Demarketing teen tobacco and alcohol use: Negative peer influence and longitudinal roles of parenting and self-esteem

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Abstract

Tobacco and alcohol companies face increasing pressure to prevent smoking and drinking among underage consumers, reinforcing public policy initiatives designed to reduce youth substance use. One approach targets parents to influence their child’s behavior. However, the extant literature remains unclear about whether childhood parenting strategies affect children’s behavior beyond early adolescence. To fill this void, this research develops an integrative model of parental influence, specifying parenting strategies as antecedents, self-esteem as mediator, and susceptibility to negative peer influence (SPI) and substance use (smoking, and drinking) as socialization outcomes. The findings indicate that childhood parenting strategies impact smoking and drinking in the late teens, by reducing susceptibility to negative peer influence, with self-esteem playing a critical mediating role. These findings not only offer guidelines to social marketers and public policy makers, but also provide new avenues for tobacco and alcohol marketers to be responsive to recent federal laws and regulations, and enhance their corporate social responsibility.

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1. Introduction

Tobacco and alcohol marketers are under pressure to discourage youthful consumption of their products. This pressure is due in part to the 1998 Master Tobacco Settlement with the National Association of Attorney Generals, and to recent federal laws emphasizing reducing youthful smoking (United States Congress, 2009), and drinking laws and regulations, and enhance their corporate social responsibility.

Negative peer influence affects addictive consumption and maladaptive social behaviors tied to corporate advertising and promotion, including smoking (Pechmann and Knight, 2002), drinking (Duncan, Duncan, and Strycker, 2006), and drinking and driving (Hartos, Eitel, and Simons-Morton, 2002). This linkage leads social marketers to launch ad campaigns, and develop community and school interventions targeting children and teens to resist negative peer influence for both smoking (Pechmann and Knight, 2002) and drinking (Rose, Bearden, and Teel, 2001). Tobacco and alcohol marketers as well as social marketers need to understand and eliminate the causes of child and teen susceptibility to negative peer influence (SPI), and their effect on teen smoking and drinking. To date, little consumer research investigates why some children are more susceptible to peer-pressure on consumption-related misbehaviors than others (John, 1999).

This paper proposes that parenting strategies can at least partially explain such individual differences in SPI among youth. Parents are important socialization agents in a young child’s developmental process (Moschis, 1987). Acknowledging parenting’s role as a critical shaping force on child socialization, marketing researchers associate parenting strategies with several children’s consumption-related (mis)behaviors. For example, researchers link parental responsiveness to children’s use of influence strategies in family purchases

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at ages of 10 and alcohol use six years later, when they are 16.

This paper makes three incremental contributions. First, the recent research supports this proposition, the results offer new avenues for social marketers to combat teen substance use. Identifying parenting leads to strong expectations of conformity/obedience, and increases association with deviant peers as an act of rebelling against parental control (but alcohol use does not), implying that behavioral control negatively links to SPI, and thus, drug abuse. Psychological control often produces youthful addictive consumption as a rebellious reaction against parents (Kandel, 1996), and increases association with deviant peers as an act of rebelling against manipulative control (Fuligni and Eccles, 1993). Manipulative parenting develops impulsivity, aggression, delinquency, drug use, and sexual precocity among youth (Barber, 1996).

H2. Parental psychological control positively relates to children's (a) SPI, (b) smoking, and (c) drinking.

