**ROLE OF PARENTING STYLE AND FAMILY SUPPORT IN READINESS TO CHANGE CANNABIS USE AMONG YOUNG ADULTS**

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**JUNE, 2018**

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**A PROJECT WORK SUBMITTED TO THE DEPARTMENT OF PSYCHOLOGY/SOCIOLOGY, FACULTY OF MANAGEMENT AND SOCIAL SCIENCES,**

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**SUPERVISOR**

**JUNE, 2018**

**DEDICATION**

I dedicated this project work to God Almighty.

**APPROVAL PAGE**

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**Abstract**

*This study examined the influence of parenting styles and family support on readiness to change cannabis use in Enugu metropolis. A total of four hundred and twenty seven (427) participants, 276 males and 151 females, ages 18-40 years (M = 25.31, SD = 5.44) were involved in this study. They were selected using convenient and snow ball method from street cannabis users in Abakpa, Emene, and Thinkers corner, Obiagu, Achalla Layout and Garriki. Parental Authority Questionnaire (PAQ), Perceived Social Support Scale-Family (PSS-Fa) and Readiness to Change Questionnaire (RCQ) was instruments used to collect data for the study. Correlation result indicated that father’s authoritativeness, father’s authoritarianism; father’s permissiveness, mother’s authoritativeness and mother’s permissiveness had significant relationship with readiness to change cannabis use; while family support, gender, age and mother’s authoritarianism had non- significant relationship with readiness to change cannabis use. The data obtained for this present study were cross checked for accuracy. In testing for parenting styles and family support as factors of Readiness to change cannabis use, the data obtained from the participants were analyzed by computing the means, standard deviations and correlations among the variables of study as well as the demographic variables. The first hypothesis tested in the study stated that parenting styles (authoritative, authoritarian and permissive) of the father would significantly predict readiness to change cannabis use among young adults. The result of the study showed that among the three dimensions of father’s parenting styles, only the father’s authoritativeness supported the hypothesis as it made a statistically significant positive contribution in predicting readiness to change cannabis use, while other dimensions (authoritarianism and permissiveness) did not support the hypothesis because they did not make statistically significant contributions in predicting readiness to change cannabis use among the sampled young adults. The second hypothesis tested in the study stated that parenting styles (authoritative, authoritarian and permissive) of the mother would significantly predict readiness to change cannabis use among young adults. The result of the study showed that among the three dimensions of mother’s parenting styles, none of the supported this hypothesis because none turned out to significantly predict readiness to change cannabis use among the sampled young. The third hypothesis tested in the study stated that level of family support would significantly predict readiness to change cannabis use among young adults. The result of the study did not support this hypothesis because family support did not significantly predict readiness to change cannabis use among the sampled young adults. It was also found that none of the mothers parenting style and family support made statistically significant contribution in predicting readiness to change cannabis use.*

**CHAPTER ONE**

**INTRODUCTION**

**1.1 Background of the Study**

According to 2010 report of the United Nations on drugs and crime estimated that between 155 and 250 million people approximately or 3.5% to 5.7% of the world population aged 15-64 have used drugs at least once in the last 12months, There is increasing trend in psychoactive substance use and abuse in African countries (Adelekan, Ndom, Makajuola, Parakoyi, Osagbemi, Fabgemi, & Pute 2000 and Ready, Resnicow, Omardien, & Kambara, 2007). In this trend, cannabis use and abuse is taking its fair share and mostly young adults are trapped down in the mess.

This trend seems to be very common or conversant during adolescent period spanning though early adulthood and causing social, physical, health, and mental complications; previous empirical studies indicate that both males and females engage in the use of cannabis (World Drug Report, 2008). Nigeria for example, where cannabis abuse was uncommon many decades ago, there is today ample visual evidence of cannabis use on the roadsides and motor parks of most urban centers where young adults could be seen using cannabis (Rasheed & Ismaila, 2010). These increased usage, no doubt has a number of implications. Cannabis use and abuse has continued to increase both social and public health issues.

World Drug Report (2008) statistics held that about 200,000 peoples die from drug use worldwide, affecting not only drug user but also the family members, friends, co-workers and communities. Drug use (including the use of illicit drugs, alcohol, tobacco, and marijuana/cannabis etc.) is widespread and this wide distribution increases the burden of disease related and behavior related drug use problem. According to World Health Organization Global status report on marijuana and health, the harmful use of marijuana (cannabis) is a causal factor in 60 types of diseases and injuries, resulting in appropriately 15 million deaths every year. These death make up almost 3% of all death worldwide e.g. marijuana has been indicated to be responsible for 5 million deaths annually, for most European and Asian countries, opiates continue to be the main drug of abuse and account for 62% of all treatment demand, in south America, drug related treatment continues to be mainly linked to the use of cocaine (59% of all treatment demand), but in African, the bulk of all treatment demand is link to cannabis 64% (WHO, 2004).

Cannabis, commonly known as marijuana and numerous other names (India hemp, ganja, bush, igbo, we-we, gbanaa, hashish etc.), is a preparation of the cannabis plant intended for use as a psychoactive drug and as medicine (Harcout, 2007). Pharmacologically, the principle of psychoactive constituent of cannabis is tetrahydrocannabinol, it is one of the most 283 known compounds in the plant (Russo, 2013) including at least 84 other cannabinoids, such as cannabidiol, cannabinol, tetrahydrocannabivarin, (El-Aify, Ivery, Robison, Ahmed, Radwan, Slade, Khan, Elsohly & Rossb, 2010) and cannabigerol according to United nation of drug commission UNODC (2009). The three main forms of cannabis products are the flower, resin (hashish) and oil (hash oil). The UNODC (2009) states that cannabis flower is often 5%tetrahydrocannabivarin, (THC) content, resin can contain up to 20% THC content while, cannabis oil may contain more than 60% THC content.

Cannabis is being consumed in many different ways (Golubi, 2012): smoking, which typically involves inhaling vaporized cannabinoids (smoke) from small pipes, bongs (portable versions of hookahs with water chamber), paper-wrapped joints or tobacco leaf-wrapped blunt, roach clips and other items (Tasman, Kay, Lieberman, First & Maj, 2011). It has a proactive and physiological effects when consumed (Conaivi, Sugiura, & Marzo, 2005). The immediate desired effects of consuming cannabis include relaxation and mild euphoria (the “high or stoned” feeling), while some immediately undesired side-effects include a decrease in short-term memory, dry mouth, impaired motor skills and reddening of the eyes, feeling of paranoid or anxiety (Hall & Paula, 2003). Aside from a subjective change in perception and mood, the most common short-term physical and neurological effects include increased heart rate, increased appetite and consumption of food lowered blood pressure, impairment of short-term or working memory, (Mathre, 1997; Riedel & Darvies, 2005), impaired psychomotor co-ordination and concentration.

Other ways of using cannabis is as recreational or medicinal drug, and as part of religious or spiritual rites. The medicinal value of cannabis is disputed; the American Society of Addiction Medicine (2005) dismisses the concept of medical cannabis because of concerns about its potential for dependence and adverse health effects and that significant aspect such as content, production and supply are unregulated. The FDA approves of the prescription of two products (not for smoking) that have pure THC in a small controlled dose as the active substance (Scholastic, 2012).

Cannabis use became a public health issues in Nigeria in the 1960s with the discovery of cannabis farm in the country, arrests of Nigeria cannabis trafficker abroad, and reports of psychological disorders suspected to be associated with cannabis use, (Obot, 2003). By the 1980s the abuse of cocaine and heroin was added to the public health burden Soldiers and the sailors returning from Second World War introduced cannabis in Nigeria (Obot, 2003). The most abused illicit drug in Nigeria is India hemp mainly in its herbal form. This is due to the fact that cannabis is home grown and relatively cheap, the price of one unit of cannabis is often about the same as that of a bottle of beer (UNODC, 2013). At 14.3%, the country has the highest one year prevalence rate of cannabis use in Africa (UNOGC, 2011, Onifade, Somoye, Ogunwale, Akinhanmi, &Adason, 2013).

The burden of use and effects of marijuana and other psychoactive substances on the youth is assuming a dangerous dimension (Eneh, 2004; Pela, 1989 and Stanley & Saline 1991). In a study by Eneh (2004) among secondary schools students in River State Nigeria, the prevalence rate of cannabis use was found to be 20%. However, like study among young adult and high school in Zambia and Santiago Chile bad prevalence rate of 10% and 7.3% respectively (Haworth 1982: Florenzo, Mautelli, Madrid, Martini & Salazar, 1982).

In a neurological study by Albert, Bhattacharyya, Yucel, Poli, Crippa, Nogue, Torrens, Puyol, Farre and Santors, (2013) comparing different structural and functional imaging studies showed morphological brain alteration in the long-term cannabis users which were found to possibly correlate to cannabis exposure, further more study by Santors, Fagundo, Crippa, Atakan, Bhattacharyya and Allen (2010) found resting blood flow to be lower globally and in prefrontal areas of the brain in cannabis users, when compared to non-users. It was also shown that giving cannabis correlate with increased blood flow in these areas, and facilitated activations of the anterior cingulated cortex and frontal cortex when participants were presented with assignment demanding use of cognitive capacity. Both reviews noted that some of the studies that they examined had methodological limitations, for example, small sample size, or not distinguishing adequately between cannabis and alcohol consumption.

