

**Evaluation of parental marital satisfaction and parenting style in adolescents with opium abuse**

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**Abstract:** Previous studies suggest that the quality of the parent-adolescent relationship has significant impact on the prevention of risky adolescent health behaviors such as substance abuse. We conducted this study to investigate the relationship between opium dependency in adolescence with parenting style and parents' marital satisfaction. This is a case-control study. The subjects of the research were 150 parents of adolescents with opium abuser and 150 parents of non-opium abuser adolescents. Then Baumrind's parenting style scale and ENRICH Marital Satisfaction Scale were employed to assess the marital satisfaction and parenting style among subjects. Mean differences between the two groups were compared using independent sample t-test. The mean age of adolescents in case and control groups were 17.63±3.50 and 18.32±2.10 years respectively (P-value=0.3). The mean ENRICH scale scores in case and control group were 123.65 ±17.26 and 137.71±21.34 respectively (P-value=0.02). The mean scores of authoritative parenting style was 15.46±7.27 and 18.20±4.83 in case and control groups respectively (P-value=0.02). The mean scores of permissive parenting style was 17.42±4.53 and 15.67±2.95 in case and control groups respectively (P-value=0.01). The parent's marital satisfaction was significantly lower in adolescents with opium abuse. We found the significant relationship between permissive style of parenting with adolescent opium abuse and authoritative style of parenting with non- opium abuse in adolescence.

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**Introduction**

Adolescence is a critical period for the development of healthy behaviors and lifestyles.

Findings from previous studies suggest that the quality of the parent-adolescent relationship has significant impact on the development or prevention of risky adolescent health behaviors. [1-4] The Centers for Disease Control and Prevention (CDC) has identified six health risk behaviors as being particularly salient for the development of optimal health. These risky behaviors include: (a) behaviors that contribute to unintentional injuries and violence; (b) tobacco use; (c) alcohol and other drug use; (d) sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases; (e)

unhealthy dietary behaviors; and (f) physical inactivity.[5] These behaviors are often established in early childhood and may continue through the adolescent period.

Different dimensions of the adolescent-parent relationship that might influence adolescent health and developmental outcomes, as well as the development of risky health behaviors. Such components include parental warmth versus coldness,

acceptance versus rejection, structure versus chaos, autonomy versus control, involvement versus detachment or neglect, strictness versus permissiveness, consistent versus inconsistent discipline, and connection versus distance.[6] Specific parenting behaviors that have been found to influence

adolescent health and risky health behaviors include type of discipline (consistent versus inconsistent), level of parental monitoring, type of communication, and parenting style.[7-9]

There is evidence that parenting style is one the important factors which might influence adolescence health. [10-11] The parenting styles framework encompasses 4 distinct parenting categories that are derived from two dimensions of interaction: (1) parental control (how much a parent intervenes in their adolescent child's life) and (2) parental warmth (how much positive affect a parent shows for their adolescent). Authoritative parents are warm and communicative, but they also exert appropriate control. Authoritarian parents exert control while lacking warmth, while permissive parents show warmth but do not exert control [11-13].

There is evidence from developmental and family process literature that marital conflict is linked with adolescent adjustment problems. Conflict between parents, especially conflict that children experience directly, is associated with increased internalizing, externalizing, and a host of other undesirable outcomes in adolescents [14-16]. There are, however, few studies that have examined the impact of marital conflict on drug use in adolescents, with most studies focusing on more general adjustment problems like externalizing. There is evidence that lack of impulse control, aggression, and other externalizing behaviors predict initiation of drug use in adolescents [17]; thus, the associations between marital conflict and externalizing behaviors also suggest an increased risk of initiation of drug use. A few studies have attempted to systematically examine the relationship between marital satisfaction, parenting, and adolescence outcomes.

This study investigated the relationship between opium dependency in adolescence with parenting style and parents' marital satisfaction. We focused on the progression of youths' opium abuse, and hypothesized that (a) parenting style has relationship with adolescence opium abuse, and (b) low parents' marital satisfaction would be associated with increases risk of opium abuse in child during adolescence.

