Perceived Awareness and Caring Influences Alcohol Use by High School and College Students

Reagan R. Wetherill and Kim Fromme
The University of Texas at Austin

Perceived awareness and caring, or beliefs about how much parents and peers know and care about students’ behavior, was assessed in relation to students’ drinking patterns. Prior to and at the end of the first semester at college, participants completed Web-based surveys assessing alcohol use, family and social motives, and perceived awareness and caring from parents and peers. Family motives moderated the effect of perceived parental awareness and caring on the quantity of high school alcohol use, whereas social motives moderated the effect of perceived peer awareness and caring on frequency and quantity of college drinking. Longitudinally, college alcohol use was predicted by perceived awareness and caring from parents. Perceived awareness and caring may affect alcohol use whereby parents exert influence during high school but peers are more influential in college.

Keywords: alcohol, perceived awareness and caring, high school, college, motives

Many youth begin using alcohol well before they attend college, but for most students, alcohol consumption increases as they enter the college environment (Baer, Kivlahan, & Marlatt, 1995). College-bound high school seniors report lower alcohol consumption than non-college-bound peers; however, the drinking trend reverses when college students are compared with peers who do not attend college. College students show more frequent and heavier drinking rates than do their same-aged, nonstudent peers, implying that something important about the college experience facilitates drinking behaviors (Johnston, O’Malley, & Bachman, 2001; Schulenberg et al., 2001).

Social and developmental theories have emphasized the importance of social influences on alcohol consumption and other risk behaviors during adolescence. These include (but are not limited to) injunctive and descriptive norms, family behavior and attitudes, and peer behavior and attitudes (Cialdini, Reno, & Kallgren, 1990; Graham, Marks, & Hansen, 1991). Peers have been shown to be influential on adolescent behaviors (Bahr, Hoffman, & Yang, 2005), whereas parental factors moderate the association between peer influences and alcohol use (Wood, Read, Mitchell, & Brand, 2004). Findings suggest that peer influences become more important as an individual ages but that parents continue to affect particular areas of their child’s life (Turrisi, Jaccard, Taki, Dunning, & Grimes, 2001).

Parental Influences on Drinking

Parents shape their adolescent’s drinking patterns in part through parental support (Barnes, Reifman, Farrell, & Dintcheff, 2000) and monitoring (Kerr & Stattin, 2000). Parental support is conceptualized as parenting behaviors that show acceptance, such as involvement and encouragement in the child’s life and activities. Deficits in parental support have been associated with deviant peer involvement, more frequent substance use, and antisocial acts (Dishion, Nelson, & Bullock, 2004; Hawkins, Catalano, & Miller, 1992). Furthermore, parents influence adolescent drinking behavior through monitoring, or tracking and regulating their child’s behaviors, and through alcohol-specific guidelines or norms, which may decrease alcohol-related problems and misuse. Poorly monitored adolescents show higher levels of disruptive behavior (Reid & Patterson, 1989) and more frequent substance use (Chassin, Curran, Hussong, & Collier, 1996). In sum, parents who are supportive and attentive to their adolescent’s behavior appear to decrease the likelihood of heavy drinking patterns in their offspring.

Peer Influences on Drinking

Peer influences are strong predictors of adolescent substance use (Newcomb & Bentler, 1986; Walden, McGuire, Iacono, Burt, & Enkins, 2004). Empirical and theoretical evidence indicates that peer influence works directly through explicit offers (Wood, Read, Palfai, & Stevenson, 2001) and indirectly through social modeling and perception of peer values (Reifman, Barnes, Dintcheff, Farrell, & Uhlig, 1998). Direct influences include being offered a drink or having a drink refilled without a request, whereas indirect influences involve peer beliefs and values toward alcohol use. The association between peer and adolescent substance use has been attributed to socialization, selection, and social norms (Borsari & Carey, 1999, 2001; Curran, Stice, & Chassin, 1997). Socialization is highly predictive of adolescent and college student alcohol use (Andrews, Tildesley, Hops, & Li, 2002), as alcohol consumption is
often viewed as a social activity and a way to make friends. Peer selection, or seeking out peers with similar substance-use behaviors and attitudes, also helps explain the association between peer and adolescent substance use in that adolescents join groups or make friends with peers who have similar substance-use patterns and beliefs (de Vries, Candel, Engels, & Mercken, 2006). Peer selection and socialization are believed to facilitate drinking and other behaviors in part through social norms, which, in turn, influence peer selection and socialization (Borsari & Carey, 1999). In other words, adolescents use peers as a guide in making alcohol-related decisions where excessive drinking is linked to social affiliation and social acceptance by a desired peer group (Maggs, 1997).