Within the treatment field, there is growing recognition that individuals vary in their readiness to change (Carey, Purnine, Maisto&Carey, 1999A). For instance, Prochaska, Diclements & Norcross (1992) have provided a useful heuristic for understanding varying levels of motivation for change, within their trans-theoretical model, they represent the continuous and cyclic process by which people change addictive behaviors as Pre-contemplation, Contemplation, Preparation for action and Maintenance. It is noted that the vast majority of persons addicted to substance are not in the action stage (Prochaska & Diclements, 1992). Even persons admitted to alcohol and drug treatment programs vary in their level of motivation for change (Diclement, & Hughes, 1990).

Readiness to change may be considered a motivational state that is strong influence by cognitive, affective, environmental and interpersonal events (Diclemente, 1993). In addition, the notion of decisional balance (eg, subjective pro and cons or benefits and cost of certain behavior) has been identified as a related construct that is a sensitive marker of normal movement through the early stages of change (Prochaka, Velicier & Rossi, 1999a). It is important to distinguish between readiness to change and motivation for change.

Readiness to change is the overarching construct motivation for change and can be considered an internal cognition, affective state considered necessary for behavior change (or maintenance of change). Motivation to change, on the other hand, can be considered a broader construct, reflecting a number of factors that combine to indicate the likelihood that someone will begin (continue) to engage in behavior associated with cannabis use reduction (eg, including therapy, self-initiated quit attempts, or other behavior in support of reduced use) (Carey, Purnine, Maisto, Carey & Barnes 1999b). Readiness to change, therefore includes motivation for change as well as other factors, Relevant behavioral skills and barriers may be presumed to affect motivation, through various paths e.g, a patient may be more likely to engage in change related behaviors if he/she willing to change and if he/she has acquired the skills that make success more likely and he/she receives support and reinforcement from change efforts, a person with low motivation and few resources may first benefit from a motivational intervention, followed by skills training (Carrol,1998).

It is estimated that approximately one in six problem cannabis user accesses treatment each year (United Nation on Drug and Crime, 2014). However there are large regional disparities, with approximately 1 to 8 problem drug users receiving treatment in African (primarily for cannabis use), compared to one in five problem drug users receiving treatment in western and central Europe, one in four in Oceania and one in three in north America, (United Nations on Drugs and Crime, 2014).

The present study seeks to examine the contribution of role of parenting style and family support in readiness to change cannabis use among young adults. Within the field of addictive behaviors, a growing number of studies have assessed efficacy of parenting style based on interventions for problematic substance use (Chiesa & Serretti, 2013). Neurobiological mechanisms in areas associated with craving, negative effect, and substance use relapse may be affected by parenting style of training (Witkiewits, Lustyk, & Bowen, 2012) altering basic neurological process related to reactive behaviors (Brewer, Elwafi & Davis, 2012).

Parenting style is a psychological construct representing standard strategies that parents use in their child rearing. The quality of parenting can be more essential than the quantity of time spent with the child. For instance, a parent can spend an entire afternoon with his or her child, yet the parent may be engaging in a different activity and not demonstrating enough interest towards the child. Parenting styles are the representation of how parents respond to and make demands on their children. Parenting practices are specific behaviors, while parenting styles represent broader patterns of parenting practices.

Darling and Steinberg (1993) in Spera (2005)suggest that it is important to better understand the differences between parenting styles and parenting practices: "Parenting practices are defined as specific behaviors that parents use to socialize their children", while parenting style is "the emotional climate in which parents raise their children".

Baumrind (1967) considered four basic elements that could help shape successful parenting: responsiveness vs. unresponsiveness and demanding vs. undemanding. Parental responsiveness refers to the degree to which the parent responds to the child's needs in a supportive and accepting manner. Baumrind identified three parenting styles: Authoritative parenting, authoritarian parenting and permissive parenting. Baumrid (1996) described three styles as follow:

* The permissive parent: attempts to behave in a non-punitive, acceptant and affirmative manner towards the child’s impulses, desires, and actions (e.g. poor emotion regulation etc.). The parent is responsive but not demanding. Children of permissive parents may tend to be more impulsive and as adolescents may engage more in misconduct such as cannabis use (Osorio, Alfonso, González-Cámara and Marta, 2015).
* The authoritarian parent: attempts to shape control and evaluate the behavior and attitudes of the child in accordance with a set standard of conduct, usually an absolute standard, theologically motivated, and formulated by a higher authority, the parent values obedience as a virtue and favors punitive, forceful measures to curb self-well at points where the child’s actions or belief conflict with what she think is right conduct (Anxious, withdrawn, and unhappy disposition etc). The parent is demanding but not responsive. Children raised by authoritarian parents tend to be conformist, highly obedient, quiet, and not very happy, these children often suffer from depression and self-blame.
* The authoritative parent: attempts to direct the child’s activities but in a rational, issue oriented manner. The parent is demanding and responsive.Authoritative parents will set clear standards for their children, monitor the limits that they set, and also allow children to develop autonomy. They also expect mature, independent, and age-appropriate behavior of children. Punishments for misbehavior are measured and consistent, not arbitrary or violent (1996:889).

**1.2 Statement of Problem**

Cannabis use in Nigerian Society has become an issue of serious concern and constitutes one of the most important risks taking behavior among young adult. According to Boryelt, Franson, Nassbaum and Wang (2013), safety concerns regarding cannabis use include the increased risk of developing schizophrenia with adolescent use, impairment in memory and cognition, accident pediatric ingestions and lack of safety packaging for medical cannabis formulations. The same thing implies Gordon and Conley (2013) report that exposure to cannabis have biologically-based physical, mental, behavior and social health consequences and was associated with diseases of the liver (particularly with co-existing hepatitis C), lungs, heart and vasculature.

In the area covered by the present study- Enugu metropolis, there are many cannabis users almost in all the layouts, streets and suburbs irrespective of the continual outlook of the law enforcement agencies National Drug Law Enforcement Agencies (Police and NDLEA) for them. Almost everybody within places like Abakpa, Emene, Obiagu, Thinkers’ Corner, Ugwuaji fly-over axis, Monarch, Achalla Layout, New Haven Extension/Old Artisan, ESUT axis of Independent Layout and many other places have either a personal or learned story to tell about the menace of cannabis (“igbo”) users.

The series of problems associated with the use of cannabis have raised serious concern for awareness and treatment. Notwithstanding the worldwide concern and education about cannabis uses (the effects to both the person and the society at large), many users have limited awareness of their abuses’ consequences (Eneh, 2004) and very few of the users assess treatment or develop the willingness to assess treatment. This raises research concern for the evaluation of social factors that can influence young adults’ readiness to change from the use of cannabis and hence the drive of the present study. There is need to see the position of the behaviors of authority figures in the home (parents) and the support perceived to come from all the component members of the home in pushing or motivating young adults to engage in the change process from the use of cannabis.

Specifically, the present study intends to address the following problems.

1. Would role of parenting style significantly influence readiness to change cannabis use among young adults?
2. Would family support significantly influence readiness to change cannabis use among young adults?

**1.3 Purpose of the Study**

1. Examine whether parenting style (authoritative, authoritarian and permissive) of the father will influence readiness to change cannabis use among young adults.
2. Examine whether parenting style (authoritative, authoritarian and permissive) of the mother will influence readiness to change cannabis use among young adults.
3. Examine whether level of family support will influence readiness to change cannabis use among young adults.

**1.4 Operational Definitions Of Terms.**

**Parenting style**: parenting style represent the overall climate of parent child interactions or standard strategies that parents use in their child rearing measured using the Parental Authority Questionnaire by Buri (1991) which was developed in line with the Baumrind’s three dimension of parenting: authoritativeness, authoritarianism and permissiveness.

F**amily Support**: Family support is the extent to which individual perceives that his/her needs for support, information and feedback are fulfilled by family members measured using the the Perceived Social Support Scale-Family (PSS-Fr) adapted from the Perceived Social Support Scale by Procidano and Heller (1983).

**Readiness to Change Cannabis Use**: This is an individual’s personal feelings about his/her cannabis use at the present time which identifies him/her in either of the Pre-contemplation, Contemplation and Action decision level of whether or not he/she wish to change his cannabis use behavior. This is measured using the 12-item Readiness to Change Questionnaire (RCQ) by Heather and Rollnick (1993).

**CHAPTER TWO**

**REVIEW OF RELATED LITERATURE**

The review of relevant literature on the role parenting style and family support in readiness to change cannabis used among young adult was discussed under two segments-theoretical and empirical reviews.