Behavioral control closely aligns with what Stattin and Kerr (2000) call ‘parental monitoring,’ although the former is broader in scope than the latter and includes rule making and consistent discipline. Evidence linking behavioral control to SPI is mixed. Most studies examining behavioral control’s effect on SPI focus on younger children. Bogenschneider et al. (1998) find that parental monitoring per se does not reduce negative peer influence among mid-teens, but that restraining their relations with peers does. However, they cite studies that find parental monitoring is effective for younger children. Other studies conclude that behavioral control reduces association with substance use. For example, Dishion and Loebner (1985) find illegal drug usage positively relates to affiliation with deviant peers and negatively relates to parental behavioral control (but alcohol use does not), implying that behavioral control negatively links to SPI, and thus, drug abuse. Bogenschneider et al. (1998) view behavioral control as less important than responsiveness in predicting children's behavior after they enter adolescence. Adolescents strive to remain connected to parents while simultaneously seeking autonomy. For adolescents, the transformation of the parent–adolescent relationship rather than behavioral control, affects the relative influence of peers.

Stattin and Kerr (2000) contend that the negative link in earlier studies between parental monitoring and delinquent norm breaking is due to measures of ‘monitoring’ capturing voluntary child disclosure of friends and activities rather than parental surveillance. They argue that parental responsiveness drives voluntary disclosure. Fletcher, Steinberg, and Williams-Wheeler (2004), however, disagree, and suggest that their ‘disentangled’ parental monitoring measures both indirectly (via peers) and directly impact teen problem.
behaviors. Further confounding the issue, behavioral control tends to reduce negative peer influence and association with peers who use alcohol, tobacco, and drugs, when accompanied by high parental involvement (a component of responsiveness) (Jackson, Henriksen, Dickinson, and Levine, 1997). The above discussion leads to two alternative hypotheses:

**H3.** Parental behavioral control negatively relates to children’s (a) SPI, (b) smoking, and (c) drinking.

**H3alt.** Parental behavioral control positively relates to children’s (a) SPI, (b) smoking, and (c) drinking.

### 2.2. Effect of SPI on substance use

The model posits a positive link between SPI and substance use (smoking and drinking). Negative peer influence induces deviant behaviors by role modeling (Kandel, 1996), and by shaping norms favorable to substance use (Ennett and Bauman, 1991). In many cases, adolescents perceive substance use as “functional,” helping to fulfill their developmental needs. Substance use becomes a threshold to sensing peer group acceptance and belonging as well as identity formation. Teens often report that they smoke or drink to be sociable or part of the group (Pavis, Cunningham-Burley, and Amos, 1997). Previous research also shows that reliance on peers, rather than parents, to resolve personal problems positively relates to smoking (Bogenschneider et al., 1998) and drinking (Bogenschneider and Pallock, 2008).

**H4.** Children’s SPI positively relates to (a) smoking and (b) drinking.

### 2.3. Mediating role of self-esteem on the effect of parenting on SPI and substance use

The research model also proposes that the core mechanism underlying the effect of parenting strategies on SPI and substance use is the child’s self-esteem. A central theme among self-concept theories is social experiences influence an individual’s self-evaluation. Through extended interactions with their parents from an early age, children internalize parents’ expectations, slowly building a self-evaluation. During this process, supportive social experiences (e.g., responsive parenting) effectively convey information to young people about their self-worth and instill a sense of their inherent value—increasing self-esteem (Openshaw, Thomas, and Rollins, 1984). Previous studies support the notion that parental affection or support increases child self-esteem; failure to receive parental approval during parent–child interactions decreases self-worth (Hoelter and Harper, 1987).

**H5.** Parental responsiveness positively relates to children’s self-esteem.

Parental psychological control represents a high level of expectation of child conformity and obedience and the use of excessive, arbitrary, and coercive parental behaviors to reach this goal (Barber, 1997). Such arbitrary controlling attempts fail to communicate clear expectations and do not provide children a benchmark to evaluate themselves. Communicating rejection and a lack of respect to children often devalues the sense of self and creates poorer self-evaluations. Congruent with this logic, past research shows that psychological control undermines children’s self-esteem, while granting autonomy encourages the opposite (Allen and Hauser, 1994).

