (2003) found that both mothers and fathers endorse more punitive parenting when they are under economic hardship.

According to Hoff, Laursen and Tardif (2002) association of parental SES with parenting can be expressed in three general differences (1) lower SES parents are more concerned that their children conform to societal expectations, while higher SES parents are more concerned that their children develop initiative; (2) low SES parents create a home atmosphere in which it is clear that parents have authority over children, while in high SES families children are more equal partners; rules are discussed and opposed; (3) low SES parents are more punitive, in particular physical punishment, but less conversational than are higher SES parents.

In line with this, a broad international study (Park, & Lau, 2016) showed that at person-level, personal socioeconomic status rather than national socioeconomic characteristics predicted individual parents' priorities in fostering child's independence or obedience. Higher social class predicted greater likelihood of endorsing independence and not endorsing obedience.

In our studies 2 and 3 we have shown that parental employment status is important with regard to the quality of family processes as well as adolescents' health and well-being. In Study 2 we have found that the quality of perceived social support is lower in the case of paternal unemployment. Similarly, in Study 3 adolescents with employed fathers perceived to be closer

to and have a higher frequency of communication with their fathers than those with non-employed fathers. Adolescents with an employed mother were monitored less than those with an unemployed or non-employed mother. Regarding the perception of parents, adolescents with an employed father experienced a significantly higher positive affect towards him in comparison to those with non-employed fathers and a significantly less negative affect than those with unemployed fathers.

3.3 Future research

In past 20 years, research on family processes in families with adolescents has increased considerably. A huge number of studies has been published bringing many important results. The shift in research interest has been made from solely focusing on broader family factors (such as family structure, or general parenting styles) to more nuanced research interest in separate family processes and parent-adolescent interaction. Several new directions have occurred in the research that should also be applied in our cultural context.

More longitudinal studies are needed in family research, in particular in Slovak context where such studies are missing. Longitudinal studies would allow to focus on a specific process that occurs between parenting practices or family events and the studied outcome in adolescence. It is important to know what is the role of adolescent in this process. Adolescents are not passive recipients of parenting efforts, they actively respond and react to parental behaviour. Their reactions may vary by adolescent personality, their previous experiences, their parents' parenting style or the particular situation. These various reactions further differently influence adolescent behaviour as well as psychological adjustment.

Various family processes and parenting practices tend to co-occur. For example, high quality communication with parents is associated with good perceived support what is associated with appropriate use of parental control. On the other hand, use of psychological control is associated with higher conflicts and further with less perceived support. Using a person-oriented approach (by any clustering method), we can identify families that resemble in

their family processes. Families, where various family processes are positive, adaptive, can be distinguished from families with generally negative processes or those where the processes are mixed.

Massive use of smartphones by adolescents opens new ways of data collections. It makes possible to measure a day to day variations in particular family processes and thus apply a dynamic approach to parenting research. A recent 7-days study (Mabbe et al., 2018) for example showed that parental use of autonomy support and psychological control varies considerably by days and this variation is related to their day to day satisfaction of psychological needs. When parents' needs were satisfied they tend to use more adaptive parenting (i.e. autonomy support). The study of day to day variations may be a challenge in Slovak context but could bring an important new data on family processes.

A recent developmental trend among adolescents shows a decrease in externalizing behaviours and an increase in various forms of internalizing behaviours (Bor et al. 2014; de Looze et al. 2015; Kristjansson et al., 2016). In Slovakia, this trend has not been registered yet (ESPAD, 2015; Madarasová-Gecková, 2019), however, we can assume that it will be present in next several years. Therefore, a shift in a research interest should be made to internalizing problem behaviours (such as anxiety, depression symptoms, low well-being, low self-esteem).

To conclude, question for further research is not whether family is important socialization factor in adolescence but how the socialization within family occurs. The research interest should focus on the whole process, on the role of adolescents in this process, the role of parental values and expectations or the global context in which parenting occurs.

3.4 Implications for practice

Practical implications that are offered to parents in many parenting books come primarily from counselling or clinical psychological practice. However, for a complex view on family factors that are important for good adolescent development a research conducted on larger representative samples is needed. Results of our studies have brought several information that should be spread among parents. Firstly, it seems to be important to show parents what are the normative changes in parent-adolescent relationship during adolescence (study 1). The increase in conflicts or decrease in perceived support (“Parents do not understand me”) in the beginning of adolescence are normal part of the relationship. This change, however, should not be huge and should lead to a good quality horizontal relationship in later adolescence. Further, it should be stressed that in family adversity, or in the situation when one parent is not able to give sufficient support to adolescent, the other parent becomes even more important (study 2). Parents should also know, that the way how adolescents perceive family processes differs from the way how the processes are perceived by parent (studies 6, 7). This is particularly true in domains that are perceived by adolescents as private. With regard to avoiding adolescent risk behaviour, showing parental disapproval of such behaviours seems to be crucial (study 5). Furthermore, parents should be taught how to use appropriate forms of control (studies 8, 9 and 10). When controlling adolescent they should create the atmosphere where adolescent would share information about their life with them (study 8).

