

Gender, Parental Monitoring and Binge Drinking

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ABSTRACT

The relationships between gender, alcohol consumption and parental monitoring, including television monitoring, were examined. Student volunteers (N = 149; 90% Caucasian, 79% female) participated by reporting retrospective general parental monitoring, television monitoring and recent drinking behaviors. Analyses showed that men received less monitoring than did women growing up concerning overall parental monitoring but not television monitoring. Women's drinking *quantity* was affected by parental monitoring, while men's drinking *frequency* was affected by both parental monitoring and television monitoring. Interestingly, men's *binge drinking frequency* was correlated with television monitoring but not parental monitoring, while women's binge drinking frequency correlated with parental monitoring but not television monitoring. Implications for preventing alcohol misuse and ideas for future research are discussed.

Alcohol consumption, specifically on college campuses, is a prevalent concern in modern society. According to a nationwide survey conducted between the years 1975 and 2002 (Johnston, O'Malley and Bachman), college students reported more daily drinking and binge drinking and had a higher prevalence of drinking in the previous month than did their same age peers who were not in college. Researchers are particularly interested in the prevalence of collegiate binge drinking, commonly defined as consumption of 5 or more drinks in one sitting by males and 4 or more by women (International Center

Chrestomathy: Annual Review of Undergraduate Research at the College of Charleston

Volume 3, 2004: pp. 229-241

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for Alcohol Policies). A study by Wechsler and colleagues (2002) examined binge-drinking trends in college students from 1993 to 2001 across 119 4-year American colleges. The prevalence of binge drinking among college students in 2001 was not significantly different from the figures in 1993 (44.4 % and 43.9%, respectively, reported binge drinking in the prior 2 weeks), demonstrating the consistency of binge drinking on college campuses, despite an increase in prevention efforts. This is cause for higher tendency to use alcohol, cigarettes, or marijuana if they perceived more permissiveness, less nurturance, and less monitoring. Similarly, Xiaoming, Stanton and Feigelman found that adolescents' reports of perceived parental monitoring are related to lower levels of a variety of risk-taking behaviors, including alcohol consumption; this finding was persistent across the four years of the study. Additionally, Veal and Ross found that scores on the retrospective Parental Monitoring Scale negatively correlated with recent binge drinking (within the past month). None of these studies examined whether boys and girls receive different levels of monitoring or whether there are gender differences for the monitoring-alcohol use relationship.

Research on whether parents monitor their sons and daughters differently is extremely limited; however, a few studies have documented that some gender differences may exist with regards to parental monitoring. According to Svensson, daughters reported being more highly monitored (i.e. their parents knew where they were and whom they were with when they went out in the evenings) than did sons among students aged 14 to 18. Svensson also found that, although both men and women who had used drugs tended to be less monitored by their parents, both men who used drugs (including alcohol) and men who did *not* use drugs reported poorer parental monitoring. Webb and colleagues also found that females reported more perceived monitoring than males, but only concerning maternal monitoring; interestingly, fathers did not appear to monitor males and females differently. While maternal monitoring was significantly related to alcohol use for both men and women, paternal monitoring was not.

Television monitoring, the extent to which parents oversee what or how much their children watch on TV, is an important specific aspect of parental monitoring. Nathanson (2002) used the term

“parental mediation” in reference to television monitoring and defined three distinct kinds of mediation. *Active mediation* occurs when parents talk to their children about television, and can be either positive (parents express agreement with or approval of the content), negative (parents criticize or reject content), or neutral (cannot be classified as either negative or positive). The second type of mediation, *restrictive mediation*, refers to the limitations or rules parents set regarding children’s television viewing, such as how much can be viewed, when viewing is allowed, and how long viewing can last. *Coviewing*, the third and final type of mediation, occurs when parents and children watch television together. Nathanson found that, while negative active mediation and restrictive mediation may cause children to view content unfavorably, coviewing may actually act as an endorsement for the content, because the parents themselves are watching and enjoying it (Nathanson, 2001). Additionally, negative active mediation and restrictive mediation were related to less aggression in children, while coviewing was related to increased aggression (Nathanson, 2002).

In addition to increasing aggression in children, television has also been linked to a higher risk of alcohol use in adolescents. Tucker found that the amount of television viewing among teenagers significantly predicted their alcohol consumption and that heavy viewers are significantly more likely than light or moderate viewers to drink heavily and regularly. Veal and Ross devised a retrospective scale of parental television monitoring that allows a more complete understanding of the construct. They found that parental television monitoring negatively correlated with adolescent binge drinking in the previous month. However, they did not examine gender differences in television monitoring. Also, whether perceived parental television monitoring relates to alcohol consumption differently for young men and women has yet to be investigated.