**2.1 Theoretical Review**

The following theories were reviewed in this study:

Problem Behavior Theory (Jessor & Jessor, 1977)

Trans theoretical Model of Behavior Change (Prochaska & DiClemente, 1982)

**2.1.1 Problem Behavior Theory (Jessor & Jessor, 1977)**

Jessor and Jessor (1977) suggest in Problem Behavior Theory that multiple factors contribute to problem behaviors, including:

1. the perceived-environment system, involving social controls, models and support;
2. the personality system including values, expectations, beliefs, attitudes and orientations toward self and society and
3. The behavior system, encompassing both problem and conventional behaviors.

This framework has been supported for cannabis use; cannabis use has been empirically associated with social influences, (Fagan, Eisenberg, Stoddard et al, 2001 and Lawrence, Brasfield, Jefferson et al, 1994), depressive symptoms, (Windle & Windle, 2001 and Hallfors, Waller, Bauer et al, 2005) and attitudes toward substance use and perceived harm of substance use (Grube,Morgan & McGree, 1986; Macy, Chassin & Presson, 2011; Zlatev, Pahl and White, 2010 and Sherman, Rose and Koch, 2003). This theory defines the link between family support (which is a component of social support stated in factor (i) above) and readiness to change cannabis use. The amount of support someone gets from the family ameliorates his readiness to turn away from certain disruptive behaviors.

**2.1.2 Trans theoretical Model of Behavior Change (Prochaska & DiClemente, 1982)**

The Trans theoretical Model (TTM) is comprised of various components, i.e. the stages of change, the processes of change, and the levels of change, decisional balance, and self-efficacy. The present study utilizes only the stages of change component to examine the level of readiness to change cannabis use.

This model of behavior change is a combination of key concepts that can be utilized in the application of conduct modification in a variety of instances. The model consists of various components, i.e. the stages of change, the processes of change (experiential and behavioral processes that help an individual progress through change), and the levels of change (additional problems belonging to an individual in addition to the problem behavior the individual is trying to change), decisional balance (when an individual weighs the pros and cons of making the change), and self-efficacy (an individual’s confidence level relating to the behavior change) (DiClemente, 2005). DiClemente and Prochaska (1998:7) observe that “most successful behavior change requires several cycles through the stages of change before the individual is able to achieve sustained change. Cycling and recycling through the stages is the norm for human intentional behavior change.” The stages are the pre-contemplation, contemplation, action, maintenance and relapse.

**2.2 Empirical Review**

Bowen, Witkiewitz, Clifasef, Grow, Chawla, Hsu, Carroll, Harrop, Collins, Lustyk, and Larimer (2014) studied dispositional parenting style in readiness to change cannabis in which they evaluated the long-term efficacy of change Base Relapse Prevention in reducing relapse compared with Relapse Prevention and treatment as usual programming and psycho-education) during a 12-month follow-up period. Between October 2009 and July 2012, a total of 286 eligible individuals who successfully completed initial treatment for substance use disorders at a private, nonprofit treatment facility were randomized aftercare and monitored for 12 months. Participants medically cleared for continuing care were aged 18 to 70 years; 71.5% were male and 42.1% were of ethnic/racial minority. Participants were randomly assigned to 8 weekly group sessions of MBRP, cognitive-behavioral therapy. Primary outcomes included relapse to cannabis use and heavy drinking as well as frequency of substance use in the past 90 days. Variables were assessed at baseline and at 3-, 6-, and 12-month follow-up points. Measures used included self-report of relapse and urinalysis cannabis and substance screenings. Participants assigned toreport significantly lower risk of relapse to substance use and heavy drinking and, among those who used substances, significantly fewer days of substance use and heavy drinking at the 6-month follow-up. For individuals in aftercare following initial treatment for substance use disorders, compared with TAU, produced significantly reduced relapse risk to drug use(cannabis) and heavy drinking. Relapse preventions delayed time to first cannabis use at 6-months follow-up, with participants who used alcohol also reporting significantly fewer heavy drinking days compared with TAU participants. At 12-month follow-up, offered added benefit over RP and TAU in reducing cannabis use and heavy drinking. Targeted role of parent practices may support long-term outcomes by strengthening the ability to monitor and skillfully cope with discomfort associated with craving or negative effect, thus supporting long-term outcomes. The study was a secondary analysis of a randomized clinical trial of two evidence-based treatments, family support-based relapse prevention and relapse prevention (RP), as part of a residential addiction treatment program for women referred by the criminal justice system (n = 70). At 15-week follow-up, regression analyses found that racial and ethnic minority women, compared to non-Hispanic and racial and ethnic minority women in RP, reported significantly fewer drug use days (d = .31) and lower addiction severity (d = .65), based on the Addiction Severity Index. Although the small sample size is a limitation, the results suggest that PBRP may be more efficacious than traditional treatments for racial and ethnic minority women, as well as the desire to avoid them have been described as primary motives for cannabis use. A recently developed behavioral treatment, parenting style based relapse prevention (PBRP), was designed to target experiences of craving and negative affect and their roles in the relapse process. PBRP offers skills in cognitive–behavioral relapse prevention integrated with parenting style meditation. The parenting style practices in PBRP are intended to increase discriminative awareness, with a specific focus on acceptance of uncomfortable states or challenging situations without reacting “automatically.” A recent efficacy trial found that those randomized to PBRP, as compared with those in a control group, demonstrated significantly lower rates of substance use and greater decreases in craving following treatment. Furthermore, individuals in PBRP did not report increased craving or substance use in response to negative affect. It is important to note, areas of the brain that have been associated with craving, negative effect, and relapse have also been shown to be affected by parenting style training.

They studied how mindfulness-based relapse prevention (PBRP) may be effective in reducing substance craving, and presented secondary analyses of data from a randomized controlled trial that examined PBRP as an aftercare treatment for substance use disorders. In the primary analyses of the data from this trial, Bowen and colleagues (2009) found that individuals who received PBRP reported significantly lower levels of craving following treatment, in comparison to a treatment-as-usual control group, which mediated subsequent substance use outcomes. In the 2013 study, they extended these findings to examine potential mechanisms by which PBRP might be associated with lower levels of craving. Results indicated that a latent factor representing scores on measures of acceptance, awareness, and non-judgment significantly mediated the relation between receiving PBRP and self-reported levels of craving immediately following treatment. The mediation findings were consistent with the goals of PBRP and highlight the importance of interventions that increase acceptance and awareness, and help clients foster a non-judgmental attitude toward their experience. Attending to these processes may target both the experience of and response to craving.

Heinz, Disney, Epstein, Glezen, Clark and Preston (2010) conducted a study using focus group with 25 methadone-maintained outpatients (primarily high-school educated, African-American males) to examine beliefs about the role of family support in recovery and its appropriateness in formal treatment. Groups also discussed the relationship between family support and behavior during active addiction. Thematic analyses suggested that family support practices suffered in complex ways during active addiction, but went “hand in hand” with recovery.

Nearly all participants agreed that integration of a voluntary family support discussion group into formal treatment would be preferable to currently available alternatives. One limitation was that all participants identified as strongly family support. Studies of more diverse samples will help guide the development and evaluation of family support based interventions in formal treatment settings.

Stewart (2001) explored the relationship between students’ family and religious beliefs and the impact of those beliefs on the decision to use cannabis. A sample of 337 university students was surveyed using the CORE cannabis and Drug Survey and several supplemental questions. In general, family support had a moderate buffering effect upon the decision to use cannabis and marijuana. This general protective effect exists for both alcoholand cannabis use but dissipated as the students reached upper-class levels. Family support may play a significant role in the decision of college students to use substances.

Moss, Ray and Woodruff (2013) reviewed the role that family support plays in substance abuse treatment outcomes. They grouped their findings according to whether the study's focus was on cannabis only or alcohol and other drug use. The most common treatment outcome was abstinence followed by treatment retention, alcohol or drug use severity, and discharge status.

**2.3 Summary of Literature Review**

Use and readiness to change in use of substance is explained by some theories among which are Problem Behavior Theory (Jessor & Jessor, 1977), Instrumental Learning Theory (Skinner, 1938), Socio-Cultural Theory (Vygotsky, 1978), and Trans theoretical Model of Behavior Change (Prochaska & DiClemente, 1982).

Problem Behavior Theory holds that multiple factors contribute to problem behaviors, including the perceived-environment system, involving social controls, models and support; the personality system including values, expectations, beliefs, attitudes and orientations toward self and society and the behavior system, encompassing both problem and conventional behaviors. Instrumental learning theory focuses on how behavior changes as a result/function of what follows the behavior. Socio-Cultural Theory (Vygotsky, 1978) stresses the fundamental role of social interaction in the development of cognition. Theorists in this perspective argue that drug abuse is socio-culturally determined and can only be understood within the dynamics of the particular group. The Trans theoretical Model (TTM) is comprised of various components, i.e. the stages of change, the processes of change, and the levels of change, decisional balance, and self-efficacy. The present study utilizes only the stages of change component to examine the level of readiness to change cannabis use. The stages are the pre-contemplation, contemplation, preparation, action, and maintenance.

