

Adolescent health brief

## Parental Socialization of Smoking Initiation in Latino Youth

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### Abstract

The relationship between parental socialization strategies and child smoking behavior was examined among 170 Latino parents and 85 index children. Maternal support was negatively associated with child smoking whereas siblings' and friends' smoking were positively associated. Studies with larger samples of Latino families are needed to replicate these findings. © 2006 Society for Adolescent Medicine. All rights reserved.

### Keywords:

Smoking; Parental influence; Latino youth

Parental socialization strategies may influence children's smoking behavior initiation [1]. Parental support, control, monitoring, and modeling are associated with children's cigarettes use [2–5]. However, current studies focus primarily on white children, with limited attention on Hispanics. Research on Hispanic children is important given the higher rate of smoking among Hispanic youth (11%) relative to African American (9%) and white (8.8%) middle school students [6]. This study assessed the relationship between parental socialization practices and children's smoking in Latino immigrant families, as well as evaluating the role of more traditional smoking predictors.

### Methods

#### Participants

Participants included 170 Mexican and Central American parents and 85 index children (46 boys, 39 girls). Children's mean ( $M \pm SD$ ) age was  $11 \pm 2$  years; mothers' age ranged from 23 to 53 years ( $37 \pm 6$ ) and fathers' age ranged from 24 to 69 years ( $39 \pm 7$ ). Most of the parents (90%) were born in Mexico and Central America whereas

62% of the children were U.S.-born. Over half of the mothers and fathers had eight years or less of education and 44% had an annual household income of less than \$19,999. Recruitment announcements for the study were made at the end of Catholic mass or while eligible families were sitting in the waiting area at local social agencies until we recruited 85 families. None of the 85 families withdrew from the study. The selection criteria included: a) both parents were of Latino ancestry and lived in the same household; and b) families had a child between the ages of 8 and 14 years with no physical or mental disabilities.

#### Measures

*Demographic form.* Included were questions about the subject's age, gender, ethnicity, education attainment, language preference, place of birth, and number of years living in the United States.

*Smoking behavior.* Children's smoking behavior was assessed with the following question, "Have you ever smoked even one puff of a cigarette?" In addition, children were asked if their siblings and friends ever smoked. Current parental smoking also was assessed.

*Smoking attitude scale.* Questions adapted from the Survey of Youth Smoking Behavior were used to assess general attitudes toward smoking and consisted of 16 items scored on a five-point Likert scale [7]. This instrument has been

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Table 1  
Index child's and parent's characteristics and child smoking status (M, SD or %)

Variables	Ever smoked (n = 12)	Never smoked (n = 73)	p Value
<b>Demographics</b>			
Child's age	11.9 ± 1.9	10.6 ± 1.6	.010
Child's gender (% female)	28.6	49.3	.155
Child's birthplace (% Mexico)	50.0	38.0	.443
Mother's country of origin (% Mexico)	71.4	76.1	.714
Father's country of origin (% Mexico)	57.1	76.1	.145
Years lived in U.S. (child)	9.2 ± 4.3	7.9 ± 3.7	.251
Years Lived in U.S. (Mother)	19.9 ± 15.7	12.6 ± 9.3	.020
Years Lived in U.S. (Father)	23.6 ± 20.5	15.4 ± 9.0	.017
Child's preferred language (% Spanish)	50.0	67.6	.208
Mother's educational level (% less than high school)	61.5	50.7	.580
Father's educational level (% less than high school)	35.7	53.5	.475
Family income (% < \$10,000)	50.0	29.0	.429
Family's religious preference (% Catholic)	85.7	78.9	.559
<b>Smoking attitudes</b>			
Child's positive smoking attitudes	2.6 ± 0.6	1.8 ± 0.7	.001
Child's negative smoking attitudes	1.8 ± 0.5	1.7 ± 0.7	.447
<b>Sibling and peer influence</b>			
Sibling smokes (% yes)	42.9	10.0	.002
Any friends smoke (% yes)	28.6	8.6	.035
<b>Parental current smoking</b>			
Mother (%yes)	35.7	33.8	.890
Father (%yes)	92.9	81.7	.303
<b>Parenting socialization practices</b>			
Mother			
Support	9.4 ± 1.0	10.1 ± 1.0	.026
Structure	6.3 ± 1.2	6.2 ± 0.9	.663
Control/strictness	13.3 ± 2.1	13.6 ± 1.8	.682
Father			
Support	8.8 ± 1.1	8.9 ± 1.4	.690
Structure	5.8 ± 1.0	6.3 ± 1.2	.158
Control/strictness	13.8 ± 1.0	14.5 ± 2.6	.438

correlated with frequency ( $r = .56, p < .0001$ ) and amount of smoking ( $r = .48, p < .0001$ ).