Interestingly, research has shown that parents’ reports and their children’s reports of monitoring are often discrepant. Ross and her colleagues found that the correlations between parents’ and children’s reports of parenting practices were fairly low. Parents, especially fathers, underestimated substance abuse for their children and also reported more monitoring, stronger norms, and more nurturance than did their children. Rossiter and Robertson demonstrated parental

exaggeration in reported television monitoring. Compared to their children's reports, parents claimed lower levels of viewing by their children, stricter house rules about TV viewing, more co-viewing, and lower susceptibility to commercials in their children. This exaggeration by parents increased with social class, suggesting an underlying social desirability bias in the basic pattern of parent's idealized reports of monitoring (Rossiter and Robertson). Both these studies indicate that, compared to parent's reports, children's reports on monitoring may be more valid, i.e. more predictive of their substance use.

The purpose of the present study was to assess the gender differences in retrospective parental monitoring (including television monitoring) and recent alcohol consumption (quantity, frequency, and frequency of binge drinking). It was expected that men would report more quantity, frequency, and frequency of binge drinking than women. It was also expected that women would be more heavily monitored by their parents than men. In addition, we explored whether both types of monitoring and alcohol consumption have similar associations for men and women.

Method

Participants

Participants were 149 psychology student volunteers from a liberal arts college in the Southeast. There were 32 male and 117 female participants; 133 were white, 8 were black, 2 were Asian/Pacific Islander, and 7 classified themselves as "other." The mean age was 19 ($SD = 4.34$), with a range of 18-42 years. Students received research credit or extra credit for participating.

Procedure

Students anonymously completed a survey either in class or in group sessions outside of class. Informed consent was obtained, and all participants were debriefed upon survey completion. The campus Institutional Review Board approved the survey and the study.

Measures

Students answered the Veal and Ross Parental Monitoring Scale

(PMS) and Television Monitoring Scale (TMS). The PMS contains 11 items ($\alpha = .84$), such as “My parents knew where I was during my free time (i.e., not in school or at work).” The TMS contains 11 items ($\alpha = .85$), such as “My parents let me watch whatever television shows I wanted” (reverse coded). Higher scores on each reflect more monitoring.

In addition, students responded to 11 questions from the Marlow-Crowne Social Desirability Scale (Strahan and Gerbasi) to assess proneness to social desirability (i.e. responding to questions in a way that is socially accepted as the right thing). Questions include “I’m always willing to admit it when I make a mistake” and “I have never intensely disliked someone.” Higher scores reflect more susceptibility to social desirability. In the present sample, the Social Desirability scale had relatively low reliability ($\alpha = .50$).

Students also answered demographic questions to assess gender and other personal characteristics. Alcohol consumption was measured by three questions (from Hilton and Clark): (1) How many days in the past 30 did you drink beer, wine, wine coolers, or liquor? (2) Think of one drink as meaning 12 ounces of beer, 4 ounces of wine, a 10 ounce wine cooler, or one ounce of liquor. On the days that you drank alcohol in the past 30 days, how many drinks did you usually have per day? (3) On the days that you drank alcohol in the past 30 days, on how many days did you drink 5 or more drinks? Non-drinkers were assigned a zero score for the quantity variable and the binge drinking variable.

Results

Social desirability did not correlate with the three measures of alcohol consumption or with parental and television monitoring.

Gender and Alcohol Consumption

Table 1 presents descriptive information for all variables, as well as all correlations among the variables. For women, frequency and quantity of recent drinking correlated with each other and both variables correlated with binge drinking. For men, frequency and quantity were related to binge drinking but not to each other.

Table 1. Relationships Among Parental Monitoring, Television Monitoring and Alcohol Consumption for men ($n = 29$, below diagonal) and women ($n = 113$, above diagonal)

	Mean	SD	PMS	TMS	Freq.	Quant.	B.D.
Mean			4.29	3.20	5.86	2.71	2.89
SD			1.01	1.19	6.78	2.94	5.40
PMS	3.64	1.01		.592**	-.155	-.313**	-.231*
TMS	2.92	1.19	.592**		-.120	-.144	-.153
Drinking Frequency	8.23	9.24	-.418*	-.359 _t		.662**	.842**
Drinking Quantity	3.71	3.17	-.290	-.228	.318		.678**
Binge Drinking	3.39	4.12	-.296	-.465*	.539**	.674**	

PMS = Parental Monitoring Scale

TMS = Television Monitoring Scale

_t = $p < .10$ * = $p < .05$ ** = $p < .01$

Concerning frequency, men reported drinking an average of 8.2 days in the previous month, and women reported drinking an average of 5.9 days in the previous month. In regards to quantity, men reported drinking on average 3.7 drinks per episode in the previous month, and women reported an average of 2.7 drinks per episode.

