

**Parental practices and addictions in the adolescent population****Prácticas parentales y adicciones en población adolescente**

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**Abstract**

**Objectives:** Identify the protection and risk factors for substance use based on parenting practices. **Methodology:** The research carried out was descriptive in scope, from a mixed approach (qualitative and quantitative) using the observational, descriptive and cross-sectional method, in turn, the quantitative cut is integrated by applying standardized instruments such as the Parental Practice Scale for adolescents and Depression Scale of the Center for Epidemiological Studies CES-DR, for this, a sample of 57 adolescents aged 15 to 17 years was obtained. **Contribution:** It was found in the results that the nuclear family is a protection factor, however, in some cases it is the same that becomes a latent risk factor in adolescents, through the impositions generated by the parents, using a parentage style of authoritarianism, coupled with the little communication that exists between family members.

**Resumen**

**Objetivo:** Identificar los factores de protección y de riesgo de consumo de sustancias en función a la prácticas parentales en adolescentes. **Metodología:** La investigación realizada fue de alcance descriptivo, desde un enfoque mixto (cualitativo y cuantitativo) utilizando el método observacional, descriptivo y transversal, a su vez, se integra el corte cuantitativo por aplicar instrumentos estandarizados como lo fueron la Escala Práctica Parentales para adolescente y Escala de Depresión del Centro de Estudios Epidemiológicos CES-D-R, para ello, se obtuvo una muestra de 57 adolescentes con edades de 15 a 17 años. **Contribución:** Se pudo encontrar en los resultados que, la familia nuclear es un factor de protección sin embargo, en algunos casos es ésta misma la que se convierte en un factor de riesgo latente en los adolescentes, mediante las imposiciones generadas por los padres, utilizando un estilo de parentaje de autoritarismo, aunado a la poca comunicación que hay entre los miembros de la familia.

**Family, Risk, Addictions****Familia, Riesgo, Adicciones**

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## Introduction

Family, understood as the foundation that constitutes society and, in turn, the social essence of human beings, has had to adapt and shape itself into parenting structures to achieve the culmination of children's personality formation (Pacheco, 2013). As the primary system, the family relies on other systems for its proper functioning. When it experiences failures, the remaining systems surrounding it tend to become imbalanced, leading to the disruption of the current primary system. The family, educational institutions, friends, and work are interconnected systems that significantly influence the development of intellectual abilities and emotional attitudes, thereby contributing to the expansion of the family-social system. Additionally, the family has one of the major parental functions in the development of adolescents, incorporating protection, care, assertive communication, individualization, affection, school, and feedback. These factors are considered protective factors provided by the family for young individuals. However, excessive protection provided by the family can become a risk factor, leading to feelings of low self-esteem and, in some cases, drug consumption.

Regarding drug consumption, its approach implies a constant need within the social and family nucleus, given that there are disorders that arise from the use and abuse of drugs, potentially causing adolescents to develop affective disorders (major depressive episodes), psychotic disorders (presence of hallucinations, euphoric episodes, etc.), and anxiety disorders (Kalat, 2010).

On the other hand, the characteristics of adolescents involve specific traits of behavioral patterns, such as vulnerability, which necessitates the presence of risky behaviors. Therefore, the type of parenting is essential in contributing to their development and helping them confront risks, their own vulnerability, and preparing them to develop their potential, thereby obtaining benefits for their health (early pregnancies, drug consumption, sexually transmitted diseases, etc.) in social and familial relationships. Empowering protective factors such as family dynamics, assertive communication, and affection within the family is crucial (Santisteban, 2014).

Moreover, the National Drug Plan aimed at secondary school students between 14 and 18 years old has informed adolescents about current trends in alcohol and drug consumption as preventive and protective factors. It provides information about the most commonly consumed substances, such as alcohol and tobacco (legal drugs), as well as the rates of incidence among adolescents who have tried them or are regular consumers.