## Methods

### Participants

The current study is a case-control study. The study was approved by the local ethical committee in research. All subjects were informed about the questionnaire they would answer and signed an informed consent form. The subjects of the research were 300 parents of children (150 parents of adolescents with opium abuse and 150 parents of non-opium abuser adolescents). Data were selected

through randomization from available sampling among 256 clients of substance abuse research center for case group, and from healthy adolescents in the educational centers for control group.

### Procedure

After applying for a marriage license, couples were recruited for study. Then parenting style and marital satisfaction questionnaire were given to the parents. We mentioned them that the data are secret and the parents signed the consent forms. Data and statistic indexes including mean and SD related to ENRICH marital satisfaction questionnaire and Baumrind's parenting style scale for subjects are described. All of the recruitment occurred over a 1-year period from 2013-2014. About 25 percent of individuals approached declined to participate. We interviewed 395 eligible couples. Statistical analyses were executed using SPSS-16 software. Mean differences between the two groups were compared using independent sample t-test. Results were considered significant if the P-value was less than 0.05.

### Questionnaires

ENRICH Marital Satisfaction Scale: The ENRICH Marital Satisfaction scale (EMS), according to Fowers et al [18], yields a valid and reliable measure of marital quality or satisfaction, and it consisted of 10 items rated on a five-point Likert scale that included 10 domains of marital quality (i.e. communication, conflict resolution, roles, financial concerns, leisure time, sexual relationship, parenting, family and friends, and religion) with one question per domain.

The content validity of the EMS is expressed by the fact that it measures 10 dimensions of marital satisfaction that were found to be most important by Fournier et al [19]. The EMS scale provides a 1-item sampling of the 10 dimensions of marital satisfaction [18]. The item-total correlations for the EMS ranged from 0.52 to 0.82 with a mean of 0.65 for men and 0.68 for women which reflected that the items on the EMS are cohesive [20].

The internal consistency of the EMS Scale indicated by Cronbach's alpha revealed an internal reliability of 0.86 [20]. The test-retest reliability of the EMS scale using an interval of 4 weeks was 0.86. Concurrent validity of the EMS was expressed by the correlation that it has with the Locke-Wallace Marital Adjustment Scale which was 0.73

when using individual scores and 0.81 with couple scores [20]. The scale was translated and adopted into Persian by Soleymanian. He found the internal consistency (Cronbach's alpha) for EMS to be 0.92 and split-half reliability coefficient as 0.86 [21].

Also, we found the internal consistency to be 0.90 and split-half reliability coefficient as 0.86.

**Parenting styles:** Baumrind's parenting style scale was employed. The questionnaire comprises of 30 items including 10 items for authoritative (high control, high warmth), 10 items for authoritarian (high control, low warmth), and 10 items for permissive (low control, high warmth) parenting respectively. Parents indicate how often the stated behavior is used when interacting with their children. Response choices ranged from "Completely disagree" to "Completely agree" on a 5-point scale. A summed score was tabulated as directed for each mother on each of the three parenting styles, which means that the higher the score, the more the caregiver exhibited that particular parenting style [22]. Prior to the administration of the Baumrind's parenting style scale, translated version of the instruments to Farsi language was submitted to an expert psychologist for assessment. The translated inventory was then back-translated after which all items were checked again by the translator and same psychologist. Psychometric property of this test was calculated in a pilot study with 30 subjects. The test-retest reliability for parenting style questionnaire after a two-week interval was 0.74.

## Results

The mean age of adolescents in case and control groups were  $17.63 \pm 3.50$  and  $18.32 \pm 2.10$  years respectively ( $P$ -value=0.3). The mean ENRICH scale scores in case and control group were  $123.65 \pm 17.26$  and  $137.71 \pm 21.34$  respectively ( $P$ -value=0.02). The mean ENRICH scale component scores in each group was calculated and summarized in table-1. Independent sample t-test was used to assess statistically significant differences between two groups.

The mean score of authoritative, authoritarian and permissive parenting style in case group was  $18.20 \pm 4.83$ ,  $26.27 \pm 4.87$  and  $17.42 \pm 4.53$  respectively.

