



The Relationship Between Parenting Styles and Smoking Behavior Among Adolescents in Families with Working Parents

Angelia Friska Tendean¹, Presilia Debora Lengkong¹

¹Nursing Faculty, Universitas Klabat, North Sulawesi, Indonesia

Correspondence author: Angelia Friska Tendean

Email: angelial.tendean@unklab.ac.id

Address: Jl. Arnold Mononutu, Airmadidi, North Minahasa, North Sulawesi, Indonesia

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ABSTRACT

Introduction: Smoking behavior among adolescents remains a public health concern and may be influenced by family, peer, and social environmental factors. Adolescence is a critical developmental stage characterized by identity formation and increased susceptibility to external influences. In families where both parents are employed, limited time for supervision and interaction may affect parenting practices and adolescent behavior. Therefore, examining the relationship between parenting styles and smoking behavior is important to support effective family-based prevention strategies.

Objective: This study aimed to determine the relationship between parenting styles among working parents and smoking behavior among adolescents at one of high school in North Minahasa.

Method: This study employed a quantitative approach with a correlational design and cross-sectional method. The participants were 191 students selected using total sampling. Data were collected using questionnaires measuring parenting styles and adolescent smoking behavior. Data were analyzed using descriptive statistics and the Pearson correlation test.

Result: The findings showed that neglectful parenting was the most dominant parenting style (40.84%). Most respondents reported that they did not smoke (63.4%), while 36.6% reported smoking behavior. Pearson correlation analysis demonstrated a significant relationship between parenting styles and smoking behavior among adolescents ($p < 0.000$; $r = 0.416$). The moderate positive correlation indicates that less appropriate parenting patterns were associated with a higher tendency toward smoking behavior among adolescents.

Conclusion: Parenting style is significantly associated with smoking behavior among adolescents. These findings highlight the importance of parental involvement, supervision, communication, and emotional support, particularly in families with working parents. Parents are encouraged to maintain active involvement in their adolescents' lives despite work-related responsibilities as part of efforts to prevent smoking behavior.

Keywords: Adolescents, Parenting Styles, Smoking Behavior, Working Parents

Introduction

Adolescents are an age group undergoing a transition from childhood to adulthood. According to the World Health Organization (WHO) (2025), adolescence is defined as the period between 10 and 19 years of age, characterized by physical, psychological, and social changes. During this stage, adolescents begin to develop their identity and tend to be more susceptible to influences from their surrounding environment. Various factors, including family, peers, and the social environment, play an important role in shaping adolescent behavior, including risky behaviors such as smoking (Hikmandayani et al., 2023).

Smoking behavior refers to the act of burning and inhaling smoke from cigarettes. Cigarettes are tobacco products that include kretek cigarettes, white cigarettes, cigars, and other products derived from *Nicotiana tabacum*, *Nicotiana rustica*, or related species, whether naturally occurring or synthetically produced. A single cigarette contains more than 4,000 types of chemicals, approximately 400 of which are toxic, while 43 have been identified as carcinogenic substances that can cause cancer (Ministry of Health of the Republic of Indonesia, 2023). Among adolescents, smoking is often perceived as a means of expressing independence or demonstrating a strong personality (Nurlizawati et al., 2024). The harmful substances contained in cigarettes can pose serious health risks to those who consume them (Tivany Ramadhani et al., 2024).

Smoking behavior among adolescents remains relatively high. According to the World Health Organization (WHO) in 2023, the prevalence of smoking among adolescents was 29% among males and 27% among females. The Ministry of Health of the Republic of Indonesia (2018) reported that the prevalence of smoking among individuals aged 10–18 years increased from 7.2% in 2013 to 9.1% in 2018. Meanwhile, the Indonesian Health Survey in 2023 reported that smoking prevalence among those aged 10–18 years decreased to 7.4% (Ministry of Health of the Republic of Indonesia, 2024). According to Statistics Indonesia, the proportion of smokers aged 15 years and older in North Sulawesi reached 26.96% in 2023 (Statistics Indonesia, 2024). In North Minahasa Regency, the prevalence of adolescent smoking has been reported to reach approximately 30–40% (Sonjaya et al., 2019).