**H6.** Parental psychological control negatively relates to children’s self-esteem.

The literature is inconclusive regarding behavioral control’s effect on self-esteem. Jackson et al. (1997) develop a multiple-item, behaviorally based parenting effectiveness scale (as rated by the child) combining responsiveness and behavioral control. The authors find a positive relationship between child self-esteem and resistance to negative peer influence. However, the effect of behavioral control does not differ from that of responsiveness, and only grade-school children are studied. Steinberg, Lamborn, Darling, Mounts, and Dornbusch (1994) find that an effective amount of behavioral control enhances child confidence and self-esteem, but overuse can backfire. Furthermore, Kerr, Stattin, Biesercker, and Ferrer-Wreder (2003) argue that while a superficial
positive association exists between behavioral control and self-esteem, trust and attachment, rather than monitoring and discipline, may be the true drivers of this link. The discrepancies mentioned above suggest the following competing hypotheses:


H7alt. Parental behavioral control negatively relates to children’s self-esteem.

Low self-esteem individuals report more loneliness than their high self-esteem counterparts, experience higher social anxiety levels, and describe themselves as having fewer friends (Baumeister and Leary, 1995). They strive to gain the approval of others, leading to self-presentation strategies, such as voicing agreement with the views of significant others (Premeaux and Bedeian, 2003). Similar findings appear in consumption-related contexts. Prior research shows self-esteem negatively relates to normative interpersonal influence on purchasing decisions, and social comparison in consumption-related issues (Bearden et al., 1989). Conversely, higher self-esteem levels reduce children’s tobacco and alcohol use (Yang and Schaninger, 2010a, b).

H8. Children’s self-esteem negatively relates to their (a) SPI, (b) smoking, and (c) drinking.

Extending this discussion, self-esteem likely mediates parenting strategies’ impact on the socialization outcomes. Adding self-esteem to the parenting-outcome linkages, the parenting strategies’ direct impact on SPI, smoking, and drinking declines or becomes non-significant. On the other hand, the indirect path from parenting to children controlling for self-esteem will be significant. Although H9 through H4 depict all the links related to the mediating role of self-esteem, the paper separately develops H9 to test mediation formally.

H9. Children’s self-esteem mediates the parenting strategies’ impact on SPI, smoking, and drinking.

Assuming the results support H9, and self-esteem is the key mechanism, parenting strategies would have a time-lag effect on subsequent SPI and substance use. In other words, effective parenting should have a carryover effect on negative peer influence and consumption-related misbehaviors through a prolonged effect on the child self-esteem. Although the literature offers little direct evidence to support this expectation, the following findings provide indirect support for the proposed time-lag effect: Parenting strategies, especially responsiveness and psychological control, exert a great influence on children’s self-esteem across different age groups. Parental responsiveness provides a fertile soil to nourish confidence and self-worth of toddlers (Skinner, 1998). Responsive parenting also increases self-reported self-esteem among 4th and 5th graders (Openshaw et al., 1984), and college students (\(M_{\text{age}} = 20.8\)) (Parish and McCluskey, 1993). Although these findings are from different people and age groups, similar effects likely exist within an individual over time, that is, parenting strategies at an earlier time likely affect the same person’s self-esteem at later developmental stages.

H10. Parenting strategies in childhood have a long-lasting, ‘lagged,’ or carryover effect on subsequent SPI and substance use through self-esteem.

3. Method

Two studies, based on different portions of a nationally representative longitudinal panel of children and youth over a six-year time span, test these hypotheses. Study 1 is cross-sectional, based on mid-teens (ages 14–15), and examines the relationships among parenting strategies, self-esteem, SPI and substance use (smoking and drinking). Sampling mid-teens to test the model is useful for two reasons. First, such data likely provide conservative tests of the hypotheses. Previous research suggests parents tend to lose their influence over their children at this age (Youniss and Smollar, 1985), and that parental behavioral control becomes less effective as peer influence increases (Bogenschneider et al., 1998). Second, few studies examine mid-teens (most focus on childhood). Mid-adolescence is an important age cohort needing greater attention on how parenting facilitates or hinders their development of smoking and drinking habits.