Men reported binge drinking on average 3.4 days in the previous month; 42% reported not binge drinking at all, and 39% reported binge drinking at least four times in the previous month. In contrast, 57% of women reported not binge drinking at all, and 27% reported binge drinking four or more times in the previous month; on average women engaged in binge drinking 2.89 days in the previous month.

A MANOVA conducted to test gender differences for the 3 drinking variables found no significant gender differences in frequency or in binge drinking frequency (Pillai's $F [3, 147] = 2.184, p = .092$). Additionally, there was only a trend for the relationship regarding quantity ($F [1, 25] = 2.769, p = .098$). Thus, the first hypothesis that men and women would differ with regards to alcohol consumption

was not supported.

Gender and Monitoring

A MANOVA was conducted to examine gender differences in parental monitoring. Overall, a difference was found, Pillai's $F(2,141) = 5.305, p = .006$. Women reported more monitoring than men for general parental monitoring ($F[1.144] = 10.249, p = .002$). However, women and men did not differ on reported television monitoring ($F[1.144] = 1.329, p = .251$). Thus, the second hypothesis was supported for general monitoring but not for television monitoring. See Table 1 (the first two columns and the first two rows) for descriptive details.

Monitoring and Alcohol Consumption

According to the pattern of findings in Table 1, the association between monitoring and recent drinking differed for men and women. For women, drinking quantity was negatively correlated with parental monitoring but not television monitoring; drinking frequency did not relate to either variable. For men, drinking frequency was negatively correlated with parental monitoring, and there was a trend for the relationship between drinking frequency and television monitoring; drinking quantity, however, did not relate to either variable. Finally, binge drinking was negatively correlated with television monitoring for men but was not related to parental monitoring. For women, the opposite was true — binge drinking was negatively correlated with parental monitoring but was not related to parental monitoring.

To further examine the relationship between gender and television's influence on drinking, we explored how having a television in one's bedroom while growing up might relate to drinking. Students were asked "While growing up, did you have a television in your bedroom?" and answered "no," "yes, starting in high school," "yes, starting in junior high/middle school," and "yes, starting in or before elementary school." A 2 (gender) by 4 (TV in room) MANOVA (with the three drinking variables as outcomes) detected a significant main effect for gender (Pillai's $F[3,138] = 2.784, p = .043$), a significant main effect for having a TV in one's bedroom ($F[9,420] = 2.124, p = .026$), and a significant interaction ($F[9,420] = 2.199, p = .021$). Although follow-up ANOVAs did not detect a significant interaction for quantity or

binge drinking frequency, there was a significant interaction for frequency ($F [3, 194] = 3.727, p = .013$). The interactions demonstrate that having a television in one's room during childhood was related to later drinking frequency, but only for men.

Table 2. Gender, Television in Bedroom, and Frequency of Alcohol Consumption

	Men	Men		Women	Women
	M	SD		M	SD
No TV	4.22	2.41		6.03	1.16
TV before/during Elementary School	3.45	2.55		6.05	1.58
TV in junior high	14.18	2.18		5.67	1.20
TV in high school	10.33	4.17		5.95	1.56

(Days drank in prior month, means and standard deviations.)

Discussion

Surprisingly, this study found no significant gender differences in recent binge drinking or frequency of drinking, and only a trend for drinking quantity. This contradicts prior research (York et al., Wechsler et al., 1998, Johnston et al.) which found that men drink more often, consume more drinks per episode, and have a higher prevalence of both daily drinking and binge drinking than do women. However, some *have* suggested college women are “catching up” to their male peers with regards to alcohol consumption (Johnston et al.). Perhaps a larger subsample of men would have yielded significant differences.

There were gender differences in retrospective parental monitoring, with women reporting more general parental monitoring than males. It is interesting to note that no such gender differences were found for television monitoring. Our second hypothesis was thereby partially supported. The results are consistent with previous research regarding parental monitoring and gender differences (Webb et al., Svensson). It seems parents are more protective of their daughters than their sons.

This may be due in part to the norms and gender roles that our society holds for men and women, i.e. that girls/women are gentle, fragile, and need taking care of, whereas boys/men are strong and brave and must learn to take care of themselves and others. Fear of pregnancy may also cause parents to monitor girls more closely than boys.