Smoking behavior among adolescents is influenced by a complex interaction factors. A disharmonious family environment, limited parental supervision, and inadequate communication between parents and adolescents may increase adolescents' vulnerability to engaging in risky behaviors, including smoking. Peer groups also play an important role, as adolescents tend to establish strong social relationships with their peers and may imitate behaviors perceived as acceptable within their social group. Adolescents who frequently interact with peers who smoke may be more likely to perceive smoking as a normal or socially acceptable behavior (Suryawan et al., 2023). In addition to these environmental influences, parenting style is an important external factor that can shape adolescent behavior. Parenting practices involving supervision, communication, emotional support, discipline, and the establishment of clear behavioral boundaries can influence adolescents' ability to make healthy decisions and resist negative social influences. Conversely, inadequate parental involvement or excessive permissiveness may provide adolescents with greater opportunities to engage in risky behaviors without sufficient guidance or supervision. Therefore, parenting

style can serve as an important protective or risk factor in the development of adolescent smoking behavior (Fitria et al., 2023).

Parenting style refers to the ways in which parents guide, educate, and provide attention to their children while directing them toward positive behaviors (Sanders & Morawska, 2018). Parenting styles can generally be categorized into several types. The democratic or authoritative parenting style allows children freedom within clearly established boundaries and supervision, thereby fostering a warm and affectionate relationship between parents and children (Kusmawati et al., 2023). Permissive parenting is characterized by limited parental attention to the child's life, with parents often focusing more on their work, resulting in inadequate guidance and education (Handayani et al., 2020). Authoritarian parenting involves strict demands for children to obey parental instructions, often accompanied by punishment when children fail to comply or make mistakes (Isnaniar et al., 2019). Meanwhile, neglectful parenting refers to a parenting pattern in which parents fail to adequately meet children's basic needs, including affection, attention, and emotional support. Children may experience neglect because their parents spend more time working (Ningrum et al., 2020). Each parent may adopt different parenting practices that influence the development of their children's behavior.

Suryawan et al. (2023) reported a significant relationship between parenting style and smoking behavior among adolescents. Other research has indicated that adolescents raised under democratic parenting may have a higher prevalence of smoking behavior because parents may provide excessive freedom, allowing adolescents to explore various behaviors in their environment, including smoking. In contrast, Aini et al. (2023) found no significant relationship between parenting style and smoking behavior among adolescents.

Although numerous studies have examined the relationship between parenting style and adolescent smoking behavior, most have focused on parenting styles in general. Therefore, the present study specifically examines the parenting styles of working parents. Previous research has indicated that working parents may experience challenges in maintaining parent-child relationships, including reduced parental attention, limited communication, and decreased expressions of respect and affection between children and parents (Lesmi, 2022). Furthermore, Sekeronej et al. (2020) reported that working parents may provide adolescents with pocket money, which can enable them to purchase items of their choice, including cigarettes.

This study is also grounded in Dorothy E. Johnson's Behavioral System Model, which views the environment as a force that influences an individual's adaptation through interactions with other people, the environment, objects, events, and situations. In the context of this study, parenting practices may influence adolescent behavior. For example, when parents provide positive role models by not smoking and establish effective communication with their children, adolescents may be less likely to be influenced to smoke. Nevertheless, the social environment may also contribute to shaping adolescent behavior (Elon et al., 2021).

Objective

This study aimed to examine the relationship between parenting styles and smoking behavior among adolescents attending a senior high school in North Minahasa.

Method

Design and setting

This study employed a quantitative approach using a correlational research design with a cross-sectional approach, in which the independent and dependent variables were measured simultaneously at a single point in time. According to Sugiyono (2017), correlational research is designed to identify and examine relationships between two or more variables. This design was selected to determine the relationship between the parenting styles of working parents and smoking behavior among adolescents, specifically students attending a senior high school in North Minahasa. The correlational cross-sectional approach was considered appropriate because it enables the researchers to assess the association between parenting styles and adolescent smoking behavior without manipulating the study variables.

Population and sampling

The population of this study consisted of 209 students enrolled at one of the senior high schools in North Minahasa. The study population was determined based on the characteristics relevant to the research objectives, namely adolescents who were aged 15–19 years and lived with at least one working parent. The inclusion criteria consisted of adolescents aged 15–19 years who were actively enrolled as Grade XI students during the second semester of the 2024/2025 academic year and lived with employed parents, either with both parents working or with only one parent employed. The exclusion criterion was adolescents who were unwilling to participate in the study.

A total population sampling technique was used. All 209 students in the target population were screened based on the predetermined inclusion and exclusion criteria, and only those who met the criteria were included as study participants. Eleven students were excluded because they did not live with their parents, six students were excluded because neither parent was employed, and one student declined to participate and 191 met the predetermined eligibility criteria and were included as study participants. .