The mean score of authoritative, authoritarian and permissive parenting style in control group was  $15.46 \pm 7.27$ ,  $27.41 \pm 8.66$  and  $15.67 \pm 2.95$  respectively.

The mean differences of Baumrind's parenting style scale scores between two groups are summarized in table-2.

## Discussion

The present paper provides preliminary evidence that parental marital satisfaction and parenting style have relationship with opium dependency in adolescence. In this study, a significant difference was observed between two groups in the level of marital satisfaction and the type of parenting style. Findings of this research indicated that parents

with opium abuser children have lower level of marital satisfaction as compared to parents with normal children. There are two possibilities to explain these differences, first is the effect of children on marital satisfaction or dissatisfaction. The role of children with substance abuse problem is considered as a factor that causes marital conflicts and dissatisfaction. The second possible mechanism is that marital conflict may be associated with risk of substance use in adolescence. There may be a direct effect of marital conflict on the child. It is also likely that marital conflict disrupts or impairs parenting, thus indirectly influencing child adjustment through parental behaviors by, for example, decreasing effective monitoring. One such found that the effects of marital hostility on adolescent externalizing behaviors were mediated by multiple types of parenting behaviors, including monitoring, with some differences for mothers and fathers [23]. Overall, it is clear that marital conflict is associated with child adjustment and that parenting behaviors, including monitoring, at least partially mediate this effect on children. Because adolescent drug initiation is an adjustment problem highly comorbid with externalizing problems, it is likely that marital conflict impacts drug initiation via similar mechanisms, operating in part through parenting behaviors [24].

Also the result of this study revealed significant relationship between parenting styles and adolescent opium dependency. We found that permissive style of parenting was significantly higher among parents of adolescents with opium abuse compare to parents of control group. On the other hand parents of adolescents in control group reported authoritative style of parenting significantly higher than of parents of adolescents with opium abuse. These findings were consistent with the hypothesis that authoritative style may act as a protective factor while permissive style of parenting may act as a risk factor against adolescent tendency to substance abuse [25-27].

## Limitations

Our study has some limitations. The sample was rather small and results might be sample specific; confirmation on larger sample size is required. A further limitation of our study was that findings were based on parents' self-report questionnaires for marital satisfaction and parenting style which should be reservedly considered when generalizing the results. The matching between two groups was not considered during sampling unless about age of subjects. Consequently, the results should be interpreted with appropriate caution.

Table 1: the mean ENRICH scale scores in case and control group

components Variables	Personality Issues	Equalitarian Roles	Communication	Conflict Resolution	Financial Management	Leisure Activities	Sexual Relationship	Children and Marriage	Family and Friends	Religious Orientation	Total score
Control group	10.44 ±2.67	7.92± 1.62	13.98 ±3.29	16.44 ±2.73	11.42 ±2.34	13.06 ±1.99	13.33 ±2.07	13.76 ±2.78	14.74 ±2.58	15.19 ±3.93	137.71 ±21.34
Case group	8.01± 2.58	7.32± 1.50	12.07 ±2.19	14.38 ±3.18	9.32 ±1.23	12.96 ±2.64	11.46 ±1.22	11.92 ±1.95	11.96 ±1.70	15.12 ±1.98	123.65 ±17.26
P-value	0.01	0.05	0.01	0.01	0.01	0.07	0.01	0.01	0.01	0.05	0.02

Table 2: the mean scores of parenting style in two groups

Variables	Type of parenting	authoritative	authoritarian	permissive
Case group		15.46±7.27	26.27±4.87	17.42±4.53
Control group		18.20±4.83	27.41±8.66	15.67±2.95
P-value		0.02	0.06	0.01

### Conclusion

The results of this study indicate a significant relationship between parental marital satisfaction and adolescent opium dependency. The parent's marital satisfaction was significantly lower in adolescents with opium abuse. Also we found the significant relationship between permissive style of parenting with adolescent opium abuse and authoritative style of parenting with non- opium abuse in adolescence. However the relationship between parental marital satisfaction and parenting style with adolescence substance abuse and how they may work remains unclear and should also continue to be investigated.

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