**2.4 Research Hypotheses**

1. Parenting styles (authoritative, authoritarian and permissive) of the father would significantly readiness to change cannabis use among young adults.
2. Level of family support would significantly readiness to change cannabis use among young adults.

**CHAPTER THREE**

**METHODOLOGY**

**3.1 Participants**

A total of four hundred and twenty seven (427) participants, 276 males and 151 females, ages 18-40 years (M = 25.31, SD = 5.44) were involved in this study. They were selected using convenient and snow ball method from street cannabis users in six regions in Enugu metropolis. The regions are Abakpa, Emene, and Thinkers corner, Obiagu, Achalla Layout and Garriki.

**3.1.1 Instruments**

A structured questionnaire composing of four sections and three instruments were used for data collection with the first section eliciting demographic data from the participants. Parental Authority Questionnaire (PAQ), Perceived Social Support Scale-Family (PSS-Fa) and Readiness to Change Questionnaire (RCQ) formed the subsequent sections of the questionnaire.

**Parental Authority Questionnaire (PAQ):** the 30-item Parental Authority Questionnaire was developed by Buri (1991) to measure Baumrind's (1971) three parenting styles based on authority, disciplinary practices of warmth, demands, expectations and control. The scale is a self-report measure asking an adult to respond to how their parents acted toward them, when the adult was a child. 10 items were for each of the different styles of parenting: authoritativeness, authoritarianism and permissiveness. The five point likert format (strongly disagree to strongly agree) response was structured in a way that participants respond for their father at the left-hand side of the items and for the mother at the right-had side (see appendix). The items are written from the perspective of the child but responded to by adults in a self-report manner, i.e., what would your mother or father have done when you were a child.

The three parenting style questions are embedded in the questionnaire in a random order. Authoritative parents are flexible, use reason with their children, are rational, maintain firm and clear boundaries, while being consistent in the expectations of their children’s behavior (items 4, 5, 8, 11, 15, 20, 22, 23, 27 and 30.), Authoritarian parents attempt to maintain unquestioning obedience from their children and attempt to control their behavior often through the use of punishment as a form of discipline (items 2, 3, 7, 9, 12, 16, 18, 25, 26, and 29), Permissive parents tend to be relatively warm as well as non-demanding and controlling of the child (items 1, 6, 10, 13, 14, 17, 19, 21, 24, and 28). To score the PAQ, the individual items for each parenting subtype are summed. The score on each subscale are from a minimum of 10 to a maximum of 50. The reliability of the PAQ was found to be .77 to .92 in a test re-test check over a two-week period of time Buri (1991) ran the reliability of the PAQ and it yielded the following reliabilities (N = 61, mean age= 19.2 years): r = .81 for mother's permissiveness, r = .86 for mother's authoritarianism, r = .78 for mother's authoritativeness, r = .77 for father's permissiveness, r = .85 for father's authoritarianism, and r = .92 for father's authoritativeness. A pilot study carried out with 35 participants for the sake of this study yielded a Cronbach’s alpha reliability coefficient of .93, .89 and .90 for father’s authoritativeness, authoritarianism and permissiveness respectively; and .93, .87 and .88 for mother’s authoritativeness, authoritarianism and permissiveness respectively.

**Perceived Social Support Scale-Family (PSS-Fa)**: Perceived Social Support Scale-Family (PSS-Fa) is the family version of the Perceived Social Support Scale by Procidano and Heller (1983). Perceived Family Support Scale consists of 20 “Yes/No/Partially” questions. While questions 3, 4, 16, 19, and 20 were scored as “no (1) and “yes (0), all of the remaining questions were scored as “no (0)” and “yes (1)”. The “I don’t know responses” are not scored. The mean score of the scale changes between 0-20. The more the score participants get, the better the family support is. The Perceived Social Support scale was found to possess both high test-retest reliability (r = .83 over a 1-month interval) and internal consistency (Cronbach alpha = .90) (Procidahno & Heller, 1983). A pilot study was carried out and a reliability coefficient of .80 (Cronbach alpha) was obtained.

**Readiness to Change Questionnaire (RCQ)**: The RCQ is a 12-item instrument for measuring the ‘stages of change’ reached by an excessive drinker of alcohol developed by Rollnick, et al (1992) and adaptable for use in other substance use issues. Each of the three stages of change measured by the RCQ (pre-contemplation, contemplation, and action) is represented by four items. In calculating scale scores, response points for items run from –2 (strongly disagree) to + 2 (strongly agree; Heather et al., 1993). The internal consistencies (Cronbach’s alpha) of the scales pre-contemplation, contemplation and action in the original version as obtained by the developers are respectively 0.73, 0.80 and 0.85. However, a reliability coefficient (Cronbach’s alpha) of 0.86, 0.89 and 0.93 were obtained after a pilot study carried out for this study for the three subscales pre-contemplation, contemplation and action respectively.

**2.1.2 Procedure**

The study has two states, 1 and 2. Stage 1 is pilot study and stage 2 is the main study. For the pilot study (Stage 1), a total of 50 questionnaires were administered to young adults who use cannabis in Ngwo area. 35 copies of the questionnaires were retrieved representing 70% of total shared. These ones were used to re-ascertain reliability of the instruments.

For the main study (Stage 2), a total of five hundred (500) copies of the instrument were distributed to cannabis users from the six conveniently selected regions in Enugu metropolis. The participants were met in joints, their place of work or residence. Many of them were involved through referral from a friend who has participated. At first the researcher and the assistants achieved rapport with the participants by assuring them that the exercise is purely academic and that their response is to be treated confidentially. Out of the 500 questionnaire that were administered, 427 (representing 85.4% of the total administered) were validly retrieved. It is also important to note that they received no monetary reward for participating in the study; the researcher just appreciated the participants in groups after their completion of the instruments.

**2.2 Design/Statistics**

The study was a cross-sectional study using the survey research approach. Multiple Regression analyses were used to test the hypotheses using the Statistical Package for the Social Sciences (SPSS v23).

**CHAPTER FOUR**

**RESULT**

The data obtained for this present study were cross checked for accuracy. In testing for parenting styles and family support as factors of Readiness to change cannabis use, the data obtained from the participants were analyzed by computing the means, standard deviations and correlations among the variables of study as well as the demographic variables.

**Table 1: Means, standard deviations, and correlations among the study variables**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Variable** | **M** | **SD** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |
| 1 | **CHANGE LEVEL** | 1.88 | .83 | \_ |  |  |  |  |  |  |  |  |
| 2 | **GENDER** | 1.35 | .47 | -.07 | \_ |  |  |  |  |  |  |  |
| 3 | **AGE** | 25.30 | 5.37 | -.03 | -.14 | \_ |  |  |  |  |  |  |
| 4 | **Father’s A/veness** | 36.10 | 8.79 | .21 | .00 | -.21 | \_ |  |  |  |  |  |
| 5 | **Father’s A/nism** | 38.11 | 7.57 | .10 | .08 | -.04 | .59 | \_ |  |  |  |  |
| 6 | **Father’s P/iveness** | 34.75 | 8.63 | .18 | .04 | -.06 | .76 | .63 | \_ |  |  |  |
| 7 | **Mother’s A/eness** | 34.60 | 8.87 | .09 | -.07 | -.19 | .56 | .35 | .39 | \_ |  |  |
| 8 | **Mother’s A/nism** | 34.44 | 7.75 | .03 | .01 | -.09 | .37 | .55 | .38 | .68 | \_ |  |
| 9 | **Mother’s P/eness** | 32.00 | 8.60 | .08 | -.01 | -.14 | .47 | .46 | .60 | .74 | .79 | \_ |
| 10 | **Family Support** | 9.39 | 4.53 | -.02 | -.01 | -.09 | .05 | .06 | .00 | .03 | .08 | .02 |

Correlation result indicated that among the entire variables father’s authoritativeness (r = .21, p <.05), father’s authoritarianism (r = .10, p <.05), father’s permissiveness (r = .18, p <.05), mother’s authoritativeness (r = .09, p <.05) and mother’s permissiveness (r = .08, p <.05) were significantly positively related to readiness to change cannabis level. Family support (r = -.02, p >.05), gender (r = -.07, p > .05) and age (r = -.03, p >.01) showed an insignificant negative correlation and mother’s authoritarianism (r = .03, p > .05) had non-significant positive relationship with readiness to change cannabis use level.