Perceived Awareness and Caring

Late adolescence is rife with social influences that rely on perceptions of attitudes and behaviors of significant others. An underlying assumption is that adolescents hold beliefs about how others view them. To better understand these beliefs, Patel, Harden, and Fromme (2003) invited freshmen and sophomore students at a large public university to participate in a series of focus groups to discuss their expectations and ideas about college, social and academic motivations, and peer behavior. A main theme that emerged from these groups was a common belief about the relative awareness and caring other people have about the individual’s behavior and how this perceived awareness influenced the individual’s decisions and actions. Conceptualized as perceived awareness and caring, this level of knowledge and caring by others may be an important influence on the individual’s behavior.

One may experience varying levels of awareness and caring in different social roles, for example, at a job, in classes, or as a member of the community. Perceived awareness and caring from parents is the synthesis of parental monitoring (knowing) and parental support (caring). Specifically, adolescents perceive their parents have some level of knowledge and caring about their behavior, and the combination of perceived awareness and caring may influence subsequent behavior more than would just knowing or caring alone.

Perceived awareness and caring from peers is similarly the synthesis of two heavily researched constructs, peer socialization and support. Through peer socialization, a person tries to create or maintain a reputation based on what others know about their behavior. Peer support relates to the amount or quality of peer relationships and is a working model of “self and important relationships [that] serve[s] as a lens through which people view others’ feelings and behavior” (Sarason, Pierce, Shearin, & Sarason, 1991, p. 279) and helps “drive social behavior” (p. 285). Perceived awareness and caring from peers is the perception of both what peers know about the individual’s behavior and the degree of support or caring from peers.

When people perceive a high level of awareness and caring from others, they may feel they are under scrutiny and, consequently, censure particular behaviors out of concern for how others may view them. Conversely, when people perceive a low level of awareness and caring from others, they feel relatively anonymous and may therefore act more consistently with their personal motivations.

Motives

People decide to drink or not drink in part on the basis of whether the expected positive outcomes of drinking outweigh the outcomes of not drinking (Stritzke & Butt, 2001). Drinking motives in adolescents have been grouped into four domains: social, coping, enhancement, and conformity (Cooper, 1994). The present consideration of social drinking motives is based on the perceived positive functions of drinking such as peer acceptance and reinforcement. In both cross-sectional and longitudinal studies, social motives for drinking predicted heavy drinking during late adolescence (Abbey, Smith, & Scott, 1993; Bradizza, Reifman, & Barnes, 1999; Read, Wood, Kahler, Maddock, & Palfai, 2003). Research devoted to understanding adolescents’ social motives to drink can help psychologists tailor intervention strategies by explaining why adolescents drink; however, understanding why individuals do not drink could be equally important (T. J. Johnson & Cohen, 2004). In a cross-sectional study of high school students, family constraint motives (i.e., family’s disapproval of drinking) were negatively associated with frequency of alcohol use, and religious constraints predicted whether the individual was an abstainer or a drinker (Stritzke & Butt, 2001). Thus family and religious motives may decrease alcohol misuse.