Prevention activities aim to raise awareness through various aspects to prevent risky behaviors, as outlined by the Spanish Observatory on Drugs (2018):

- a) Alcohol and tobacco consumption show the highest continuity or loyalty.
- b) Alcohol consumption is concentrated on weekends.
- c) The pattern of alcohol consumption is experimental or occasional, mainly linked to recreational contexts.
- d) Girls consume alcohol, tobacco, and tranquilizers more frequently but in smaller quantities, while boys consume illegal drugs to a greater extent.
- e) Ecstasy is the psycho-stimulant substance with the highest percentage of regular users (2.5%). On the other hand, "76% to 89% of students who had tried alcohol or tobacco continued to consume these substances in the last thirty days. Regarding alcohol, 43% of adolescents who had consumed alcohol in the last month did so exclusively during the weekend, and around 40% admitted to having been drunk at least once. Among drug users, it was found that continued use was relatively common, with 62% for cannabis and 44% for ecstasy" (Espada, 2003, p. 9).

Furthermore, the General Secretariat of the National Population Council (CONAPO, 2012) mentions that "the family is the primary context for the development of any human being, as it plays a fundamental role in the construction of identity, self-esteem, and essential social interaction patterns.

As the core of society, the family is a fundamental institution for education and the promotion of essential human values that are transmitted from generation to generation" (National Population Council, 2012, p. 1). These values help foster protective factors that minimize chains of problematic behaviors in substance consumption.

In this way, the World Health Organization (WHO) pays special attention to the comorbidity of pattern diseases that promote a pathognomonic clinical picture, defining it as "comorbidity or dual diagnosis as the coexistence in the same individual of a disorder induced by the use of a psychoactive substance and a psychiatric disorder" (WHO, 2008, p. 1). According to the United Nations Office on Drugs and Crime (UNODC), a person with a dual diagnosis is when the problem is related to alcohol or drug use in addition to another type of diagnosis, typically of a psychiatric nature. Comorbidity refers to the temporal coexistence of two or more psychiatric or personality disorders, one of which is derived from problematic substance use.

Adding to the above, Andolfi (1993) and UNODC (2013) establish that family functions should be oriented towards satisfying important needs of each of its members. Individuals are not evaluated or analyzed in isolation but in a constant interdependence. "Parenting is seen as a dynamic and complex process that includes, on one hand, the parents' obligation to meet the child's basic needs, both physical and emotional, and on the other hand, to provide learning patterns and certain stimulating conditions that promote healthy biopsychosocial development" (UNODC, 2013, p. 32). For these reasons, the investigation of the relationship between different types of parenting and substance use becomes relevant

### **The family and the adolescent as a protective factor**

The family is the system that is closest to the individual, and it "involves a level of awareness on the part of the adolescent, providing unconditional support, promoting unity, and seeking meaning in difficult situations.

The quality of the adolescent's relationships within the family shapes their internal cognitive models and their relationships with others" (Sánchez et al., 2004, p. 12). Furthermore, Gómez, cited in Sánchez (2004), referred to environmental resources as one of the protective factors. The ability to adapt to different contexts, strive for adaptation, equal peer relationships, and identification with peers all play a role. Adolescents belonging to families with better family communication, positive emotional bonding (affection), and higher family satisfaction are more likely to establish meaningful relationships. Consequently, Gómez (2008) refers to various studies that have found a link between communication difficulties with parents, communication difficulties with friends, physical and psychological discomfort, and increased tobacco and alcohol consumption from early ages. Thus, certain family environments, such as lack of communication or distant relationships, contribute to risky behaviors in adolescents.

The research conducted had a descriptive scope, employing a mixed approach (qualitative and quantitative), integrating qualitative study through observational and cross-sectional methods, while the quantitative aspect involved the application of standardized instruments to collect qualitative data based on specific scales.