Study 2 presents a longitudinal model examining parenting strategies’ impact during late childhood (ages 10–11) on subsequent long-term self-esteem, SPI, and substance use, when those youths are late teenagers aged 16–17. No known previous studies examines such a long-term, lagged effect of late childhood parenting on late teen self-esteem, SPI, and smoking and drinking frequencies.

3.1. Sample and procedures

The sample for Study 1 is from Cycle 3, whereas the sample for Study 2 is from Cycles 1 and 4 of the National Longitudinal Survey of Children and Youth (NLSCY), a nationwide representative sample gathered by Statistics Canada to understand the growth and psychological development of Canadian children and youth. The NLSCY began in 1994–95, with 15,579 households with children aged between 0 and 11, followed at two-year intervals. Of the households assessed in 1994–95, 3434 families had at least one 10 or 11-year old child, who completed a questionnaire at ages 10–11 (Cycle 1). The same sample fell to 2249 in Cycle 2 (1996–7; ages 12–13), 1817 in Cycle 3 (1998–9; ages 14–15), and 1414 in Cycle 4 (2000–01; ages 16–17). A series of MANOVA analyses showed that respondents and non-respondents in both Cycles 2 and 3 did not differ significantly in the three parenting strategies measured in Cycle 1. Therefore, differential mortality is not an issue for model testing.

3.2. Measures

3.2.1. Independent and mediating variables

The NLSCY assessed parental responsiveness, behavioral control, and psychological control using Lempers, Clark-Lempers, and Simons’ (1989) Parental Behavior Inventory (1 = never; 5 = very often). In measuring parental responsiveness (\(\alpha = .77\) in both Cycles 1 and 3), the NLSCY asks the children to rate how often their parents smiled at them, praised them, made sure that they knew they were appreciated, spoke of the good things they did, and seemed proud of the things they did. To assess psychological control (\(\alpha = .65\) in Cycle 1 and .69 in Cycle 3), the NLSCY asked the children to rate how often their parents: soon forgot a rule they had made; nagged them about little things; only kept rules when they suited them; threatened punishment more often than they used it; enforced or not enforced a rule depending on their mood; and hit them or threatened to do so. Similarly, the NLSCY gauged behavioral control (\(\alpha = .55\) in Cycle 1, .65 in Cycle 3) by asking the children to rate how often their parents: wanted to know exactly where they were and what they were doing; told them what time to be home when they went out; told them what they could watch on TV; made sure they did their homework; and found out about their misbehaviors.

The NLSCY gauged child/teen self-esteem, the proposed mediating mechanism in this paper, using four items (\(\alpha = .72\) in Cycle 3 and .71 in Cycle 4) from the Marsh’s (1988) General-Self Scale. The respondents self-report if they liked the way they are, whether they have a lot to be proud of, whether lots of things about them are good, and if they do things well.

3.2.2. Dependent variables

The NLSCY measures SPI with Bogenschneider et al.’s (1998) two-item Relative Peer Orientation scale, asking respondents to indicate
whether or not they have anyone else (other than their close friends) to talk to about themselves or their problems. If the answer was "yes," they answered a second question in which they chose from a list of 14 people they would like to talk to, four of whom were parents or caregiver adults. Following Bogenschneider et al. (1998), the authors derived SPI such that: those respondents who chose to talk only to friends but not to parents or caregivers were high peer-oriented (1), while those who chose to talk to both friends and a parent/caregiver were low peer-oriented (0). This categorization is often employed to indicate susceptibility to negative peer influence, and linked to a variety of misbehaviors, including smoking, drinking, and drug use (see Bogenschneider and Pallock, 2008, for a review).