Perceived Awareness and Caring, Motives, and Alcohol Use

In the current study, we investigated the influence of students’ perceived awareness and caring from parents and peers on their alcohol use during the last 3 months of high school and their first semester of freshman year in college, as well as the changes between the two time points. Specifically in a single cohort of students, alcohol use of those with a low level of perceived awareness and caring was compared with the alcohol use of those with a high level of perceived awareness and caring as they transitioned from high school to college. We have three study hypotheses:

1. Generally, individuals with a high level of perceived awareness and caring will drink less than those with a low level of perceived awareness and caring. Specifically, perceived awareness and caring from parents will influence drinking frequency, whereas perceived awareness and caring from peers will influence the quantity of alcohol consumed per drinking episode. This hypothesis is based on the assumption that parents are likely to have control over the adolescent’s opportunities to drink (e.g., going out and attending parties), which might influence the frequency of drinking. Once at an event or party, however, the adolescent is likely to base the quantity of alcohol he or she drinks on both alcohol availability and peer use (Perkins, 2002; Quigley & Collins, 1999).

2. It is furthermore hypothesized that family motives will moderate the effect of perceived awareness and caring from parents on high school alcohol use, whereas social motives will moderate the effect of perceived awareness and caring from peers during the first semester at college. In other words, individuals who are motivated by paren-
tal approval will be influenced by perceived awareness and caring from parents while living in the family environment (i.e., during high school), whereas those who are motivated by peer approval will be influenced by perceived awareness and caring from peers when living in the collegiate environment.

3. Longitudinally, perceived awareness and caring from parents and peers will decrease from high school to the first semester of college as students leave home and establish new peer groups at college. After gender and high school drinking are statistically controlled, perceived awareness and caring from parents and peers will predict college drinking.

Method

Participants and Procedures

Participants were a single cohort of recent high school graduates ($n = 2,003$) who were invited to participate in a 4-year longitudinal study of high school to college drinking and adjustment to college. Prematriculation, the mean age of the participants was 18.4 years ($SD = 0.35$ years); 60% of the participants were women; and the majority of the participants were White (54.3%), followed by Asian (18.0%), Hispanic (15.3%), and multiracial or other ethnicity (12.4%), which is comparable to the 54.8% women, 58.6% White, 17.9% Asian, 16.9% Hispanic, and 6.6% multiracial or other ethnicity for the incoming freshman class from which the sample was drawn.

Participants were initially recruited from a sample of 6,391 freshmen attending a university orientation program or by mail during the summer prior to starting freshman year. Eligible participants were first-time freshmen, unmarried, and between the ages of 17 and 19 years. Volunteers were asked to complete a brief contact and consent form, which was used to mail letters inviting the volunteers to complete an Internet-based or paper-and-pencil survey assessing behaviors that occurred during the last 3 months of their senior year in high school. A total of 3,046 were randomly assigned to complete annual assessments.1 These participants would provide data semiannually for 4 consecutive years and compose the current sample. Incentives for participation included a free t-shirt for completing the contact form and $30.00 for completing the high school survey (prematriculation). Recruitment efforts included follow-up e-mail reminders and phone calls, which yielded completed surveys from 2,245 (74%) recent high school graduates.

Three weeks prior to the end of their first fall semester of college (postmatriculation), participants were invited by e-mail to complete an Internet-based survey that assessed behaviors occurring during the past 3 months. The incentive for completing the fall survey was $20. Of the high school participants, 2,077 (92%) were retained for the fall sample, with 173 dropouts (7.7%) and 2,003 included in the current analyses.2

Measures

Measures were collected via Internet-based surveys on a secure server. Participants created their own log-in name and password, and data were collected, encrypted, and stored through DatStat (Seattle, Washington), a data management service. The online survey included demographic measures of age, ethnicity, and residence.

Alcohol use. A modified version of the Daily Drinking Questionnaire (Collins, Parks, & Marlatt, 1986) was used to measure average alcohol consumption in terms of frequency (i.e., number of drinking days) and quantity (i.e., number of drinks per drinking day). A drink was defined as 12 oz of beer, one shot of liquor (either straight or in a mixed drink), or 5 oz of wine. The internal consistency for this study was .82 for frequency and .81 for quantity.