The sampling procedure involved screening all students based on the established inclusion and exclusion criteria before data collection. Students who fulfilled all eligibility requirements and agreed to participate were included in the study. This procedure ensured that the selected participants were consistent with the study objective, which was to examine the relationship between parenting styles among working parents and smoking behavior among adolescents a senior high school in North Minahasa.

Instrument and measurement

Data were collected using questionnaires as the primary research instruments. Questionnaires are used to measure a specific concept through a set of items that are combined to obtain an overall score (Wood & Haber, 2014). The parenting style questionnaire was adopted from the standardized instrument developed by Ulfa (2015) and consisted of 17 statements, including 3 favorable and 14 unfavorable items. Responses were measured using

a five-point Likert scale: Strongly Agree (SA), Agree (A), Uncertain (U), Disagree (D), and Strongly Disagree (SD). The validity test was based on comparing the calculated correlation coefficient (r -count) with the critical value (r -table) of 0.220. The instrument demonstrated good internal consistency, with a reliability coefficient of 0.811. Therefore, the parenting style questionnaire was considered valid and reliable for data collection (Ulfa, 2015).

The smoking behavior questionnaire was adopted from the standardized questionnaire used in the Basic Health Research (Riset Kesehatan Dasar/Riskesdas) (2018 Smoking status was categorized into two groups: smokers, including those who smoked daily, occasionally, or had smoked in the past, and non-smokers, referring to those who had never smoked. The questionnaire was administered to all eligible participants under standardized conditions to ensure consistency in data collection. The instruments were used to obtain data on parenting styles and smoking behavior, which were subsequently analyzed to determine the relationship between the two variables.

Data collection and analysis

Prior to data collection, the researcher obtained research permission from a senior high school at North Minahasa. Following approval, data were collected students with the assistance of the student affairs teacher and research assistants. Data were collected using a Google Form distributed to respondents via WhatsApp. Respondents' identities were not recorded in the questionnaire to maintain anonymity. The collected data were stored electronically and could only be accessed by the researcher. The one-response-per-account setting was used to prevent duplicate submissions, while respondents' information was kept confidential and used solely for research purposes. Before completing the questionnaire, participants were provided with an explanation of the study objectives and instructions for completing the questionnaire. The collected data were subsequently screened according to the predetermined inclusion and exclusion criteria. Eligible responses were tabulated, checked for completeness and consistency, and prepared for statistical analysis.

Descriptive and inferential statistical analyses were conducted according to the research objectives. Frequencies, percentages, and means were used to describe parenting styles among working parents and smoking behavior among adolescents. The Pearson product-moment correlation test was used to examine the relationships between parenting style and adolescent smoking behavior because the data met the assumption of normality. Statistical significance was determined at a p -value of <0.05 , indicating a statistically significant relationship between the variables, whereas a p -value of ≥ 0.05 indicated no statistically significant relationship.

Result

A total of 191 Grade XI students participated in this study. The respondents were students actively enrolled at a senior high school at North Minahasa, during the second semester of the 2024/2025 academic year. The results describe the parenting styles of working parents, including democratic, authoritarian, permissive, and neglectful parenting, as well as smoking behavior among adolescents. The study also examines the relationship between each parenting style and smoking behavior among the respondents.

Table 1. Distribution of Parenting Styles Among Working Parents

Parenting Style	n	%
Neglectful	78	40.84
Authoritarian	40	20.94
Democratic	35	18.32
Permissive	22	11.52
Permissive and Neglectful	8	4.19
Authoritarian and Neglectful	4	2.09
Democratic and Permissive	1	0.52
Democratic and Neglectful	1	0.52
Authoritarian and Permissive	1	0.52
Democratic and Authoritarian	1	0.52
Total	191	100.00

Notes: If two parenting styles have the same total score or percentage, this condition can be described as a combined parenting style

Based on Table 1, the distribution of parenting styles among working parents, involving 191 respondents, showed that neglectful parenting was the most dominant style, reported by 78 respondents (40.84%). Authoritarian parenting ranked second, with 40 respondents (20.94%), followed by democratic parenting, reported by 35 respondents (18.32%). Permissive parenting was identified among 22 respondents (11.52%). In addition, several combinations of parenting styles were identified among a small number of respondents, including permissive and neglectful parenting (4.19%) and authoritarian and neglectful parenting (2.09%). Other combinations, such as democratic and authoritarian parenting and authoritarian and permissive parenting, were each reported by only 1 respondent (0.52%).

Table 2. Distribution of smoking Behavior Among Adolescents

Smoking Behavior	n	%
Non-smoking	121	63.40
Smoking	70	36.60
Total	191	100.00

Based on Table 2, among the 191 respondents, the majority (121 respondents; 63.40%) reported that they had never smoked, while 70 respondents (36.60%) reported smoking behavior.

