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Family Structure; Process of Family Life, Communication Patterns and Prevalence of Smoking, Alcohol and Illicit Drug Use among Primary Children

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Key issues

- Adolescents are vulnerable to experimenting with alcohol, tobacco, & other drug (ATOD).
- Families play a key role in preventing children from taking up such health risk behavior.
- Effective parent-child communication and relationship can prevent health risk behavior and enhance family satisfaction.



Research objectives

1. To identify the family structure, the process of family life and communication patterns between parents and their children in Hong Kong;
2. To examine the parents' self-reported on their own alcohol, tobacco and illicit drug use (ATOD);
3. To examine parental report of their children's ATOD use;
4. To examine the relationship between familial factors and alcohol use among young adolescents in Hong Kong

Study Paradigms and Design

Quantitative

- Objectively
- Systematically and carefully investigate phenomenon
- Precise measurement
- With ability to generalize



(Gillis & Jackson, 2002)

Survey Design

- Descriptive
- Cross-sectional survey
- Data collection via self-administered questionnaires



(Lobiondo-Wood & Haber, 2002)

Sampling and data collection

Sampling

- A two-stage random sample of primary schoolchildren aged 10-12 years were recruited from five schools in two deprived districts in Hong Kong

Data collection

- Each student was given an envelope packet to bring the questionnaires to their parents to complete
- Surveys were packed in individual envelopes to include information sheet and a set of questionnaires

Ethical consideration

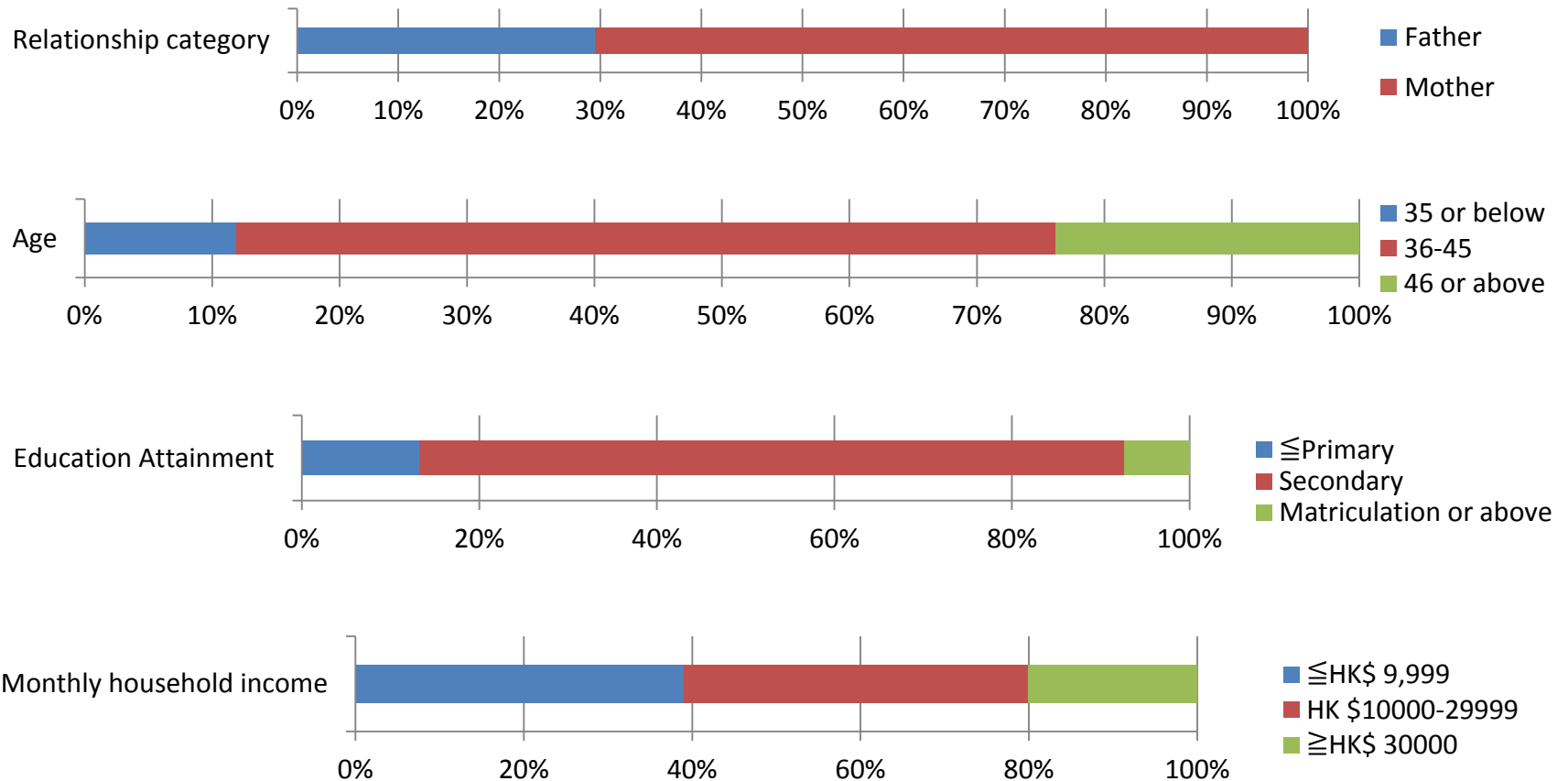
- Implied consent, autonomy, anonymity and confidentiality