Family and social motives. Family motives items were developed for this study and assessed the extent to which an individual’s decisions and behaviors are motivated by family and/or social beliefs. For example, “For you, how important is it to gain or keep your parents’ approval?” The items were averaged, and Cronbach’s alpha was .53. Social motives were measured with six modified items from the Personal Motivations Questionnaire (Maggs, 1997) that assessed the extent to which an individual is motivated by social factors. For example, “For you, how important is it to make new friends?” Possible response options ranged from 1 = not at all important to me to 5 = very important to me. Items were averaged, and Cronbach’s alpha was .72. In a pilot sample ($n = 71$), family and social factors had internal reliability with Cronbach’s alphas of .56 and .73, respectively. The 3-week test–retest reliability of the same sample showed a Pearson’s $r$ of .78 for family motives and .87 for social motives.

Perceived awareness and caring. Separate measures of perceived awareness and caring from parents and peers were developed for this study. The Parental Awareness and Caring Questionnaire (PAC-Parents) measured the level of perceived parental knowledge and caring about the individual’s behavior. Each of the six items in the measure began with the sentence stem “During the last three months how often was there an adult (e.g., parent, guardian, RA [resident assistant]) who knew and cared” and ended with one of the following: “if you drank alcohol?” “where were you going?” “if you had sex?” “if you used illicit drugs?” “if you got into a fight?” “what you were doing?” Responses were made on 5-point scales ranging from 1 = not at all to 5 = always. The items were averaged and the Cronbach’s alpha was .92.

The seven-item Peer Awareness and Caring Questionnaire (PAC-Peers) measured the level of perceived peer knowledge and caring about the individual’s behavior. Each of the seven items began with the sentence stem “During the last three months, to what extent did people in your social group know and care about” and ended with questions such as “the amount of alcohol you drank?” “if you drank alcohol?” “if you were having sex?” “your aggressive actions?” Three items explored the participants’ illicit drug use. Responses were made on 5-point scales ranging from 1 = not at all to 5 = always. The items were averaged and the Cronbach’s alpha was .95.

---

1. Not included in the current analyses were participants who would complete a high school and Year 4 assessment and participants who would complete only the Year 4 assessment.

2. Not included in the current analyses were 74 participants who reported living with their parents during the first semester of college.
Results

Analyses

Our primary goal in this study was to examine the association of perceived awareness and caring from parents and peers on the alcohol use of a single cohort of students during the last 3 months of their senior year in high school and their first semester of college. Our secondary goal was to investigate whether such associations were moderated by family and social motives. Our third goal was to examine changes in perceived awareness and caring from parents and peers. Composite scores for the sample at the two time points were calculated for alcohol use, PAC-Parents, PAC-Peers, family motives, and social motives. No significant differences were found between those participants who did and those who did not complete the first semester of college survey on alcohol use, family motives, social motives, and perceived awareness and caring variables (all ps > .10, all ts < 1.7).

Interaction terms were then created on the basis of the hypotheses (i.e., PAC-Parents × Family Motives, PAC-Peers × Social Motives). Prior to all analyses, the variables were centered to reduce multicollinearity (Aiken & West, 1991). Table 1 presents descriptive statistics for all variables included in analyses.

Because distributions indicated extreme nonnormality (i.e., the drinking frequency and quantity variables had skewness from 1.46 to 2.49 and kurtosis from 3.80 to 8.06), generalized linear modeling (GLM) was used to assess the associations among perceived awareness and caring, motives, and alcohol use. GLM allows for the use of better fitting distributions (Hardin & Hilbe, 2001), and a gamma distribution with a log link was selected because it is continuous, has a lower limit of zero, and is positively skewed, as were the current data. In general, results from GLM are interpreted similarly to results from ordinary least squares regression; however, z and chi-square tests are used instead of the corresponding t and F tests, and a measure of association (i.e., R²) is not available.

Identical analyses, one for the frequency of drinking episodes and one for the quantity of alcohol consumed per drinking episode, were conducted for the last 3 months of high school and the first semester at college. Separate analyses were conducted for the frequency of drinking episodes and the quantity of alcohol consumed per drinking episode because it was hypothesized that parents may have more influence on the frequency of drinking episodes via opportunity, whereas peers may have more influence on quantity of alcohol consumed via availability and modeling.

To test the first two hypotheses, we conducted a total of four GLM regression analyses (i.e., two pre- and two postmatriculation) for the sample. The frequency of drinking episodes and the quantity of alcohol consumed per drinking episode were used as dependent variables in two separate models. The dependent variables were regressed on gender, PAC-Parents, PAC-Peers, family motives, social motives, and the interactions (PAC-Parents × Family Motives; PAC-Peers × Social Motives).