Study 1 uses child/teen-reported alcohol and smoking frequencies from Cycle 3 (ages 14–15), with 0=1 don’t smoke/drink any; 1=a few times a year; 2=about once or twice a month; 3=about once or twice a week; 4=about 3 to 5 times a week; and 5=every day. Study 2 uses the same measures at Cycle 4 (ages 16–17).

Statistics Canada provides weighted means of the three parenting strategies and self-esteem for testing causal models. They use a working weight (a child's weight divided by the mean of the weights across the sample) to derive these composite scores. To ensure the data represent the Canadian population at the time of sample selection, the NLSCY adjusts non-responses using each child's weight, and post-stratifies according to province, age, and gender.

4. Analyses and results

Path analysis through the MPlus software tested the hypotheses. Unlike the conventional programs such as LISREL, EQS or AMOS, the MPlus software can handle categorical dependent variables and accurately computes the standard errors (Muthén and Muthén, 2007). Following recommendations from Statistics Canada, the authors used composite indices, rather than latent factors, of the three parenting strategies and self-esteem in both studies. As indicated earlier, the first study (Fig. 2) tested the conceptual model using Cycle 3 data only (mid-teens aged 14–15), and the second study (Fig. 3) examined the impact of early parenting in Cycle 1 (ages 10–11) on these intermediate and dependent variables in Cycle 4 (ages 16–17). Both models in Figs. 2 and 3 show evidence of excellent data fit (Fig. 2: $\chi^2=1.4$, df=1, $\chi^2$/df=1.4, p=.24, CFI=1.00, RMSEA=.000; Fig. 3: $\chi^2=0.91$, df=1, $\chi^2$/df=0.91, p=.34, CFI=1.00, RMSEA=.000). A plausible reason for a smaller $\chi^2$ is these models used weighted composite scores (rather than latent factors). Since measurement errors are not incorporated, the path analysis results are similar to the correlation matrix.

4.1. Study 1

Since Study 1 uses cross-sectional data, the following two approaches evaluate the potential threat of common methods bias. First, the correlation matrix identifies highly correlated factors. Common method bias likely exists when extremely high correlations occur ($r>0.90$) (Pavlou, Liang, and Xue, 2007). Since correlation results are low (ranging from .01 to .41), common method bias is unlikely. Second, following Podsakoff, MacKenzie, Lee, and Podsakoff (2003), a theoretically unrelated variable (aka “marker”) is incorporated into the model. If common method bias exists in the data, the marker variable would relate significantly to other model constructs. In the analysis, the measure of "if I need extra help, my teacher gives it to me" (1 = never; 5 = all the time) serves as the marker variable. Structural parameters are examined by comparing the model containing the marker variable to the other one that does not. The results show that the marker variable is not significantly related to any of the model constructs ($p>.15$). Adding the marker variable does not alter any of the path coefficients’ sign, magnitude, or significance levels, either. Including the marker variable as a control variable results in a non-significant change in $\chi^2$ ($\Delta \chi^2=2.9$, $\Delta df=3, p>.40$). These results suggest the data do not suffer from common method bias.