Questionnaires



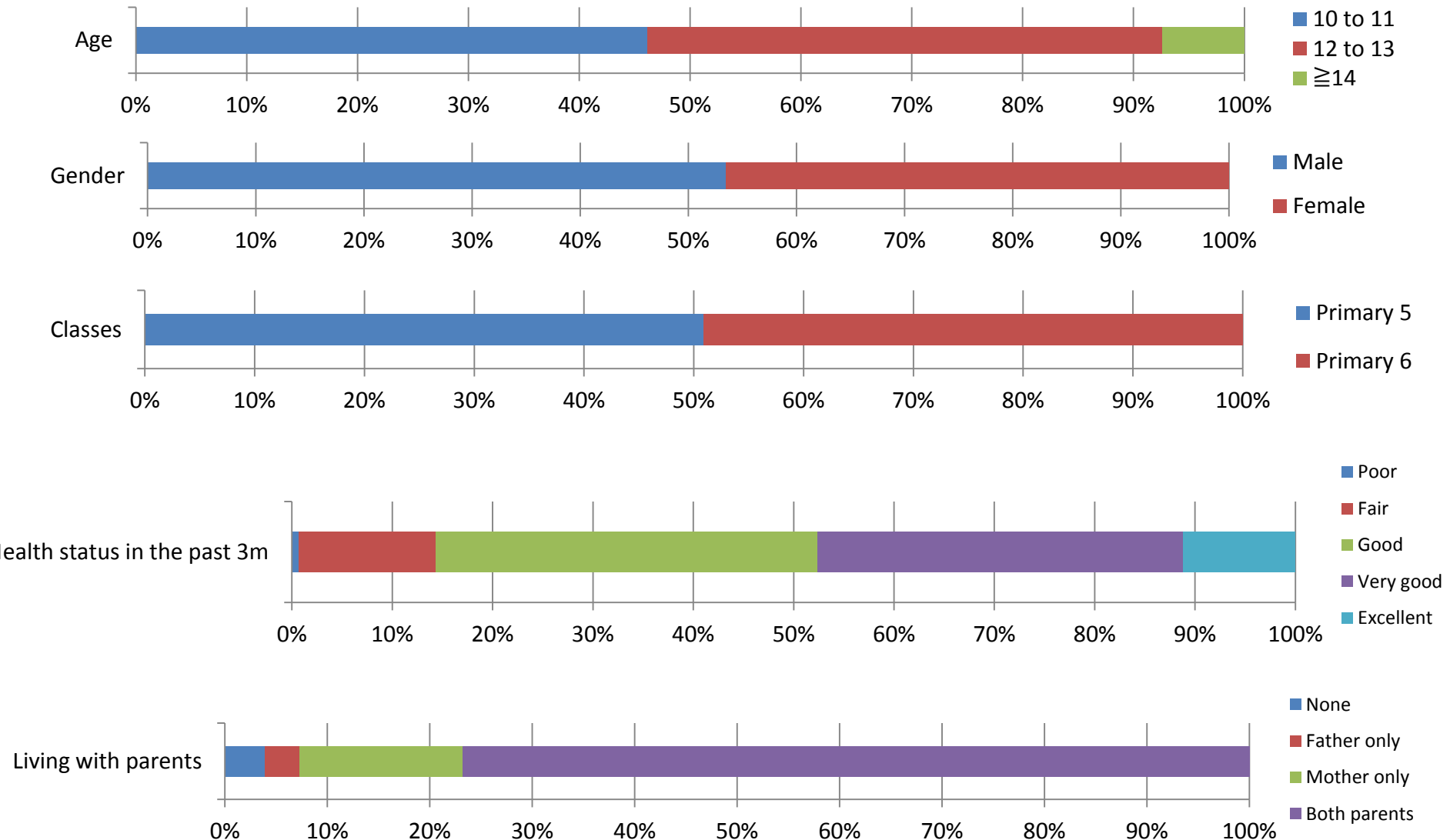
Types of questions	Content included	Sources
Family structure and family life factors	Number of children per family unit, age, to whom the parents lives, parenting patterns and process of family life via 5-point rating scale	Chen, Rubin & Li, 1997
Parent's own ATOD practice and parental report on their child's ATOD use	Parental self-reported smoking behavior, drinking habit, parental drug use experience (only drug status indicated), knowledge of their child's ATOD use	Mak et al., 2005; Abdullah et al., 2006; Ewing, 1984; Kolbe, Kann & Collins, 1999; Lee & Tsang, 2004
Parent-child communication in general and specific on ATOD prevention	Parent-child interaction on the 5-point scale: e.g.: "I am confident that I can talk with my children; I am confident that I can discipline my child correctly"	
Demographic information	Gender, age, education attainment, monthly household income	