Perceived Awareness and Caring and Alcohol Use

Perceived awareness and caring and frequency of drinking episodes. Analyses of students’ drinking frequency and the perceived awareness and caring of their parents and peers during the last 3 months of their senior year of high school showed significant associations between frequency of alcohol use and PAC-Parents (β = −.16, p < .00), family motives (β = −.22, p < .00), and social motives (β = .59, p < .00; Zheng & Agresti $r^2 = .06$; Cohen’s $d = 0.5$), Associations differed at the first semester of college, where PAC-Parents (β = −.07, p < .03), family motives (β = −.24, p < .00), social motives (β = .63, p < .00), and the PAC-Peers × Social Motives interaction term were significantly associated with the frequency of drinking episodes (β = −.13, p < .00; Zheng & Agresti $r^2 = .10$; Cohen’s $d = 0.7$). Detailed results are presented in Table 2.

Perceived awareness and caring and the quantity of drinks consumed per drinking episode. Analyses of the amount of alcohol consumed per drinking episode and the perceived awareness and caring of parents and peers during high school showed significant associations between the quantity of alcohol consumed per drinking episode and PAC-Parents (β = −.13, p < .00), family motives (β = −.14, p < .00), and social motives (β = .48, p < .00), which were superseded by the interaction term PAC-Peers × Social Motives (β = −.06, p < .04; Zheng & Agresti $r^2 = .06$; Cohen’s $d = 0.5$). The same analyses during college showed significant associations between the quantity of alcohol consumed and PAC-Parents (β = −.07, p < .00), family motives (β = −.19, p < .00), social motives (β = .49, p < .00), and the interaction term PAC-Peers × Social Motives (β = −.09, p < .00; Zheng & Agresti $r^2 = .11$; Cohen’s $d = 0.7$). Detailed results of these analyses are presented in Table 3.

Longitudinal Analyses of Perceived Awareness and Caring and Alcohol Use From High School to College

To test the third hypothesis, we used longitudinal analyses to see if perceived awareness and caring during the last 3 months of high school and the first semester of college predicted collegiate drinking frequency and quantity. Similar to the cross-sectional analyses, a gamma distribution and log link were used in these analyses.

Table 1
Average Weekly Drinking, Perceived Awareness and Caring, and Motives

<table>
<thead>
<tr>
<th>Measured variable</th>
<th>Senior year high school</th>
<th>First semester college</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Drinking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency</td>
<td>0.49</td>
<td>0.81</td>
</tr>
<tr>
<td>Quantity</td>
<td>1.96</td>
<td>3.02</td>
</tr>
<tr>
<td>Weekly consumption</td>
<td>2.30</td>
<td>4.87</td>
</tr>
<tr>
<td>Perceived awareness and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>caring Parents</td>
<td>3.87</td>
<td>1.26</td>
</tr>
<tr>
<td>Motives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>3.70</td>
<td>0.97</td>
</tr>
<tr>
<td>Peers</td>
<td>3.35</td>
<td>1.31</td>
</tr>
<tr>
<td>Social</td>
<td>3.54</td>
<td>0.71</td>
</tr>
</tbody>
</table>

Note. Means with different subscripts differ significantly between high school and first semester college at p < .01. Drinking variables are continuous measures from 0–∞. Perceived awareness and caring variables range from 1 = not at all important to 5 = always. Motives variables range from 1 = not at all important to 5 = very important.

Reference

because of the continuous, positive skew of the distributions. The longitudinal models correlated college drinking variables, frequency of drinking and quantity of alcohol consumed in separate models, with high school and collegiate perceived awareness and caring from parents and peers, while controlling for gender and high school drinking variables.

As indicated in Table 1, t tests showed a significant increase in the frequency and quantity of alcohol consumption as well as typical weekly consumption between students’ senior year in high school and their first semester of college. There was also a significant decrease in perceived awareness and caring from both parents and peers and a decrease in social motives from high school to college. Using longitudinal analyses and after controlling for gender and high school drinking, we examined students’ perceived awareness and caring from parents and peers during their last 3 months of high school and their first semester at college as predictors of college drinking frequency and quantity of alcohol consumed.