**Table 2: Hierarchical multiple regression predicting readiness to change cannabis use from the demographic variables (gender and age), father’s parenting style (as well as dimensions), mother’s parenting style (as well as dimensions) and family support.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **R** | **R2** | **R2Δ** | **B** | **Beta(β)** | **t** | **Sig** |
| **Step 1** | .081a | .007 | .007 |  |  |  | .25 |
| Gender |  |  |  | -.13 | -.076 | -1.55 | .12 |
| Age |  |  |  | -.01 | -.041 | -.847 | .39 |
| **Step 2** | .233b | .054 | .048 |  |  |  | .00 |
| Father/Authoritativeness |  |  |  | .02 | .173\* | 2.22 | .02 |
| Father/Authoritarianism |  |  |  | -.01 | -.058 | -.922 | .35 |
| Father/Permissiveness |  |  |  | .01 | .098 | 1.239 | .21 |
| **Step 3** | .236c | .056 | .002 |  |  |  | .87 |
| Mother/Authoritativeness |  |  |  | .001 | .009 | .095 | .92 |
| Mother/Authoritarianism |  |  |  | -.001 | -.013 | -.135 | .89 |
| Mother/Permissiveness |  |  |  | -.004 | -.046 | -.398 | .69 |
| **Step 4** | .238d | .057 | .001 |  |  |  | .51 |
| Family Support |  |  |  | -.006 | -.032 | -.658 | .51 |

*Note: \*\*\*P< .001; \*\*P< .01; \*P< .05*

Result of Step wise multiple regression analysis showed that the demographic variables entered in step one of the equation accounted for 8.1% variance as a predictor of readiness to change cannabis use (*R* = .081, *p>* .05) which is statistically non-significant. The three dimensions of father’s parenting style was entered in step two of the equation, and they collectively accounted for 4.8% significant variance in predicting readiness to change cannabis use (∆*R*2 = .048, *p<*.05).However, among the three dimensions of father’s parenting style, only the father’s authoritativeness made a statistically significant positive contribution in predicting readiness to change cannabis use(β = .173, *p<* .05), while other dimensions (authoritarianism and permissiveness) did not make statistically significant contributions in predicting readiness to change cannabis use. The three dimensions of mother’s parenting style was entered in step three of the equation, and they collectively accounted for 0.2% (statistically insignificant) variance in predicting readiness to change cannabis use(∆*R*2 = .002, *p>*.05).None of the dimensions (authoritativeness, authoritarianism and permissiveness) made statistically significant contribution in predicting readiness to change cannabis use. The Family support was entered in step four of the equation and it accounted for 0.1% (statistically insignificant) variance in predicting readiness to change cannabis use(∆*R*2 = .001, *p>*.05).

**4.1 Summary of Finding**

1. Correlation result indicated that father’s authoritativeness, father’s authoritarianism; father’s permissiveness, mother’s authoritativeness and mother’s permissiveness had significant relationship with readiness to change cannabis use; while family support, gender, age and mother’s authoritarianism had non-significant relationship with readiness to change cannabis use.
2. Among the three dimensions of father’s parenting style, only the father’s authoritativeness made a statistically significant positive contribution in predicting readiness to change cannabis use, while other dimensions (authoritarianism and permissiveness) did not make statistically significant contributions in predicting readiness to change cannabis use.
3. It was also found that none of the mothers parenting style and family support made statistically significant contribution in predicting readiness to change cannabis use.

**CHAPTER FIVE**

**DISCUSSION OF FINDINGS**

This study examined influence of parenting styles and family support on readiness to change cannabis use among young adults in Enugu.

The first hypothesis tested in the study stated that parenting styles (authoritative, authoritarian and permissive) of the father would significantly predict readiness tochange cannabis use among young adults. The result of the study showed that among the three dimensions of father’s parenting styles, only the father’s authoritativeness supported the hypothesis as it made a statistically significant positive contribution in predicting readiness to change cannabis use, while other dimensions (authoritarianism and permissiveness) did not support the hypothesis because they did not make statistically significant contributions in predicting readiness to change cannabis use among the sampled young adults.

The second hypothesis tested in the study stated that parenting styles (authoritative, authoritarian and permissive) of the mother would significantly predict readiness to change cannabis use among young adults. The result of the study showed that among the three dimensions of mother’s parenting styles, none of the supported this hypothesis because none turned out to significantly predict readiness to change cannabis use among the sampled young.

The third hypothesis tested in the study stated that level of family support would significantly predict readiness to change cannabis use among young adults. The result of the study did not support this hypothesis because family support did not significantly predict readiness to change cannabis use among the sampled young adults.

**5.1 Implications of Findings**

The present findings have some implications. The findings on father’s authoritativeness imply that an authoritative father can stimulate a young adult into gearing action towards readiness to change cannabis use. Fathers of young adults using cannabis should adopt parenting features of authoritativeness.

**5.2 Limitations of Findings**

The finding of this study is limited to samples from Enugu metropolis and not to be generalized to the wider population of cannabis users in Enugu state.

**5.3 Suggestions for Further Study**

The following suggestions are made for further study. Researchers interested in readiness to change cannabis use should reflect on using participants from more than one city, state and/or region and increase the number of participants for the study. The coverage should be widened to achieve a more inferable result. Locality can be compared to see effect of environment. Also the same study can be carried out using adolescents as participants.

Studies may also be carried out checking the influence of patterns of use and other substances used on readiness to change cannabis use.

**5.4 Summary and Conclusion**

This study examined the influence of parenting styles and family support on readiness to change cannabis use in Enugu metropolis. A total of four hundred and twenty seven (427) participants, 276 males and 151 females, ages 18-40 years (M = 25.31, SD = 5.44) were involved in this study. They were selected using convenient and snow ball method from street cannabis users in Abakpa, Emene,

Thinkers corner, Obiagu, Achalla Layout and Garriki. Parental Authority Questionnaire (PAQ), Perceived Social Support Scale-Family (PSS-Fa) and Readiness to Change Questionnaire (RCQ) was instruments used to collect data for the study.

Correlation result indicated that father’s authoritativeness, father’s authoritarianism; father’s permissiveness, mother’s authoritativeness and mother’s permissiveness had significant relationship with readiness to change cannabis use; while family support, gender, age and mother’s authoritarianism had non- significant relationship with readiness to change cannabis use.

Among the three dimensions of father’s parenting style, only the father’s authoritativeness made a statistically significant positive contribution in predicting readiness to change cannabis use, while other dimensions (authoritarianism and permissiveness) did not make statistically significant contributions in predicting readiness to change cannabis use.

It was also found that none of the mothers parenting style and family support made statistically significant contribution in predicting readiness to change cannabis use.

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**APPENDIX A: RESEARCH INSTRUMENTS**

Department of Sociology/Psychology Faculty of Management and Social Sciences Godfrey Okoye University, Enugu.

**Dear Respondent,**

I (The researcher) am a student of the above mentioned institution and department. I am undertaking a research which is part of the requirements for the award of Bachelor of Science (B.Sc) in Psychology. It is purely an academic exercise. Please kindly respond to the questionnaire as **honestly** as possible. Each of the sections has specific instructions to guide you. There is no right or wrong answer. Your response will be treated with utmost confidentiality.

Thank you for your participation.

Yours sincerely,

Okolie, Cosmas Onyeka

**SECTION A**

**INSTRUCTION**: Please ticking the appropriate box or fill in the blank spaces as appropriate.

|  |
| --- |
|  |

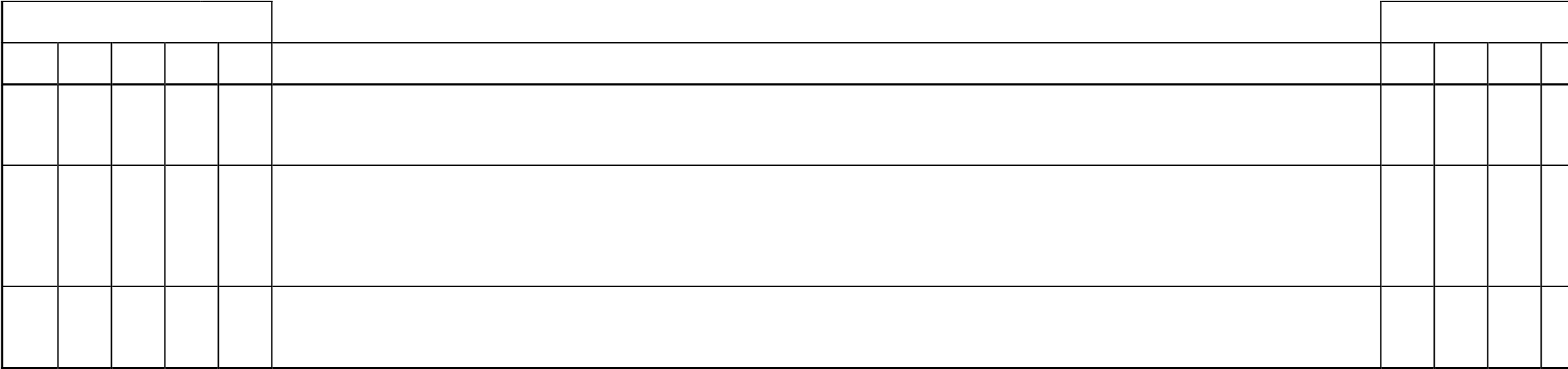
1. Gender: Male Female 2. Age 3. At what age did you started smoking weed?