Demographic characteristics of parents of young adolescents (n=782)



Over 80% of parents lived with spouse and children in the same household and without other family members

Demographic characteristics of young adolescents (n=782)

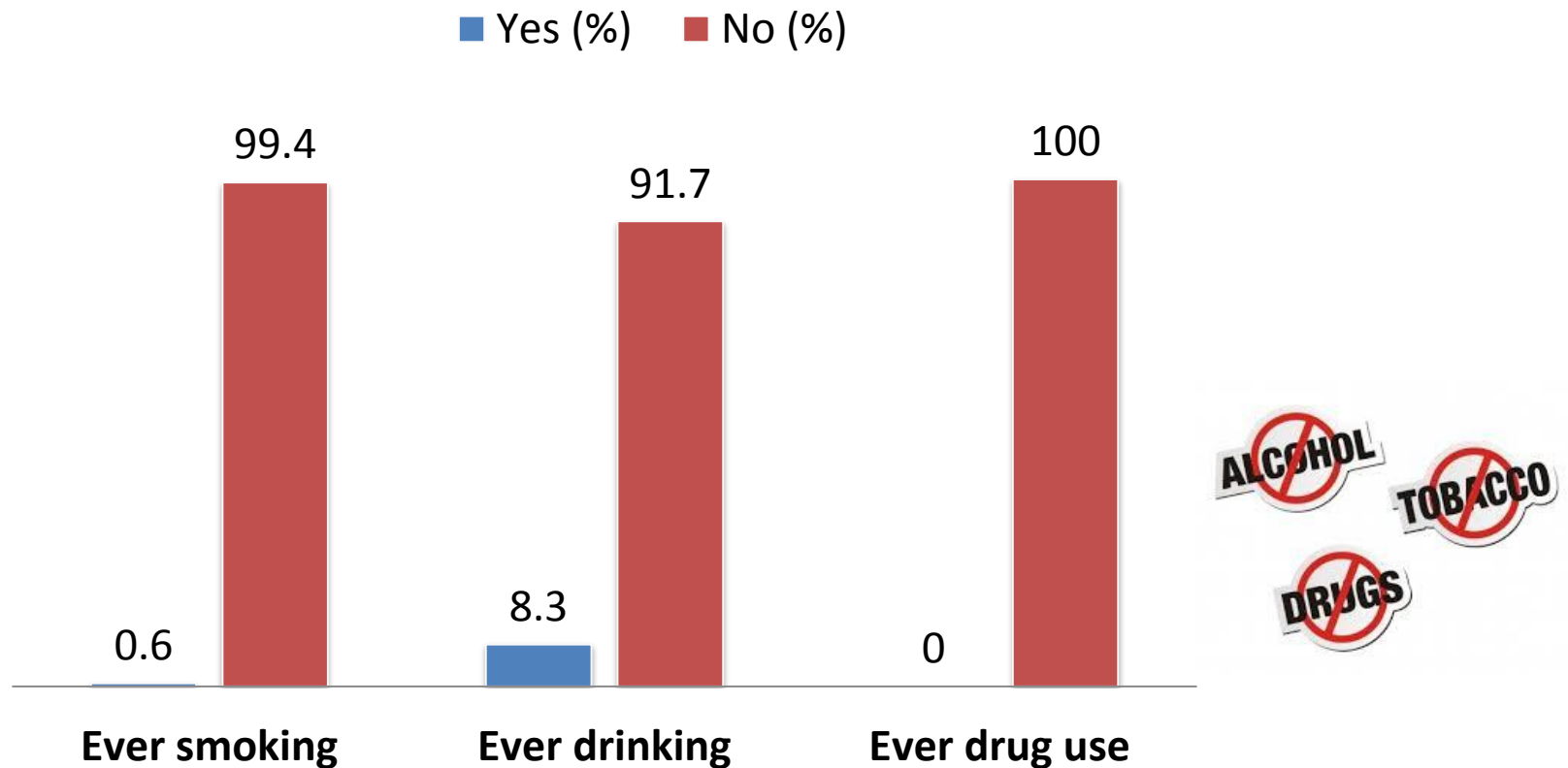


ATOD use of parents (n=782)