The sample consisted of 57 high school students from the state of Zacatecas, selected through non-probabilistic intentional sampling, following informed consent procedures. Of the participants, 33 were male and 24 were female. The instruments used in the study were the Parental Practice Scale for Adolescents (PP-A), which assesses the perception of adolescents aged 12 to 18 regarding their parents' behaviors when it comes to their upbringing. The scale is self-administered and consists of 80 items, with 40 items focused on the father and 40 on the mother. Participants respond using a Likert scale with four options (never, seldom, often, always) (Andrade Palo, 2008, p. 562). The second instrument used was the CES-D Depression Scale, a self-administered scale consisting of 35 items, which assesses depressive symptoms quantitatively (González-Forteza & Tapia, 2012), using a Likert scale for responses.

## Methodology

The research conducted had a descriptive scope, employing a mixed approach (qualitative and quantitative), integrating qualitative study through observational and cross-sectional methods. On the other hand, the quantitative aspect was established through the application of standardized instruments that serve to identify qualitative data based on specific scales.

The sample consisted of 57 high school students from the state of Zacatecas. Prior to participation, informed consent was obtained. The participants were selected using a non-probabilistic intentional sampling method, of which 33 were male and 24 were female.

The instruments used in the study were the Parental Practice Scale for Adolescents (PP-A), which evaluates the perception that adolescents aged 12 to 18 have regarding their parents' behaviors towards them during their upbringing. It is a self-administered instrument consisting of 80 items, with 40 items related to the father and 40 items related to the mother. The responses are provided using a Likert scale with four options (never, seldom, often, always), as described by Andrade Palo (2008, p. 562). In addition, the second self-administered instrument used was the CES-D Depression Scale, which assesses depressive symptoms (González-Forteza & Tapia, 2012). It consists of 35 items that are quantitatively evaluated using a Likert scale.

## Results

The Parental Practices Scale (PP-A) was used to measure the perception that children have of their parents' behaviors across nine dimensions. These dimensions are divided into four dimensions directed towards the father and five dimensions directed towards the mother. Adolescents who did not reach a minimum alpha score for each dimension were not included in the analysis, as the reliability of the scales is affected by their invalidity. The dimensions of the scale are as follows:

Evaluation Area	Score
Paternal communication and behavioral control.	.97
Paternal autonomy	.94
Paternal imposition	.90
Paternal psychological control	.90
Maternal communication	.92
Maternal autonomy	.86
Maternal imposition	.81
Maternal psychological control	.80
Maternal behavioral control	.84

**Table 1** Integration of Parental Practices Scale Data.

It is important to note that the missing data were due to some parents not living with the adolescent, and the data was not tabulated for that area.

Therefore, the following conclusions can be drawn:

The induction of guilt, devaluation comments, and criticism towards adolescents show a high level in 20% of cases, with the mean being 10%. This indicates that over 60% of parents engage in perceived psychological violence towards their children.

The CES-D-R scale applied to the high school population yielded data that corresponds to diagnostic criteria for major depressive episodes. Regarding criterion 3, two variables were identified:

- a.- Had little appetite and unintentionally lost weight. No adolescent met the criterion as 50% of the population reported not having lost weight in the past week, only 33% lost weight for 1-2 days during the week, and 17% lost weight for 3-4 days. Therefore, the criterion is not met as 67% did not lose weight in the past week, while 33% reported losing weight for 1-4 days in the previous week.
- b.- The variables are associated.

Code	Variable number
Couldn't shake off sadness	2
Felt depressed	4
Felt sad	6
Nothing made me happy	8
Felt like a bad person	9
Disliked myself	17
Got upset over things that usually don't bother me	21
Felt lonely	29
People were unfriendly	30
Had crying spells	32
Felt disliked by people	35

**Table 2** Variable associations from CES-D-R data

In this way, when percentageizing the criteria of the episode, where variables (8-67%, 29-58%, 30-67%, 32-67%) have a high rate of absence during the week, variables (9, 2, and 35) show a 33% frequency of 0 days in the previous week, as well as 25% in variables (4 and 21). Variables (6) show a 42% frequency, and variable (17) shows a 50% frequency. Regarding the frequency of 1-2 days, 17% had the variables (6, 30, 35), while it increased to 33% in variables (2, 17, 21). 25% of adolescents reported feeling like bad persons during that frequency, and only 8% felt lonely, nothing made them feel happy, and they had crying spells, respectively. 50% experienced feelings of depression (variable 4) during that frequency. The average for the mentioned variables at the beginning is 14% for the frequency of 3-4 days. On average, one out of every 12 adolescents meets the criteria for the episode, as the percentage for the temporal frequency of 5-14 days is 8.77%.

