



## Parenting practices and adolescent smoking in mainland China: The mediating effect of smoking-related cognitions



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### A B S T R A C T

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This study examined the direct and indirect associations of general and smoking-specific parenting practices with Chinese adolescents' smoking behaviors. Adolescents aged 14–17 years ( $N = 658$ ) and their parents were recruited from three high schools in mainland China. Adolescents completed an anonymous online survey on their smoking behaviors, perceptions of parenting behaviors, and smoking-related cognitions including attitude, subjective norm, and perceived behavioral control. Parents completed a paper-and-pencil questionnaire on their parenting behaviors. Results indicated that psychological control and frequency of communication about smoking were positively linked to adolescent smoking through the mediation of two smoking-related cognitions—attitude and subjective norm. Parental knowledge of adolescent activities, disapproval of adolescent smoking, and home rules were negatively linked to adolescent smoking through the mediation of attitude and subjective norm. Results suggest that parenting practices and smoking-related cognitions are critical components to be incorporated in prevention and intervention programs for adolescent smoking in China.

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According to the 2009 World Health Organization report on the Global Tobacco Epidemic, China is the world's largest consumer of cigarettes (Clarke & Tan, 2011). Nearly 50 million teenagers smoke which accounts for 14.28% of Chinese smokers (Li, Mao, Stanton, & Zhao, 2010). Chinese children often begin smoking at early ages (between 10 and 15 years) and smoking rates are higher among boys than girls (vary between 28% and 43% for boys vs. 1%–11% for girls) (Unger et al., 2001). These alarming statistics are the result of a multitude of factors such as living in a sociocultural environment that sanctions smoking (Zhou, 2004), poor public awareness about the hazards of smoking (Ma et al., 2008), lack of effective intervention efforts (Zhang, Ou, & Bai, 2011), and lax and often inconsistent enforcement of federal laws and regulations regarding smoking and tobacco sales (Zhang et al., 2011). Although smoking and especially smoking among children and adolescents represents a serious public health problem in China (Unger et al., 2001), researchers have only just begun to explore questions about why and how young people are initiated into smoking and what aspects of familial environment propels them to take up smoking at early ages (Jessor et al., 2003). Much of the empirical research on adolescent smoking has been done in the United States and other Western societies and scientific investigations on the role of familial processes in adolescent smoking are

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surprisingly limited in the Chinese context (Grenard et al., 2006). Hence, our focus in this paper was to explore the relationships among parenting practices, adolescent smoking-related cognitions, and adolescent smoking behaviors in mainland China.

### Parenting practices and adolescent smoking behaviors

Prior research has shown that both general parenting behaviors and smoking-specific parenting practices contribute to adolescent smoking behaviors (Otten, Engels, & van den Eijnden, 2008). Two general parenting practices—parental support and control, have been frequently examined in the literature on adolescent smoking (Harakeh, Scholte, Vermulst, de Vries, & Engels, 2010). Whereas results from some cross-sectional and longitudinal studies conducted with U.S. (e.g., Chassin et al., 2005; Foster et al., 2007) and European samples (e.g., Harakeh et al., 2010) have indicated that adolescents with supportive and affectionate parents are less likely to engage in smoking behaviors, results from other studies have found no significant link between parental support and adolescent smoking behaviors (e.g., Huver, Engels, van Breukelen & de Vries, 2007).

The association between positive parental control behaviors and adolescent smoking has been well explored but the findings are mixed. Whereas some empirical studies have indicated a negative relationship between parental control and adolescent smoking (e.g., Piko & Kovács, 2010; Clark, Shamblen, Ringwalt, & Hanley, 2012), other studies have indicated no significant effects of parental control (e.g., Engels, Finkenauer, Kerr, & Stattin, 2005). A possible explanation for the inconsistency could be the conceptualization and operationalization of parental control in different studies. Stattin and Kerr (2000) have indicated the need to draw a distinction between parental monitoring and parental knowledge of youth activities. In fact, a meta-analysis of 17 empirical studies has indicated that parental knowledge of adolescent activities had a stronger effect on adolescent substance use than parental monitoring (Lac & Crano, 2009). Although previous research have indicated that parental knowledge is a protective factor against adolescent smoking (e.g., Simons-Morton, Haynie, Crump, & Saylor, 2001), there is some disagreement as to whether parental knowledge is linked directly or indirectly to adolescent substance use (Wang, Simons-Morton, Farhart, & Luk, 2009). On the other hand, psychological control, which includes intrusive and manipulative discipline practices that suppresses emotional autonomy, has been positively associated with both current and future adolescent smoking behaviors in a number of studies (e.g., Harakeh, Scholte, Vermulst, de Vries, & Engels, 2004; Huver, Engels, Vermulst, & de Vries, 2007).

In addition to the general parenting behaviors, smoking-specific parenting behaviors also play a role in shaping adolescent smoking behaviors. Smoking-specific parenting behaviors refer to those explicit activities that parents undertake to discourage or prevent their children from smoking such as parent-adolescent communication about smoking-related issues (Harakeh et al., 2010) and home rules about smoking (Ditre, Coraggio, & Herzog, 2008). Research studies linking parent-adolescent communication about smoking-related issues and adolescent smoking behaviors reported mixed results. Whereas some studies have indicated that parent-child discussion of smoking-related issues can serve as a protective factor against adolescent smoking (e.g., Jackson, 1997), other studies have suggested that it could function as a risk factor of adolescent smoking behaviors (e.g., Harakeh, Scholte, De Vries, & Engels, 2005). Still other studies have indicated that parent-adolescent communication is not linked to adolescent smoking initiation or escalation (e.g., Ennett, Bauman, Foshee, Pemberton, & Hicks, 2001). Recently, researchers (e.g., Harakeh et al., 2010) have emphasized that the focus in the area of parent-adolescent communication should be on whether parental messages about smoking are received constructively or negatively by the adolescent (i.e., quality of communication) and its relationship to adolescent smoking behaviors rather than on the frequency of parent-adolescent communication about smoking. In fact, some recent studies have shown that the quality of smoking-related communication protected adolescents from smoking, whereas the frequency of such communication increased the risk of adolescent smoking (e.g., Harakeh et al., 2005, 2010).

Besides parent-child communication about smoking, studies on other smoking-specific parenting have also reported mixed findings. Whereas some studies have found that adolescents were less likely to smoke if their parents establish strict rules against smoking at home (e.g., Ditre et al., 2008), other studies have found no association between the establishment of home rules and adolescent smoking behaviors (e.g., Huver, Engels, Vermulst, et al., 2007). Additionally, some studies have indicated that adolescents who perceived strong parental disapproval of their smoking behaviors were less likely to become established smokers compared with those who perceived no strong parental disapproval (e.g., Kong, Camenga, & Krishnan-Sarin, 2012; Sargent & Dalton, 2001).

### Mediating role of smoking-related cognitions

Beyond studies that have examined the links between parenting practices and adolescent smoking behaviors, investigations have pointed to the role of constructs such as smoking-related cognitions that could function as mediators of the relationship between parenting practices and adolescent smoking (Petraitis, Flay, & Miller, 1995). According to the Theory of Planned Behavior (TPB; Ajzen, 1991), individual's intention to perform a given behavior and the execution of this behavior, is determined by three cognitive antecedents: attitude towards the behavior, subjective norm, and perceived behavioral control. Recently, researchers have suggested an elaboration of the TPB model to include more distal factors such as parenting practices in the investigations of adolescent smoking behaviors (Petraitis et al., 1995). The mediating role of smoking-related cognitions in the link between parenting practices and adolescent smoking behaviors have been supported in several

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