Table 3. The Relationship Between Working Parents' Parenting Styles and Smoking Behavior

Variabel	r	P - value
Parenting Style- Smoking Behavior	0.416	0.000
Total	191	100.00

Based on Table 3, the Pearson Product-Moment correlation test showed a significant relationship between working parents' parenting styles and adolescent smoking behavior, with a p-value of 0.000 (<0.05). The correlation coefficient of $r = 0.416$ indicates a moderate positive relationship between the two variables. This means that higher scores reflecting less optimal parenting practices were associated with a higher tendency toward smoking behavior among adolescents.

Discussion

The findings of this study showed a significant relationship between parenting styles among working parents and smoking behavior among adolescents, with a p-value of 0.000 (<0.05) and a correlation coefficient of $r = 0.416$. The correlation coefficient indicates a moderate positive relationship between the two variables. This finding suggests that the higher the tendency toward less optimal parenting, particularly parenting characterized by low parental involvement, the higher the tendency for adolescents to engage in smoking behavior. Thus, the findings indicate that the family environment, particularly the quality of parenting received by adolescents from working parents, is one of the factors associated with smoking behavior. However, this relationship should not be interpreted as causal because the study employed a correlational design.

These findings can be understood in relation to the characteristics of parenting styles identified in this study. Among the 191 respondents, neglectful parenting was the most dominant parenting style, involving 78 respondents (40.84%). Neglectful parenting is characterized by minimal parental involvement in the child's life, whereas other parenting styles, including authoritarian, democratic, and permissive parenting, were found in lower proportions. This condition indicates that parenting among working parents is not solely related to the physical presence of parents at home but also to the quality of parental involvement in adolescents' lives. Work-related time constraints may reduce parents' opportunities to communicate with their children, monitor their activities, supervise their peer relationships, and provide guidance regarding healthy behaviors. The questionnaire analysis in this study also showed that most parents rarely took the time to attend school activities, spent more time working, allowed adolescents considerable freedom in their social interactions outside the home, and provided limited opportunities for family interaction.

Theoretically, these findings can be explained through the concept of parental monitoring, which refers to parents' ability to be aware of their children's activities, whereabouts, and social environments and to provide appropriate supervision. When parental monitoring and communication are inadequate, adolescents may have greater opportunities to engage in risky behaviors without sufficient guidance or control. Dick et al.

(2007) demonstrated that parental monitoring is associated with adolescent smoking behavior and may moderate the influence of environmental factors on smoking. Therefore, the findings of this study suggest that the demands associated with working parents may become a parenting concern when they are not accompanied by effective mechanisms of supervision and communication.

This relationship can also be understood in terms of the emotional relationship between parents and adolescents. Less optimal parenting may result in adolescents' emotional and social needs not being adequately fulfilled. When adolescents perceive that they receive insufficient attention, support, and acceptance within the family, environments outside the family may become sources of social and emotional fulfillment. In the context of smoking behavior, peers may constitute one of the social environments exerting a strong influence. Therefore, low parental involvement does not directly mean that adolescents will smoke; rather, it may create conditions that make adolescents more vulnerable to social environmental influences. This interpretation is consistent with previous findings indicating that adolescent smoking behavior is associated with a combination of family and peer-environment factors.

The findings of this study are consistent with O'Byrne et al. (2002), who found that parenting style was associated with smoking initiation among adolescents. More positive parenting styles, characterized by healthy parent–child relationships, emotional closeness, and appropriate autonomy, were associated with a lower risk of smoking initiation. These findings reinforce the results of the present study by demonstrating that the quality of parent–child interactions is an important component in shaping adolescent health behaviors. Thus, effective parenting involves not only the establishment of rules but also emotional closeness, open communication, and active parental involvement in adolescents' lives.

The findings are also consistent with those of Ruffaida and Linasari (2020), who reported a significant relationship between parental monitoring and smoking behavior among adolescents ($p = 0.007$). Adequate parental monitoring enables parents to understand adolescents' activities and peer relationships and to provide appropriate boundaries and guidance regarding risky behaviors. Conversely, inadequate monitoring may provide adolescents with greater opportunities to engage in risky behaviors. A study conducted in Indonesia by Marsito et al. (2024) also found a significant relationship between parenting styles and smoking activity among adolescents, with a p -value of 0.000. The consistency of these findings strengthens the argument that family involvement is an important component in preventing smoking behavior among adolescents.