ATOD use	Smoking (n (%))	Drinking in the past 6 months (n (%))	Drug (n (%))
None of parents	365 (48.7)	322 (43.6)	767 (99.9)
Fathers only	329 (43.9)	230 (31.2)	1 (0.1)
Mothers only	12 (1.6)	35 (4.7)	
Both parents	43 (5.7)	151 (20.5)	

ATOD use of young adolescents

(n=782)



Significant familial factors associated with **alcohol use** among young adolescents (n=782)

Options	Never (n(%))	Ever (n(%))	Chi-square (df)
(1) I (Parent) intend to prevent my child from taking up health risk behaviors such as alcohol, tobacco another drug use			
Frequent	629 (91.2)	47 (77.1)	12.41 (1)***
Not frequent	61 (8.8)	14 (23.0)	
(2) I (Parent) plan to use positive parenting practices			
Frequent	511 (73.7)	35 (56.5)	8.49 (1) **
Not frequent	182 (26.3)	27 (43.6)	
(3) Parents’ drinking			
None of parents	297 (44.7)	20 (32.8)	23.39 (3) ***
Father only	212 (31.9)	13 (21.3)	
Mother only	33 (5.0)	1 (1.6)	
Both parents	122 (18.4)	27 (44.3)	
(4) Parents’ - Ever substance use			
None of parents	186 (28.8)	15 (25.4)	22.45 (3) ***
Father only	283 (43.8)	12 (20.3)	
Mother only	23 (3.6)	2 (3.4)	
Both parents	154 (23.8)	30 (50.9)	
			Remark: p-value: *≤0.05; **<0.01; ***<0.001

Discussion:

parental ATOD use



1. Present results are shown to be consistent with previous findings that parental use of alcohol is predictive of alcohol consumption on children.
2. Previous research has revealed the predictive effective of parents' specific use of alcohol predicts drinking behaviours on the part of their children (Latendresse, et al., 2007)
3. The effect of parental drinking might even last till children have attained adulthood (Merline, Jager & Schulenberg, 2008).
4. Any substance use in general, inclusive of smoking, drinking and using drugs, predicts alcohol consumption on children (Andrews, Hops, Ary, Tildesley & Harris, 1993).

Discussion: parenting pattern



1. Present results however did not show significant association between children's drinking behavior and positive parenting practices which were antecedently found to be effective in protecting children from drinking, such as active communication (Mak et al., 2010), frequent physical touches, and active display of care and support (Choquet et al., 2008; White, 2012).
2. The socio-economic status of subjects is a possible factor to consider. Most of the parents (79.5%) have only attained an educational level of secondary school. And almost half of the families (46.3%) earned less than HK\$10,000 monthly, while also half of the families (50.6%) were raising two children.
3. Considering the backgrounds of parents, positive parenting practice may not be feasible as parents may possibly be occupied by long-hour working to earn a living. However, distinct from previous findings, it is revealed here that parents with the intention to prevent children from drinking, smoking and using drugs are predictive of non-drinking behaviors on children. Previous researches have focused on actions or parental measures implemented prevent children from drinking, such as active monitoring by asking children where they were and who they were with (DiClemente et al., 2001).

Discussion



1. Parents' psychological character also carries significant weight in prevention. An intention to prevent might imply that parents are displaying worries and concerns over children.
2. Such worries might unconsciously result in, not necessarily changes in parenting practices or increased communication with children over various substance use, but possibly other behavioral changes on parents themselves, such as cutting down their own substance use or paying more attention to children's overall changes.
3. It is not identified in the present study in what way and to what extent parental intention to prevent is associated with non-drinking behaviors on children.

Implications

1. Future studies might investigate the possible implications of the association between parental intention to prevent their children's ATOD use with the substance use behaviors on children.
2. However, our findings serve a positive implication that different forms of stimulations which arouse or remind parents of their role in preventing substance use on children, and raise their concerns would be an effective first step in encouraging prevention.

Conclusion

1. The engagement in a substance use environment poses potential influence on children's onset of any type of substance use.
2. The result reinforces the importance of substance free growing environment for children to reduce children's access to substances at the most convenient forum.



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