H1 specifies that parental responsiveness negatively relates to (a) SPI, (b) smoking, and (c) drinking. Supporting $H_{1a}$, responsiveness negatively affects SPI ($b=-.303, p<.001$). Although responsiveness's direct effect on smoking or drinking is not statistically significant, the results show a negative effect on smoking indirectly through both SPI (SPI→smoking: $b=-.101, p<.01$) and self-esteem (responsiveness→self-esteem: $b=-.351, p<.001$; self-esteem→smoking: $b=-.109, p<.001$). Similarly, parental responsiveness also negatively affects drinking frequency indirectly through SPI (SPI→drinking: $b=-.194, p<.001$) and self-esteem (self-esteem→drinking: $b=-.067, p<.05$). These results partially support $H_{1a}$, psychological control positively affects (a) SPI, (b) smoking, and (c) drinking. As proposed by $H_{2a}$, psychological control positively associates with SPI ($b=.152, p<.001$), and affects smoking and drinking indirectly through SPI and self-esteem (psychological control→self-esteem: $b=-.108, p<.01$), partially supporting $H_{2a}$ and $H_{2b}$ respectively. $H_{3}$ proposes behavioral control negatively affects (a) SPI, (b) smoking, and (c) drinking, whereas the competing hypothesis $H_{3a}$ predicts a positive link from behavioral control to SPI, smoking, and drinking. The results show behavioral control directly affects SPI ($b=-.136, p<.001$), and indirectly affects both smoking and drinking through SPI, fully supporting $H_{3a}$ and partially supporting $H_{3b}$ and $H_{3c}$, while the data do not support $H_{3alt}$. $H_{4}$ proposes positive links from parental responsiveness to self-esteem. Consistent with $H_{4}$, self-esteem positively relates to self-esteem ($b=.351, p<.001$). $H_{5}$ depicts a negative relationship between psychological control and self-esteem. In line with $H_{5}$, the link between psychological control and self-esteem is negative and significant ($b=-.108, p<.01$). $H_{6}$ specifies a positive association between behavioral control and self-esteem, whereas the competing hypothesis $H_{6a}$ predicts a negative association. Neither $H_{2}$ nor $H_{3alt}$ is supported, since the link between behavioral control and self-esteem does not reach statistical significance. $H_{6}$ states self-esteem negatively relates to (a) SPI, (b) smoking, and (c) drinking. Consistent with $H_{6a}$, $H_{6b}$, and $H_{6c}$, the results reveal negative links from self-esteem to SPI ($b=-.077, p<.05$), smoking ($b=-.109, p<.001$), and drinking ($b=-.067, p<.05$), respectively.

$H_{4}$ predicts the mediating role of child’s self-esteem. A series of analyses examined whether self-esteem mediates the relationship between parenting strategies and the socialization outcome variables examined in the paper (i.e., SPI, smoking, and drinking). Three models tested mediation using Baron and Kenny’s (1986) procedures: (1) a parenting-outcome model examining the direct effects of parenting on SPI, smoking, and drinking; (2) a parenting-esteem model examining the effect of parenting on self-esteem; and (3) a model examining the effect of parenting on both self-esteem and socialization outcome variables. If significant effects in the expected direction are found for models (1) and (2), and the effect of self-esteem on socialization outcome variables is significant in model (3), then evidence of mediation exists.

The results indicate: (1) significant effects for parenting strategies on SPI (responsiveness: $b=-.339, p<.001$; psychological control: $b=.161, p<.001$; behavioral control: $b=-.144, p<.001$), smoking (responsiveness: $b=-.078, p<.05$; psychological control: $b=.116, p<.001$; behavioral control: $b=-.066, p<.05$) and drinking (responsiveness: $b=.008, p<.15$; psychological control: $b=.227, p<.001$; behavioral control: $b=-.091, p<.05$); (2) significant effects of parenting strategies on self-esteem (responsiveness: $b=.377, p<.001$; psychological control: $b=-.116, p<.01$; behavioral control: $b=.051, p>.10$); and (3) significant effects of self-esteem on SPI ($b=-.977, p<.05$), smoking ($b=-.109, p<.001$), and drinking...
and SPI. These results lend support for H10.

Similarly, Cycle 1 psychological control directly in self-esteem (self-esteem \( \rightarrow \) smoking): \( b = -.091, p < .01 \) and SPI (SPI \( \rightarrow \) smoking: \( b = .150, p < .01 \); SPI \( \rightarrow \) drinking: \( b = .171, p < .01 \)). Similarly, Cycle 1 psychological control directly influences Cycle 4 self-esteem (b = -.081, p < .01) and SPI (b = .079, p < .05), and indirectly influences Cycle 4 smoking and drinking through self-esteem and SPI. These results lend support for H4b.