Criterion 8 of the episode refers to concentration, whether on important matters or others. Only 8% met the criterion (variables 3 and 20), and 33% had no problems with concentration. The majority did not meet the criterion, as 59% reported no difficulties in concentration during days 1-4 of the previous week.

According to criterion 4 of the episode, 75% had no trouble falling asleep (variable 19), 50% slept without restlessness (variable 5), and 33% slept more than usual (variable 11). Only 2 out of 12 adolescents, on average 8%, met the criterion for a frequency of 10-14 days, and 4 (24%) reported sleep problems, but they were not significant as they occurred for only 1-4 days in the previous week.

Only variables 7, 10, and 28 meet the characteristics of criterion 2 of the episode, in which only 8% meet the criterion, while 92% do not. They refer to the frequency of feeling restless or slowed down almost every day, as reflected in variables 12 (Felt like I was moving very slowly), 13 (Felt restless), 16 (Felt tired all the time), and 23 (Felt that everything I did required effort). Criterion 5 of the episode, which only 8% meet for a frequency of 10-14 days, shows that on average, 41% reported not feeling this way on any day in the previous week, and 50% felt this way for 1-4 days in the same reference week.

Variables related to criterion 9 include recurrent thoughts of death (not just fear of death), recurrent suicidal ideation without a specific plan or suicide attempt, or a specific plan for suicide (variables 14, 15, 25, 26). Similarly, only 8% experience these feelings in the past two weeks, while another 8% have had these thoughts in the last week. Regarding the frequency of 3-4 days, 8% report these ideas, while 76% of the adolescents do not exhibit these characteristics.

On average, 31% felt good in the past two weeks, felt hopeful about the future, enjoyed life, had a lot of fun, and enjoyed life (variables 22, 24, 31, 33, 27); 28% did not have any liking for the mentioned variables, while at least 18% had positive feelings in the last week, and 23% experienced pleasure for at least 1-2 days.

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### Conclusions

Based on the various results, specifically regarding the research objective, it was observed that:

The nuclear family is not necessarily a protective factor. In some cases, the family itself becomes a latent risk factor for adolescents, with impositions from parents leading to increased internal hostility within the family dynamics. Additionally, the use of an authoritarian parenting style contributes to a lack of communication among family members. Therefore, it is important to establish and provide tools for parents to promote appropriate behavioral actions in the adolescent's life, becoming a protective factor for young individuals.

It should be taken into consideration that, based on literary formation and explanation, it is emphasized that broken families are a risk factor for drug consumption. However, in this research, based on the data obtained from the evaluated adolescents, there is a theoretical difference as they exhibited lower levels of depression symptoms when only the mother was present in their upbringing. Therefore, single parenthood is not a strict indicator in the assessment of risk and substance consumption.

Furthermore, it is important to note that the adolescents who showed a high level of symptomatology in the depressive episode, in comparison to the adolescents, displayed a lower level of symptomatology related to the depressive episode based on the responses provided by the CES-D scale. Thus, it can be concluded that the nuclear family is a protective factor against drug or illicit substance consumption. However, in the obtained sample, it is identified that the nuclear family is important but not determinative in consumption, as it is influenced by the multiple contexts in which adolescents can develop various behaviors. Additionally, the presence of inadequate bonds, inconsistent discipline, lack of supervision, and other factors within the family structure, regardless of whether it is single-parent or not, can also play a role (Pacheco, 2019). Furthermore, the obtained sample revealed a slightly higher percentage of violence towards minors within the nuclear family context.

It is important to note that the research opens up further possibilities for establishing future guidelines related to parenting and drug use, as this article only addressed them in a sectorial manner.

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