With collegiate drinking frequency as the dependent variable, the only significant association was found for PAC-Parents in the last 3 months of high school (β = .13, p < .00; Zheng & Agresti r² = .13; Cohen’s d = 0.7). Significant associations were observed between collegiate quantity of alcohol consumed and PAC-Parents during the last 3 months of high school (β = −.07, p < .01) and with PAC-Parents during the first semester of college (β = −.09, p < .00; Zheng & Agresti r² = .09; Cohen’s d = 0.6).

Discussion

In the current study, we evaluated perceived awareness and caring by parents and peers as a correlate of student drinking patterns. Furthermore, the potential moderating effects of family and social motives on the level of perceived awareness and caring from parents and peers were examined, as well as possible differential influences between participants’ last 3 months of high school and their first semester at college. Findings indicated that perceived awareness and caring from parents was correlated with students’ drinking behavior, and family motives moderated this association for drinking quantity during high school. Social motives moderated the association between PAC-Parents and both drinking frequency and quantity in college. Results also supported the hypothesis that the associations among perceived awareness and caring from parents and peers and family and social motives differed between the last 3 months of high school and the first semester of college. Preliminary longitudinal analyses showed that perceived awareness and caring from parents was correlated with collegiate drinking frequency and the quantity of alcohol consumed.

Current findings provided mixed support for the hypothesis that perceived awareness and caring from parents would influence drinking frequency, whereas perceived awareness and caring from peers would influence drinking quantity. Perceived awareness and caring from parents was negatively associated with both quantity and frequency of drinking during the senior year of high school and the first semester of college. In other words, adolescents who believed their parents knew and cared about their drinking behavior consumed alcohol less often and had fewer drinks per drinking episode than did adolescents who believed their parents were unaware of and did not care about their behavior. Conversely, perceived awareness and caring from peers was not significantly associated with drinking variables at either time point. As such, additional studies are needed to explore the effects of perceived awareness and caring from parents and peers on alcohol use to better explain the associations between different levels of perceived awareness and caring and alcohol use.

As hypothesized, both family motives and social motives moderated the effects of perceived awareness and caring from parents and peers, respectively. Specifically, family motives moderated the effects of perceived awareness and caring from parents for quantity of alcohol consumed during the last 3 months of high school but not during the first semester of college. The moderating effect of family motives on perceived awareness and caring from parents and drinking quantity is consistent with recent research examining parental intervention efficacy in late adolescents (Turrisi et al., 2001), where a short-term parent-based intervention during the summer before college effectively reduced influences that foster binge-drinking behaviors.

Social motives moderated the effects of perceived awareness and caring from peers for drinking frequency and quantity of alcohol consumed per drinking episode in college but not the last

Table 2

<table>
<thead>
<tr>
<th></th>
<th>Senior year high school</th>
<th>First semester college</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step</td>
<td>β</td>
<td>SE</td>
</tr>
<tr>
<td>Gender</td>
<td>−.13</td>
<td>.08</td>
</tr>
<tr>
<td>PAC-Parents</td>
<td>−.16</td>
<td>.04</td>
</tr>
<tr>
<td>PAC-Peers</td>
<td>−.03</td>
<td>.04</td>
</tr>
<tr>
<td>Family motives (FM)</td>
<td>−.22</td>
<td>.05</td>
</tr>
<tr>
<td>Social motives (SM)</td>
<td>−.59</td>
<td>.06</td>
</tr>
<tr>
<td>PAC-Parents × FM</td>
<td>−.05</td>
<td>.04</td>
</tr>
<tr>
<td>PAC-Peers × SM</td>
<td>−.01</td>
<td>.06</td>
</tr>
</tbody>
</table>

Note. PAC-Parents = Parental Awareness and Caring Questionnaire; PAC-Peers = Peer Awareness and Caring Questionnaire. Values were significant when p < .05.