A closer look at the significant paths in Fig. 3 also shows the longitudinal model fully supports H1a (direct effect of Cycle 1 responsiveness on Cycle 4 SPI), and partially supports H1b and H1c (indirect effect of Cycle 1 responsiveness on Cycle 4 smoking and drinking through Cycle 4 self-esteem and SPI). Similarly, \( H_2 \) is supported, but \( H_{2b} \) and \( H_{2c} \) only are supported partially, as evident by a direct link from Cycle 1 psychological control to Cycle 4 SPI and the indirect links from Cycle 1 psychological control to Cycle 4 smoking and drinking through Cycle 4 self-esteem and SPI. Consistent with \( H_{4a} \) and \( H_{4b} \), SPI exerts significant impact on both smoking and drinking in Cycle 4.

Supporting \( H_3 \) and \( H_4 \), responsiveness and psychological control in Cycle 1 significantly associate with self-esteem in Cycle 4. Self-esteem significantly affects SPI (b = -.305, p < .001) and smoking (b = -.091, p < .01) in Cycle 4 as well as exerts a negative effect on drinking via SPI. These results support \( H_{3a}, H_{3b}, \) and \( H_{3c} \). The same procedures were followed to test self-esteem's mediating role for the time-lag effect. The results show that Cycle 4 self-esteem partially mediates the effect of Cycle 1 parental responsiveness and psychological control on Cycle 4 SPI, and fully mediates the effect of Cycle 1 responsiveness and psychological control on Cycle 4 smoking. These results support \( H_5 \). The summary of hypothesis testing results is presented in Table 1.

### 5. General discussion

Researchers argue that parenting strategies do not exert much impact on children’s consumption-related socialization outcomes after they enter adolescence, because they strive for independence and seem more susceptible to peer influence than to parental influence. Extending previous research, the present study shows parenting strategies do affect teenagers’ susceptibility to negative peer influence and substance use (smoking and drinking). Such effects are long lasting (over a course of six years in the study), rather than temporary. The core mechanism underlying the effect of parenting strategies is the child’s self-esteem. Both cross-sectional and longitudinal data from a nation-wide representative sample support the proposed parental effects and the self-esteem mechanism.

The findings suggest responsive parenting reduces smoking and drinking by strengthening the child self-esteem. In addition, responsive parenting reduces adolescents’ reliance on peers in both the short-term and the long run. Increasing parental responsiveness leads teens to rely less on their peers for consumption standards. High, long-term self-esteem and extended autonomy

### Table 1

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from group social pressure also may ensue. The reverse holds for psychological control. Psychologically controlling parenting increases negative peer influence both directly, and indirectly, through negative impact on self-esteem. The stronger direct impact for teens is consistent with the view that overly controlling parenting is antithetical to individualism and autonomy, and thus alienates teens from their parents and leads them to exhibit rebellious behavior and rely on friends rather than parents for normative guidance to defend the adolescent’s self-esteem.

5.1. Theoretical contributions

From a conceptual perspective, this research extends both parenting theory and the traditional consumer socialization framework. Prior research mainly focuses on parental responsiveness in studying children’s socialization outcomes. Extending previous research, this study proposes and empirically tests three parenting strategies simultaneously in the same framework. The results advance the understanding about the distinct effect of each parenting strategy controlling for the other strategies’ effects. The findings provide valuable insights to help explain the previously mixed findings regarding the role of behavioral control.

In addition, this study extends the consumer socialization framework by incorporating self-esteem as the key mechanism underlying the socializing role of parenting strategies. The prevalence of other socialization agents, such as cell phone ‘texting,’ and the Internet, particularly Facebook, likely further diminishes parental influence. Despite the important role that other socialization agents play in children’s lives, the current research proposes and verifies that parents remain a critically important socializer affecting their offspring’s tobacco and alcohol use, both short- and long-run. Parenting strategies can mitigate the negative impact of SPI, in an enduring fashion through the child’s self-esteem. These insights are important to the extant literature, and represent unique and important incremental contributions.