It is very difficult, or even impossible to change the overall parenting style of parents (Chassin et al., 2005). Therefore, with regard to practical implications of research findings, it is necessary to focus on particular behaviours that could be changed and thus promote positive changes in adolescent development. Our results suggest two particular parenting behaviours that may be the subject of a change: parental attitude toward adolescent risk behaviour and the way how parents assert control over adolescent.

Parental smoking and weekly alcohol consumption was associated with increased adolescents’ substance use. This association was further mediated by perceived parental

approval of substance use (study 5). Similarly, study 6 showed that perceived parental approval is the only or the strongest predictor of adolescent risk behaviour among several other family factors and parenting practices (substance specific communication, maternal/paternal monitoring, maternal/paternal companionship and maternal/paternal substance use). Adult occasional alcohol consumption is perceived as normative in our culture. Parents who use substances, may have laxer attitude toward adolescents' risk behaviour and thus have problems in showing their disapproval (Engels & Bot, 2006; den Exter Blokland 2006). In terms of prevention, there is a possibility to encourage parents to improve their anti-smoking and anti-drinking attitudes and make them clear to adolescents to decrease the probability in them engaging in risk behaviour. This seems to be highly relevant particularly for parents that drink alcohol on a non-problematic weekly basis and their attitudes toward adolescents' beer consumption. Even when parents smoke or drink occasionally, they may set strict rules and communicate clearly their disapproval of such behaviour of their child, in particular in early adolescence. When comparing the parental and adolescent influence on risk behaviour in early adolescence, Cleveland et al. (2008) found that parental factors explain higher percentage of variance in risk behaviour than peer factors, what makes parental disapproval even more important.

The second parenting practice that may be subject of intervention is parental control. Many parents need to change either the form or intensity or both of the control they use when raising adolescents. This could be made in two steps. The first step in the sense of primary intervention would be to inform parents about benefits of appropriate parental control for various aspects of adolescent development. It seems to be important to stress adequate intensity, that has to respect a developmental needs (Stage-environment fit theory, Eccles et al., 1993) of a particular adolescent. The second step, that could be a part of intervention programs in secondary and tertiary prevention, is a sensitisation of parents to their own use of control and subsequent training of effective ways of parental control.

As we have stated in the introduction, psychological prevention of undesirable effects of adverse family circumstances is not very developed in our cultural context. Research findings suggest inter-generational transition of parenting and parenting styles (Chen, Kaplan, 2001)

thus the change of maladaptive forms of parenting and prevention might have a long-lasting positive implications for other generations. Individual prevention activities are made by counselling psychologists or school psychologists, however, parents of vulnerable children who would benefit the most from such interventions only rarely participate in such activities. Short one session interventions might therefore be the solution. Such short interventions are rather easy to implement and it is more probable that parents would attend such program. Moreover, short interventions seem to be very effective in many areas (Schleider, & Weisz, 2017). As an example we present a work by Koning et al. (2009). The authors conducted an intervention that included only one session with parents at the beginning of the school year within a standard school meeting of parents. They had a short presentation on negative consequences of adolescents' alcohol use and on the importance of setting clear rules on alcohol use to adolescents. After this presentation, parents were asked to work in a group and to agree on a set of rules that would be used for all children from the particular class. This increased the possibility of parents to control effectively their child behaviour and decreased a peer pressure as all children had the same rule. Subsequently, this prevention decreased adolescents' alcohol use.

Prevention might be focused not only on parents but also on adolescents, e.g by changing their normative expectations. Adolescents tend to interpret parental behaviour based on their comparisons with their peers (Corsaro, & Eder, 1990). Research consistently shows that perceived social norms (i.e. normative expectations) differ considerably from reality. If individuals feel that their feelings, attitudes or behaviour differs considerably from feelings, attitudes and behaviour of most members of their social group, they feel a discomfort and try to decrease this discrepancy by changing their behaviour in line with the group norm (that is often misinterpreted). Many prevention programs therefore work with the assumption that by informing individuals about a real group norm individual would change their behaviour. This assumption has been confirmed in many previous studies (DeJong et al., 2006; Perkin, Craig, & Perkins, 2011; Perkins, 2003). Therefore, one of the possibilities for intervention, is to change normative expectations of adolescents about the other parents' parenting. To show them that it is normal to have rules set by parents, and it is normal to behave in line with this rules.

4. Conclusion

“Family” is a topic, where people often feel to be experts because of their own long-term experiences. However, individual experiences are considerably biased and family context for development is very complex and varies across families. Therefore, there is a need for research knowledge to be gained and to be spread across the general population.

Perceiving family as a system makes difficult to empirically capture the whole process and all factors that play a role in this process. Rather, the focus on specific aspects and family processes is needed. In depth understanding of specific situation, contexts, outcomes, individual differences, or day to day variations in family processes may, step by step, help to make a complex picture of socialization in family. As soon as we understand this issue in depth, it will be possible to identify risk families and effective prevention programs can be created to prevent many of the undesirable outcomes. In the near future, the role of family and primary caregivers may be even more important for adolescent socialization. The number of possible model figures increases and at the same time the quality of such figures is questionable. Parents need to transfer the values they consider important on their children and should do it in the way that helps to internalize the norms and values.

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