1. Level of Education: WAEC NCE/OND BSC/HND MSC & Above
2. Relationship Status: Single Single but in a relationship Married

**SECTION B**

**Instructions:** For each of the following statements, circle the number of the 5-point scale (1 = strongly disagree, 5 = strongly agree) that best describes how that statement applies to you and your father (on the left side of each statement) and your mother (on the right side of each statement). Try to read and think about each statement as it applies to you and your father and mother during your years of growing up at home. There are no right or wrong answers, so don't spend a lot of time on any one item. We are looking for your overall impression regarding each statement. Be sure not to omit any items.

* 1. = Strongly disagree 4 = Agree
  2. = Disagree 5 = Strongly Agree
  3. = Neither agree nor disagree

**FATHER MOTHER**

**1 2 3 4 5 ITEMS 1 2 3 4**

1 2 3 4 5 **1.** While I was growing up my parent felt that in a well-run home the children 1 2 3 4 should have their way in the family as often as the parents do.

1 2 3 4 5 **2.** Even if his/her children didn't agree with him/her, my parent felt that it was 1 2 3 4 for our own good if we were forced to conform to what he thought was right.

1 2 3 4 5 **3.** Whenever my parent told me to do something as I was growing up, he/she 1 2 3 4 expected me to do it immediately without asking any questions.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | **4.** As I was growing up, once family policy had been established, my parent discussed the reasoning behind the policy with the children in the family. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 5 | **5.** My parent has always encouraged verbal give-and-take whenever I have felt that family rules and restrictions were unreasonable. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 5 | **6.** My parent has always felt that what children need is to be free to make up their own minds and to do what they want to do, even if this does not agree with what their parents might want. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 5 | **7.** As I was growing up my parent did not allow me to question any decision he had made. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 5 | **8.** As I was growing up my parent directed the activities and decisions of the children in the family through reasoning and discipline. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 5 | **9.** My parent has always felt that more force should be used by parents in order to get their children to behave the way they are supposed to. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 5 | **10.** As I was growing up my parent did not feel that I needed to obey rules and regulations of behavior simply because someone in authority had established them. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 5 | **11.** As I was growing up I knew what my parent expected of me in my family, but I also felt free to discuss those expectations with my parent when I felt that they were unreasonable. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 5 | **12.** My parent felt that wise parents should teach their children early just who is boss in the family. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 5 | **13.** As I was growing up, my parent seldom gave me expectations and guidelines for my behavior. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 5 | **14.** Most of the time as I was growing up my parent did what the children in the family wanted when making family decisions. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 5 | **15.** As the children in my family were growing up, my parent consistently gave us direction and guidance in rational and objective ways. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 5 | **16.** As I was growing up my parent would get very upset if I tried to disagree with him. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 5 | **17.** My parent feels that most problems in society would be solved if parents would not restrict their children's activities, decisions, and desires as they are growing up. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 5 | **18.** As I was growing up my parent let me know what behavior he expected of me, and if I didn't meet those expectations, he/she punished me. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 5 | **19.** As I was growing up my parent allowed me to decide most things for myself without a lot of direction from him/her. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 5 | **20.** As I was growing up my parent took the children's opinions into consideration when making family decisions, but he/she would not decide for something simply because the children wanted it. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 5 | **21.** My parent did not view himself/herself as responsible for directing and guiding my behavior as I was growing up. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 5 | **22.** My parent had clear standards of behavior for the children in our home as I was growing up, but he/she was willing to adjust those standards to the needs of each of the individual children in the family. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 5 | **23.** My parent gave me direction for my behavior and activities as I was growing up and he/she expected me to follow his/her direction, but he/she was always willing to listen to my concerns and to discuss that direction with me. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 5 | **24.** As I was growing up my parent allowed me to form my own point of view on family matters and he/she generally allowed me to decide for myself what I was going to do. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 5 | **25.** My parent has always felt that most problems in society would be solved if | 1 | 2 | 3 | 4 |
|  |  |  |  |  | we could get parents to strictly and forcibly deal with their children when they don't do what they are supposed to as they are growing up. |  |  |  |  |
| 1 | 2 | 3 | 4 | 5 | **26.** As I was growing up my parent often told me exactly what he/she wanted me to do and how he/she expected me to do it. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 5 | **27.** As I was growing up my parent gave me clear direction for my behaviors and activities, but he/she was also understanding when I disagreed with him/her. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 5 | **28.** As I was growing up my parent did not direct the behaviors, activities, and desires of the children in the family. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 5 | **29.** As I was growing up I knew what my parent expected of me in the family and he/she insisted that I conform to those expectations simply out of respect for his/her authority. | 1 | 2 | 3 | 4 |
| 1 | 2 | 3 | 4 | 5 | **30.** As I was growing up, if my parent made a decision in the family that hurt me, he/she was willing to discuss that decision with me and to admit it if he/she had made a mistake. | 1 | 2 | 3 | 4 |

**SECTION C**

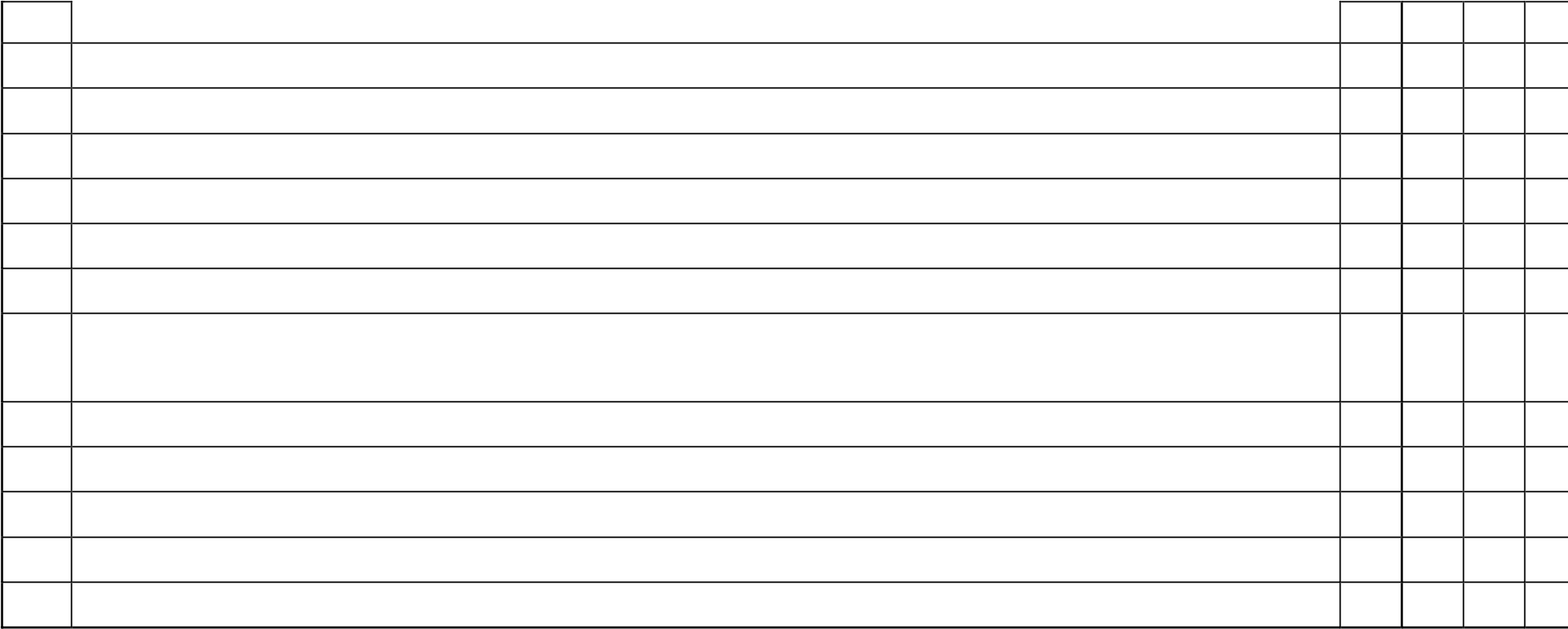
**INSTRUCTION**: The statements that follow refer to feelings and experiences that occur to most people at one time or another in their relationships with their families. For each statement there are three possible answers: Yes, No, or Don’t Know. Please check (√) the box that best represents your opinion. If you are unsure about how to answer a particular question, please answer it to the best of your ability.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | **ITEMS** | Yes | No | Don’t K |
| 1. | My family gives me the moral support I need. | Yes | No | Don’t K |
| 2. | I get good ideas about how to do things or make things from my family. | Yes | No | Don’t K |
| 3. | Most other people are closer to their family than I am. | Yes | No | Don’t K |
| 4. | When I confide in the members of my family who are closest to me, I get the idea that it makes them uncomfortable. | Yes | No | Don’t K |
| 5. | My family enjoys hearing about what I think. | Yes | No | Don’t K |
| 6. | Members of my family share many of my interests. | Yes | No | Don’t K |
| 7. | Certain members of my family come to me when they have problems or need advice. | Yes | No | Don’t K |
| 8. | I rely on my family for emotional support. | Yes | No | Don’t K |
| 9. | There is a member of my family I could go to if I were just feeling down, without feeling funny about it later. | Yes | No | Don’t K |
| 10. | My family and I are very open about what we think about things. | Yes | No | Don’t K |
| 11. | My family is sensitive to my personal needs. | Yes | No | Don’t K |
| 12. | Members of my family come to me for emotional support. | Yes | No | Don’t K |
| 13. | Members of my family are good at helping me solve problems. | Yes | No | Don’t K |
| 14. | I have a deep sharing relationship with a number of members of my family. | Yes | No | Don’t K |
| 15. | Members of my family get good ideas about how to do things or make things from me. | Yes | No | Don’t K |
| 16. | When I confide in members of my family, it makes me uncomfortable. | Yes | No | Don’t K |
| 17. | Members of my family seek me out for companionship. | Yes | No | Don’t K |
| 18. | I think that my family feels that I’m good at helping them solve problems. | Yes | No | Don’t K |
| 19. | I don’t have a relationship with a member of my family that is as close as other people’s relationships with family members. | Yes | No | Don’t K |
| 20. | I wish my family were much different. | Yes | No | Don’t K |

**SECTION D**

**INSTRUCTION**: Please read the sentences below carefully. For each one please tick the answer that best describes how you feel. Your answers will be private and confidential.