Gender differences were also found in the relationships between parental monitoring and alcohol consumption. For women there was a relationship between parental monitoring and two drinking outcomes: how much they drank and how often they drank five or more (binged). However, television monitoring was not associated with women's drinking. In contrast, for men, television monitoring predicted two drinking outcomes: how often they drank and how often they engaged in binge drinking. Also for men, parental monitoring predicted frequency. Unfortunately, our measures do not differentiate between monitoring from mothers and fathers, so we cannot compare our results directly with those of Webb and colleagues, who found maternal monitoring was more important than paternal monitoring. However, our results are similar to prior findings that poorer monitoring was linked to adolescents' drinking (Webb et al., 2002) and drug use (Svensson).

Explorations of the relationships between gender, drinking and having a television in one's bedroom during childhood showed that, generally, both men and women who had a television in their bedrooms drank more than those who did not. Additionally, men who had televisions in their rooms starting in junior high and high school drank significantly more than did their female peers who also had televisions in their rooms during these times. This echoes Tucker's findings such that heavy TV viewing predicted heavier and more regular drinking; however, Tucker did not examine gender differences. It is unclear why young men would be especially influenced by a lack of television monitoring or by having a TV in their bedrooms, compared to women. Perhaps young boys are more impressionable and vulnerable to outside influences, such as television and male peers who have also been influenced by television. Future research concerning these issues needs to be completed before there can be a clear understanding of these results.

Several issues with the data should be considered. First, as with

all research, correlation does not equal causation. Although parental monitoring relates to alcohol consumption, there is no way to infer from the data that one factor causes another. This is true even though monitoring assessments were retrospective from childhood and drinking measures referred to the prior month. Secondly, the use of college students as participants does not offer a representative sample of the population, as they are limited in age and life experiences. Additionally, this sample does not include adolescents who are old enough to but do not attend college, or who are younger and still live at home. Research with these two populations, and older adults as well, would all yield more comprehensive findings on the present issues. Thirdly, we may have missed some findings among women by not defining binge drinking as *four* or more drinks in a row, instead of five or more. Finally, the use of retrospective questions in the survey may be cause for bias in the students' answers since biases are known to exist in memories for earlier events (McNally).

In addition to future research concerning television monitoring (or a lack of it), more hands-on prevention efforts might prove to be effective. For example, perhaps media could be a part of the *solution* to alcohol misuse, instead of just a part of the problem, i.e. through public service announcements or after-school specials about substance abuse. However, efforts also need to be aimed at preventing too much television viewing in general, regardless of the content. The American Academy of Pediatrics (AAP) explicitly states that too much television is bad for children, as it exposes them to more than 20,000 commercials each year, including those for beer and tobacco products (AAP). Parents could set viewing limits for children and give children options other than television for entertainment. Although it might seem helpful, covieing programs with children may not mediate the harmful effects of television; one study suggested that covieing acted as parental endorsement of violent programming (Nathanson, 2001). Minimizing exposure, especially to advertisements and developmentally inappropriate material, may ultimately prevent risky behaviors such as binge drinking in adolescents.

Further research must be conducted not only with regards to television monitoring but also concerning parental monitoring in general, including how men and women are monitored differently.

There is evidence that, generally, boys are more exposed to deviant peers than are girls (Svensson); related to this is the finding that less monitored adolescents (both boys and girls) report higher levels of exposure to peer deviance. Additionally, both poor parental monitoring and exposure to peer deviance has been related to drug use (including alcohol) for both young men and women, although the effect is stronger for men (Svensson). When these results are considered alongside those in the present studies, it appears that, compared to women, men are less strictly monitored by their parents, which allows for a higher risk of exposure to peer deviance, including alcohol use, which then influences their own alcohol use. These results suggest that parents *must* become more aware of their children's friends and leisure activities (i.e. exhibit more monitoring) in the many years *before* college, and they must be sure to monitor their sons and daughters with more similar intensity. These efforts may reduce their children's risk of drinking and binge drinking both in adolescence and in college.

Although parents play a large role in the drinking behaviors of adolescents and college students, colleges themselves must make an effort to reduce the amount of problematic drinking that occurs on their campuses. Some suggestions include recognizing the gender differences in drinking motives and patterns among college students and implementing separate programs for men and women; making students aware of the hazards and consequences of drinking, especially binge drinking; and offering a variety of activities and school sponsored events for students that either do not involve alcohol or set limits for those who attend. National programs developed for use by campuses across the U.S. could be another option and would target out-of-town guests that frequently visit from other schools. If colleges and universities are persistent and thorough in their efforts to reduce problem drinking among students, using these suggestions as well as others, then perhaps there will soon begin a decline in alcohol consumption on college campuses across the nation.

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