Table 3

<table>
<thead>
<tr>
<th></th>
<th>Senior year high school</th>
<th>First semester college</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step</td>
<td>β</td>
<td>SE</td>
</tr>
<tr>
<td>Gender</td>
<td>−.04</td>
<td>.07</td>
</tr>
<tr>
<td>PAC-Parents</td>
<td>−.13</td>
<td>.03</td>
</tr>
<tr>
<td>PAC-Peers</td>
<td>.01</td>
<td>.03</td>
</tr>
<tr>
<td>Family motives (FM)</td>
<td>−.14</td>
<td>.04</td>
</tr>
<tr>
<td>Social motives (SM)</td>
<td>−.18</td>
<td>.05</td>
</tr>
<tr>
<td>PAC-Parents × FM</td>
<td>−.06</td>
<td>.03</td>
</tr>
<tr>
<td>PAC-Peers × SM</td>
<td>−.06</td>
<td>.04</td>
</tr>
</tbody>
</table>

Note. PAC-Parents = Parental Awareness and Caring Questionnaire; PAC-Peers = Peer Awareness and Caring Questionnaire. Values were significant when p < .05.
3 months of high school. Perceived awareness and caring from peers decreased between high school and college and is likely a function of the much larger group of new peers at a university with 50,000 students in comparison to even the largest high school. Current findings are also consistent with recent research that showed social motives have a positive association with college student drinking (Hussong, 2003; Wood et al., 2001) and emphasize the cognitive shift from parental to peer influence during emerging adulthood.

Exploratory longitudinal analyses showed that perceived awareness and caring from parents but not peers during the last 3 months of high school and first semester of college was associated with collegiate drinking frequency and quantity. This finding was surprising given this study’s cross-sectional analyses and extant literature on college drinking where socialization, peer selection, and social norms show peers to be most influential on college drinking patterns. However, these findings extend previous work with early and middle adolescents that showed parental factors (e.g., parental involvement, good communication) decrease the likelihood of heavy episodic drinking (Guilamo-Ramos, Turrisi, Jaccard, Wood, & Gonzalez, 2004). The current preliminary findings showed that parents who continue to show concern and knowledge about their offspring’s behaviors influence the student’s drinking in college.

Current results also indicated that family motives was a stable construct with no significant change between students’ last 3 months of senior year in high school and their first semester of college. However, social motives showed a significant but small decrease between high school and college. As such, family motives and the need for parental approval appear to be relatively stable as youth leave the family environment. The stability of family motives fits well with Arnett’s (2000) description of emerging adulthood, where adolescents gradually adjust to adult roles. Entering freshmen may act in accordance with family motives until they become more comfortable with their new environment. Further, family motives may mirror the stability of parent-offspring relationships, whereas social motives are likely to evolve as peer groups change. Tracking family and social motives over longer time periods will be important in assessing whether motives change gradually or remain stable throughout the college experience.

Limitations

A number of limitations to this study must be considered. First, the sample was recruited from a single public university and is composed of those who agreed to participate. Comparisons of the current sample with the population from which it was drawn are consistent across demographic variables; however, analyses of multiple cohorts would lend more confidence to the findings. Moreover, data from only two time points offer limited conclusions about longitudinal associations with the present data. Additional longitudinal follow-up and analyses will allow prospective examination of the effects of perceived awareness and caring from parents and peers on subsequent development and the extent to which these factors may continue to influence alcohol use through the college years.

This study also relied on the individuals’ self-reports of parents’ and peers’ knowledge and caring regarding their behaviors. Parents and peers did not complete measures in part because their involvement could have hindered the individuals’ participation and in part because of the logistics associated with such a large sample. For the same reasons, we did not collect data on parent or peer alcohol use, thereby precluding tests of direct modeling. Similar to the expectancy literature, however, perceived awareness and caring as well as motives are driven by a person’s perceptions of others and perceived outcomes of a particular behavior. Thus, parent and peer reports on actual knowledge and caring may be less influential on behavior than are the individual’s perceptions. Nonetheless, it should be noted that participants’ own beliefs and attitudes may be inaccurate. Future studies might gather data from parents and peers directly, which would provide an additional measure of actual versus perceived awareness and caring.