1. = Strongly disagree 4 = Agree
2. = Disagree 5 = Strongly Agree
3. = Unsure

**No ITEMS 1 2 3 4** 

1. My smoking is okay as it is 1 2 3 4
2. I am trying to smoke less than I used to 1 2 3 4
3. I enjoy my smoking but sometimes I smoke too much 1 2 3 4
4. I should cut down on my smoking 1 2 3 4
5. It’s a waste of time thinking about my smoking 1 2 3 4 **6.** I have just recently changed my smoking habits 1 2 3 4
6. Anyone can talk about wanting to do something about smoking, but I am actually 1 2 3 4 doing something about it
7. I am at the stage where I should think about smoking less weed 1 2 3 4
8. My smoking is a problem 1 2 3 4
9. It’s alright for me to keep smoking as I do now 1 2 3 4
10. I am actually changing my smoking habits right now 1 2 3 4 **12.** My life would still be the same, even if I smoke less 1 2 3 4

***Thank you for participating in this important research.***

**REFERENCES**

**Regression**

**Descriptive Statistics**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Mean | Std. Deviation | N |
| Change Level | 1.8861 | .83620 | 427 |
| GENDER | 1.3536 | .47866 | 427 |
| AGE | 25.3062 | 5.37836 | 427 |
| Father's Authoritiveness | 36.1095 | 8.79967 | 427 |
| Father's Authoritarianism  Father's Permissiveness | 38.1143  34.7571 | 7.57103 | 427  427 |
| 8.63952 |
| Mother's Authoritiveness | 34.6033 | 8.87640 | 427 |
| Mother's Authoritarianism | 34.4466 | 7.75657 | 427 |
| Mother's Permissiveness | 32.0000 | 8.60041 | 427 |
| Family Support | 9.3961 | 4.53516 | 427 |

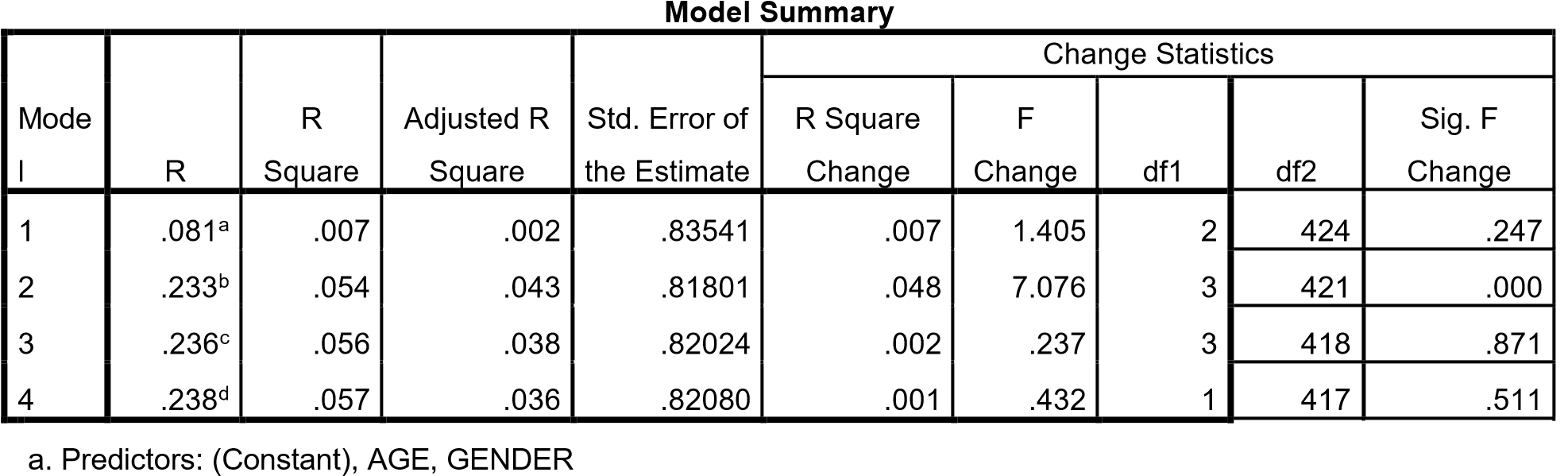
**Correlations**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | Chang  e Level | GEN  DER | AGE | Father' s Authori tivenes s | Father's Authorita rianism | Father' s  Permis sivenes s | Mother' s Authori tivenes s | Mother' s Authori tarianis m | Mother' s  Permis sivenes s | Family  Suppor  t |
| Pearson Change Level  Correlat | | 1.000 | -.070 | -  .030 | .213 | .098 | .189 |  | .039 | .083 | -.026 |
| ion | GENDER | -.070 | 1.00 0 | -  .146 | .002 | .085 | .045 | -.075 | .014 | -.010 | -.007 |
| AGE | -.030 | -.146 | 1.00 0 | -.215 | -.040 | -.068 | -.196 | -.093 | -.142 | -.090 |
| Father's  Authoritiveness | .213 | .002 | -  .215 | 1.000 | .592 | .761 | .564 | .370 | .470 | .053 |
| Father's  Authoritarianism  Father's  Permissiveness | .100 | .085 | -  .040 | .592 | 1.000 | .635 | .356 | .558 | .461 | .063 |
| .189 | .045 | -  .068 | .761 | .635 | 1.000 | .395 | .382 | .601 | .001 |
| Mother's  Authoritiveness | .098 | -.075 | -  .196 | .564 | .356 | .395 | 1.000 | .688 | .744 | .033 |
| Mother's  Authoritarianism | .039 | .014 | -  .093 | .370 | .558 | .382 | .688 | 1.000 | .799 | .085 |
| Mother's  Permissiveness | .083 | -.010 | -  .142 | .470 | .461 | .601 | .744 | .799 | 1.000 | .027 |
|  | Family Support | -.026 | -.007 | -  .090 | .053 | .063 | .001 | .033 | .085 | .027 | 1.000 |
| Sig. (1tailed) | Change Level | . | .074 | .266 | .000 | .019 | .000 | .021 | .212 | .044 | .297 |
| GENDER | .074 | . | .001 | .480 | .040 | .176 | .062 | .383 | .421 | .441 |
| AGE  Father's | .266 | .001 | . | .000 | .207 | .081 | .000 | .027 | .002 | .032 |
|  |  |  |  |  |  |  |  |  |  |
|  | Authoritiveness  Father's | .000 | .480 | .000 | . | .000 | .000 | .000 | .000 | .000 | .135 |
|  |  |  |  |  |  |  |  |  |  |
|  | Authoritarianism  Father's | .019 | .040 | .207 | .000 | . | .000 | .000 | .000 | .000 | .095 |
|  |  |  |  |  |  |  |  |  |  |
|  | Permissiveness | .000 | .176 | .081 | .000 | .000 | . | .000 | .000 | .000 | .489 |
| Mother's |  |  |  |  |  |  |  |  |  |  |
|  | Authoritiveness | .021 | .062 | .000 | .000 | .000 | .000 | . | .000 | .000 | .246 |
| Mother's |  |  |  |  |  |  |  |  |  |  |
|  | Authoritarianism | .212 | .383 | .027 | .000 | .000 | .000 | .000 | . | .000 | .040 |
| Mother's |  |  |  |  |  |  |  |  |  |  |
|  | Permissiveness | .044 | .421 | .002 | .000 | .000 | .000 | .000 | .000 | . | .287 |
| Family Support | .297 | .441 | .032 | .135 | .095 | .489 | .246 | .040 | .287 | . |
| N | Change Level | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 |
| GENDER | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 |
| AGE | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 |
| Father's |  |  |  |  |  |  |  |  |  |  |
|  | Authoritiveness | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 |
| Father's |  |  |  |  |  |  |  |  |  |  |
|  | Authoritarianism | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 |
| Father's |  |  |  |  |  |  |  |  |  |  |
|  | Permissiveness | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 |
| Mother's |  |  |  |  |  |  |  |  |  |  |
|  | Authoritiveness | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 |
| Mother's |  |  |  |  |  |  |  |  |  |  |
|  | Authoritarianism | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 |
| Mother's |  |  |  |  |  |  |  |  |  |  |
|  | Permissiveness | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 |
| Family Support | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 |