**Parenting Dimensions Inventory (PDI).** The PDI [8] is a multidimensional instrument consisting of 47 items that assess three domains of parenting: support, structure and control/strictness. Parental support included nurturance, responsiveness to child input, and reasoning subscales. The structure domain included consistency and organization of the household subscales. The strictness/control dimension included amount of control, nonrestrictive attitude, and use of physical punishment. Reliability coefficients (Cronbach alpha) ranged from .54 to .82 with a mean of .72.

### Procedure

After obtaining consent from the family to participate in the study, two bilingual research assistants (one woman and one man) interviewed all subjects successfully in their homes. Mothers, fathers and children were interviewed in their preferred language about their family background, smoking practices, and attitudes toward smoking. In addition, parents were interviewed regarding their socialization

strategies. Seventy percent of the parents and 65% of the children were interviewed in Spanish.

### Statistical analyses

We used the standard definition of current smoking to assess parental smoking, which requires an individual to smoke at least 100 cigarettes in their lifetime and currently smoke every day or some days [9]. However, this definition was overly stringent for use with our primarily preadolescent sample. Thus, we decided to use a more liberal definition that differentiated between ever- vs. never-smokers for the children in this study. For the analysis, children were classified as ever-smokers if they answered "yes" to the question "Have you ever smoked even one puff of a cigarette?" Thus, our definition of ever smoking would include both current and experimental smokers using more standard definitions. Demographic data for both the children and parents were analyzed using descriptive statistics. Exploratory analysis ( $t$ -test and chi-square) were conducted to evaluate factors that might be associated with child ever-smoking behavior.

## Results

### *Prevalence of cigarette smoking*

Fourteen percent (9 boys and 3 girls) of the children reported ever smoking, whereas 84% of the fathers and 34% of the mothers reported currently smoking. Children reported that 16% of siblings and 12% of friends ever smoked.

### *Correlates of child's smoking*

As shown in Table 1, child's age ( $p = .010$ ) and number of years that mothers ( $p = .020$ ) and fathers ( $p = .017$ ) lived in the United States were associated positively with child smoking. Children with more positive attitudes about smoking also were more likely to be ever-smokers ( $p = .001$ ). Parent smoking was not significantly related to child ever-smoking ( $p = .890$ ,  $p = .303$  for mother and father, respectively). However, sibling ( $p = .002$ ) and friend smoking ( $p = .035$ ) were significantly related to child ever-smoking. Only maternal supportiveness differed by child ever-smoking status. Children classified as never-smokers had mothers with significantly higher scores on the supportive parenting style dimension ( $t = 5.14$ ;  $p = .026$ ) than those classified as ever-smokers.

## Discussion

Our preliminary study demonstrated limited parental influence on children's ever-smoking. Only maternal supportiveness was negatively associated with children's ever-smoking. Given the family structure and roles of the typical Hispanic family, in which mothers are primarily responsible for the socialization of their children [10], it is not surprising that maternal supportiveness was found to be significant. Parental acculturation was associated positively with children's smoking, indicating some cultural influence on smoking in these families.

The positive association between siblings' and friends' smoking and ever-smoking among index children suggests that perhaps, within the Latino families, siblings and peers play a strong role model for children's smoking behavior, similar to other populations [1]. Studies with larger and more representative samples of Latino families that include

other parental influences such as monitoring and communication are needed to replicate these findings and overcome the limitations of our small sample. In addition, multivariate models that allow for evaluation of the relative strength of potential predictors and correction for confounding factors should be used to further elucidate the role of parental socialization.

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