5.2. Managerial contributions

Thus far, targeting parents has not been viewed as an important demarketing tool, despite its recent emphasis by social marketers, and inclusion in tobacco and beer/alcohol marketers’ websites in response to increasing legal and federal policy regulations. The present study’s findings provide strong evidence that marketers should add parent-oriented marketing campaigns to the existing ‘toolkits’ and integrate them with conventional adolescent communication and intervention programs to reduce susceptibility to negative peer influence and substance use.

Some Heritage Foundation website links imply that “Big Tobacco” purposely designs teen-targeted anti-smoking ads to have a subtle influence in a direction contrary to that implied. Wakefield et al. (2006) charge that exposure of teens to industry sponsored anti-smoking campaigns targeting parents actually increases approval of smoking and tobacco usage over the past 30 days among teens exposed to those ads. That conclusion implies boomerang effects. Based on this study, the authors suggest tobacco and alcohol manufacturers should center on parenting themes in their parent-oriented marketing campaigns. The parent-oriented ads need not teach parents how to control their children’s tobacco and/or alcohol use. The focus should be on teaching parents to avoid using psychological control and increase parental responsiveness. Such parent-targeted campaigns can be effective in combating teen smoking and drinking, while minimizing possible boomerang effects.

![Diagram](image_url)
The findings also suggest existing (anti teen-smoking and drinking) campaigns err by targeting parents of teenagers, when they should be reaching parents of children in mid- to late- childhood. Late childhood parenting’s impact on subsequent self-esteem, negative peer orientation, and drinking and smoking is striking. Tobacco and alcohol marketers, as well as social marketers, also should target late grade-school children with self-esteem themes, and try to immunize them against negative peer influence. Existing approaches underemphasize the importance of combining responsiveness and behavioral control—during mid-adolescence. Parents must be cautioned against overuse of behavioral control in the absence of a warm positive relationship with their child, and warned that psychological control can backfire and increase children’s vulnerability to negative peer influence, especially in their mid-teens when they strive for independence. Because adolescents become more peer-oriented and less parent-oriented, the importance of establishing ‘the inoculation’ effect of positive parenting early is paramount. Research should determine whether or not to target parents of teenagers, with fear appeals of the negative effect of psychological control, or of decreasing responsiveness and increasing psychological control. Child-targeted themes combining self-esteem and social norms must be examined as well.

Coordinated campaigns could utilize spot TV to reach neighborhoods with “at risk” demographic profiles, and those associated with heavier drinking, smoking, and other risky behaviors. Special attention must be given to the areas with high concentrations of single parent and blended families, low social economic status, neighborhood violence, delinquent peers, and at-risk cultural backgrounds. Such an approach differentially targets parents of teens most vulnerable to negative peer pressure, and reaches neighborhoods with low responsiveness parents but they exhibit high psychological control.

5.3. Limitations and future research directions

Like any study, this research is characterized by a number of limitations. First, all measures are self-reported without actual behavioral data. Although common method bias unlikely threatens the findings’ internal validity, future research should collect behavioral measures offering an opportunity to test the framework more rigorously. Second, the Cronbach alpha values for psychological control and behavioral control measures are below the recommended threshold of 0.70. Marketers should be cautious in interpreting the findings related to these two constructs. Third, the model only examines smoking and drinking. Future research may expand the types of maladaptive behaviors examined to include others of important societal and individual longer-term health interest, including illegal drug use, drinking and driving, risky sexual behaviors, body modifications (e.g., piercing and tattoos), and binge eating. Finally, a useful study extension is examining the interactive effects of marketing activities, parenting strategies, and negative peer influence. Such findings likely will provide marketing practitioners useful guidelines on how to improve their parent-targeted communication campaigns so families can change their parenting strategies to bring about reduced susceptibility to negative peer influence and maladaptive behaviors among the youth.

References