**Variables Entered/Removeda**

|  |  |  |  |
| --- | --- | --- | --- |
| Model | Variables Entered | Variables  Removed | Method |
| 1 | AGE, GENDERb | . | Enter |
| 2 | Father's Permissiveness, Father's Authoritarianism, Father's Authoritivenessb | . | Enter |
| 3 | Mother's Authoritarianism, Mother's Authoritiveness, Mother's Permissivenessb | . | Enter |
| 4 | Family Supportb | . | Enter |

1. Dependent Variable: Change Level
2. All requested variables entered.



1. Predictors: (Constant), AGE, GENDER, Father's Permissiveness, Father's Authoritarianism, Father's

Authoritiveness

1. Predictors: (Constant), AGE, GENDER, Father's Permissiveness, Father's Authoritarianism, Father's

Authoritiveness, Mother's Authoritarianism, Mother's Authoritiveness, Mother's Permissiveness

1. Predictors: (Constant), AGE, GENDER, Father's Permissiveness, Father's Authoritarianism, Father's Authoritiveness, Mother's Authoritarianism, Mother's Authoritiveness, Mother's Permissiveness, Family Support

**ANOVAa**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Model |  | Sum of Squares | df | Mean Square | F | Sig. |
| 1 | Regression  Residual  Total | 1.961 | 2 | .980 | 1.405 | .247b |
| 295.913 | 424 | .698 |  |  |
| 297.873 | 426 |  |  |  |
| 2 | Regression  Residual  Total | 16.165 | 5  421 | 3.233 .669 | 4.832 | .000c |
| 281.709 |  |  |
| 297.873 | 426 |  |  |  |
| 3 | Regression  Residual  Total | 16.643 | 8  418 | 2.080 .673 | 3.092 | .002d |
| 281.230 |  |  |
| 297.873 | 426 |  |  |  |
| 4 | Regression  Residual  Total | 16.935 | 9  417 | 1.882 .674 | 2.793 | .003e |
| 280.939 |  |  |
| 297.873 | 426 |  |  |  |

1. Dependent Variable: Change Level
2. Predictors: (Constant), AGE, GENDER
3. Predictors: (Constant), AGE, GENDER, Father's Permissiveness, Father's Authoritarianism,

Father's Authoritiveness

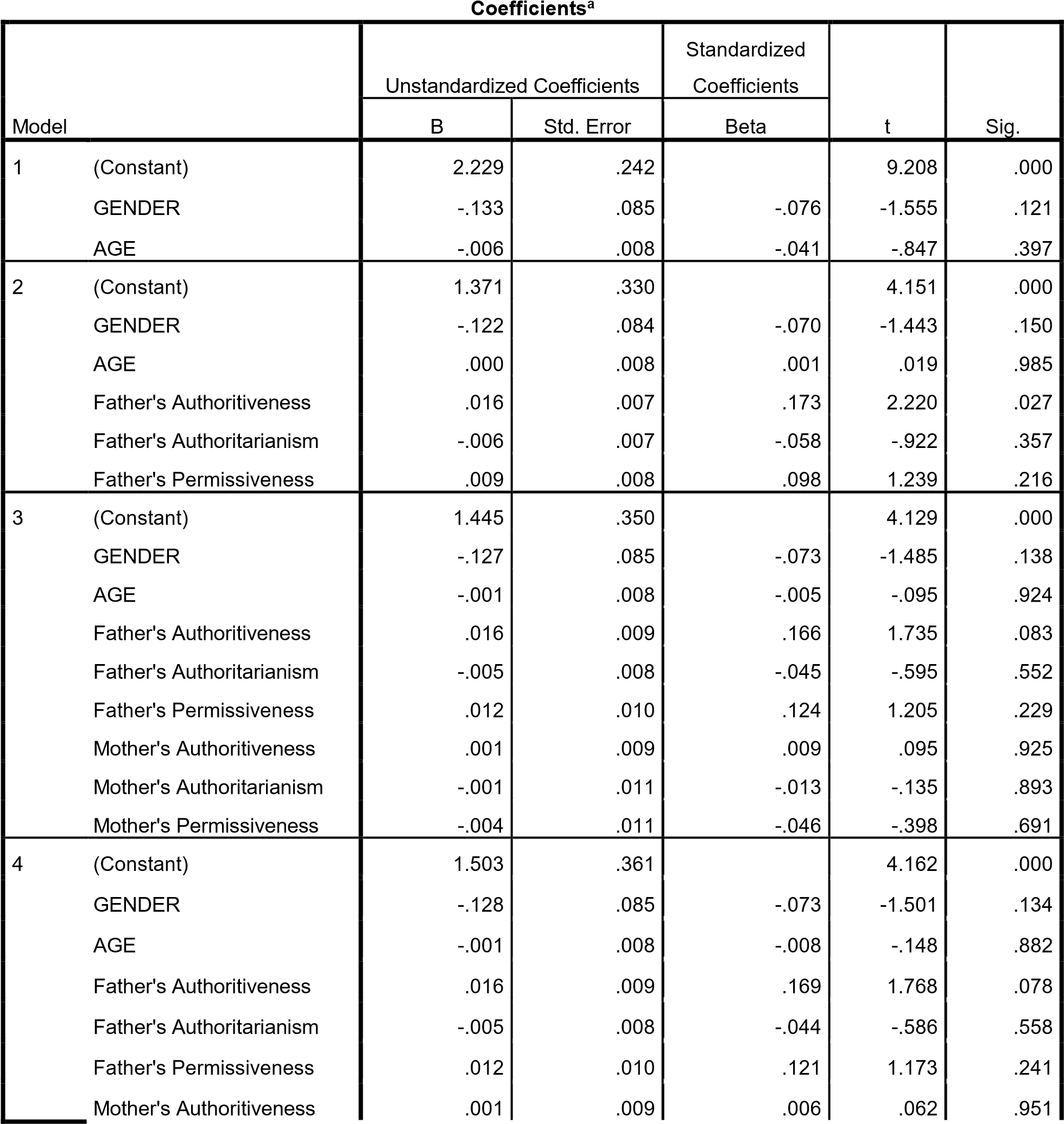
1. Predictors: (Constant), AGE, GENDER, Father's Permissiveness, Father's Authoritarianism,

Father's Authoritiveness, Mother's Authoritarianism, Mother's Authoritiveness, Mother's

Permissiveness

1. Predictors: (Constant), AGE, GENDER, Father's Permissiveness, Father's Authoritarianism,

Father's Authoritiveness, Mother's Authoritarianism, Mother's Authoritiveness, Mother's Permissiveness, Family Support



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Mother's Authoritarianism  Mother's Permissiveness  Family Support | -.001  -.005  -.006 | .011  .011  .009 | -.008 | -.080 | .936 |
| -.048 | -.413 | .680 |
| -.032 | -.658 | .511 |

a. Dependent Variable: Change Level

**Excluded Variablesa**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Model |  | Beta In | t | Sig. | Partial Correlation | Collinearity  Statistics |
| Tolerance |
| 1 | Father's Authoritiveness  Father's Authoritarianism  Father's Permissiveness  Mother's Authoritiveness  Mother's Authoritarianism  Mother's Permissiveness  Family Support | .214b | 4.406 | .000 | .209 | .953  .992  .994  .951  .991  .979  .992 |
| .106b | 2.186 | .029 | .106 |
| .191b | 4.001 | .000 | .191 |
| .089b | 1.789 | .074 | .087 |
| .036b | .747 | .455 | .036 |
| .078b | 1.592 | .112 | .077 |
| -.030b | -.625 | .533 | -.030 |
| 2 | Mother's Authoritiveness  Mother's Authoritarianism  Mother's Permissiveness  Family Support | -.034c | -.582 | .561 | -.028 | .663  .681  .613  .983 |
| -.042c  -.050c | -.738  -.832 | .461  .406 | -.036 |
| -.041 |
| -.033c | -.680 | .497 | -.033 |
| 3 | Family Support | -.032d | -.658 | .511 | -.032 | .975 |

1. Dependent Variable: Change Level
2. Predictors in the Model: (Constant), AGE, GENDER
3. Predictors in the Model: (Constant), AGE, GENDER, Father's Permissiveness, Father's Authoritarianism,

Father's Authoritiveness

1. Predictors in the Model: (Constant), AGE, GENDER, Father's Permissiveness, Father's Authoritarianism,

Father's Authoritiveness, Mother's Authoritarianism, Mother's Authoritiveness, Mother's Permissiveness