The combined assessment of knowing and caring as one concept precluded a test of the relative contributions of knowing and caring. It is possible that others could know and not care or care and not know about an individual’s behavior. The current research, however, was based on the belief that both knowing and caring should have the most influence on behavior. It is these components in concert that produce feelings of anonymity or scrutiny.

Last, although the family motives measure had modest internal reliability, stable test–retest reliability in a pilot study (N = 71) lends confidence to current findings. One possible factor affecting the internal reliability is the wording of the family motives items, which asked about parents but did not distinguish perceived beliefs about the participant’s mother versus father. Participants could have been thinking about their mother when responding to items such as maintaining cultural beliefs, whereas they may have been thinking about their father when responding to items such as gaining parental approval. Consideration of multiple possible targets could have led to inconsistent responses and decreased internal reliability. Further studies of perceived awareness and caring from parents might include separate assessments of beliefs about mothers and fathers.

Implications and Conclusions

Despite its limitations, the current study contributes to the literature on the etiology of adolescent alcohol use by suggesting distinct effects of parental and peer factors on drinking behaviors of late adolescents. Further, the findings extend the existing literature on parent and peer influences by integrating heavily researched concepts and focus group findings to further explain potential influences on alcohol use. Perceived awareness and caring from parents incorporates concepts from the extant literature on parental monitoring and parental support. Research indicates both parental monitoring and parental support are associated with decreased alcohol use, and the synthesis of these two concepts, perceived awareness and caring, appears to have a unique effect on late adolescent and collegiate drinking. In other words, parents’ continued monitoring of their youth’s behavior and showing that they care even while the youth is at college influences the student’s alcohol use. The exploratory longitudinal analyses also supported this idea whereby drinking patterns during the first semester of college were associated with perceived awareness and caring from parents during the last 3 months of high school and the first semester of college. Results extend previous findings with young adolescents (Barnes & Farrell, 1992; Reifman et al., 1998; Rivinus & Chadwick, 1987; Simons-Morton & Chen, 2005) and imply that
parents continue to influence their child’s alcohol use well into the later years of high school and early years of college.

Current findings for perceived awareness and caring are also consistent with the extant social psychology literature showing that individuals who believe their identities are unknown engage in more antisocial and risk-taking behaviors (Diener, Fraser, Beam, & Kelem, 1976; R. Johnson & Downing, 1979; Silke, 2003). Diener (1980) argued that when individuals feel they are not seen as individuals and are thus anonymous, they feel a loss of self-awareness and restraint and increase the aggressiveness of their behaviors. The current results show similar patterns whereby adolescents who perceived a low level of awareness and caring from parents and peers drank more frequently and consumed more alcohol per drinking occasion than did adolescents who perceived a high level of awareness and caring from parents and peers. Although not considered in the current study, perceived awareness and caring may also apply to positive behaviors, whereby one can assume an increase or a decrease in a particular behavior depending on a person’s perception of awareness and caring from parents and peers as well as their motives. For example, when individuals are motivated to achieve academically and believe parents and peers are aware of their study habits, they may study more often. As such, future research should assess the level of perceived awareness and caring as a correlate of positive behaviors such as academic pursuits and civic and volunteer efforts, as well as negative behaviors such as illicit drug use, risky sex, aggression, and gambling.

The implications of these results for intervention and prevention efforts aimed at reducing drinking include whom to target and when to target them. According to these results and recent parental intervention studies (Turrisi et al., 2001), parents may be able to facilitate change in the drinking behaviors of high school seniors. Furthermore, the moderate effect sizes indicate that perceived awareness and caring could be a potential target for intervention and prevention efforts. Specifically, efforts should foster parental involvement in the adolescent’s life beyond high school graduation.

As Arnett (2000) indicated, emerging adulthood, or the period between high school and college graduation, is a time of exploration and change for youth. Changes in perceived awareness and caring could be a permissive or restrictive factor in these explorations. As such, perceived awareness and caring is an important concept both socially and developmentally and could be helpful in determining processes of behavior change and expanding theoretical understanding of adolescent influences and drinking patterns.

References