Nevertheless, differences were observed between the distribution of parenting styles in the present study and those reported in several previous studies. Suryawan et al. (2023) and Wega et al. (2023) reported that democratic parenting was the most commonly applied parenting style among adolescents, whereas the present study identified neglectful parenting as the dominant style. This difference may be related to the characteristics of the study population. The present study specifically focused on working parents, meaning that work demands and time constraints may distinguish the parenting experiences of the respondents from those of populations examined in previous studies. Therefore, the predominance of

neglectful parenting in this study should be interpreted within the specific context of working parents and should not necessarily be generalized to all families with working parents.

On the other hand, the majority of adolescents in this study did not report smoking behavior, with 121 respondents (63.4%) indicating that they had never smoked, while 70 respondents (36.6%) reported smoking behavior. This finding indicates that although neglectful parenting was relatively dominant, not all adolescents experiencing less optimal parenting subsequently engaged in smoking. This further supports the understanding that smoking behavior is multifactorial. Individual characteristics, peer influence, parental smoking behavior, access to cigarettes, the school environment, social norms, and characteristics of the surrounding environment may interact in shaping adolescent smoking behavior. In this study, a positive social environment, health awareness, cigarette prices, and limited access to cigarettes were considered factors that may help explain the relatively low prevalence of smoking among some respondents.

The implications of this study indicate that efforts to prevent smoking behavior among adolescents should involve families rather than targeting adolescents alone. For working parents, limited time should be balanced with the quality of parent–child interactions. Parents can strengthen regular communication with adolescents, become aware of their children's peer environments, establish clear rules regarding smoking, and allocate quality time for family interactions. Schools and healthcare professionals can also contribute through educational programs involving parents, family counseling, and promotion of parental monitoring skills. Such approaches are important because the findings demonstrate that the quality of parenting is associated with smoking behavior, while the proportion of adolescents who reported smoking remained substantial at 36.6%.

This study has several limitations that should be considered when interpreting the findings. First, because the study employed a correlational design, it can only identify the relationship between parenting styles among working parents and adolescent smoking behavior and cannot establish a causal relationship. Second, the measurement of parenting styles and smoking behavior relied on questionnaires, which may have introduced self-report bias, particularly because smoking is a sensitive behavior among adolescents. Third, the characteristics of the respondents, who specifically came from families with working parents, may limit the generalizability of the findings to adolescents from different family backgrounds. Furthermore, the moderate correlation coefficient ($r = 0.416$) indicates that factors other than parenting style are also associated with adolescent smoking behavior. Future research should consider variables such as peer influence, parental smoking behavior, access to cigarettes, family communication, and parental monitoring, and should employ longitudinal designs to obtain a stronger understanding of the development of smoking behavior among adolescents..

Suggest Future Research

Based on these findings and limitations, future research should investigate adolescent smoking behavior using a more comprehensive and longitudinal approach. Longitudinal studies are particularly recommended to determine whether changes in parental involvement, monitoring, and communication precede changes in adolescents' smoking behavior. Future studies could also examine the mediating or moderating roles of peer influence, parental

smoking, family communication, emotional support, and access to cigarettes. In addition, comparisons between working and non-working parents may provide a clearer understanding of whether employment status itself is associated with parenting practices or whether the relationship is primarily influenced by the amount and quality of parental involvement. Qualitative research involving adolescents and working parents is also recommended to explore how adolescents perceive parental attention, supervision, communication, and emotional support in everyday life. Such evidence could contribute to the development of culturally appropriate, family-based interventions aimed at strengthening parental involvement and preventing smoking initiation among adolescents.

Conclusion

This study concludes that there is a significant moderate positive relationship between parenting styles among working parents and smoking behavior among adolescents, indicating that less optimal parenting, particularly parenting characterized by limited parental involvement, is associated with a greater tendency toward smoking behavior among adolescents. The findings highlight the importance of parental involvement, communication, supervision, and emotional support in shaping healthy behaviors during adolescence. Although the majority of adolescents in this study did not report smoking behavior, the proportion who did remains an important concern, emphasizing the need for family-based smoking prevention strategies. Therefore, interventions aimed at preventing adolescent smoking should involve working parents by strengthening parental monitoring, open communication, consistent guidance, and meaningful parent-adolescent interactions. These efforts may contribute to creating a supportive family environment that promotes healthier behavioral choices among adolescents.

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Conflict of Interest

The authors confirm that there are no conflicts of interest associated with the conduct, findings, or publication of this study.

Ethical Clearance

This study received approval from the Research Committee of the Faculty of Nursing, Universitas Klabat No.02.1/UK/FKEP/SK/PS/VIII/2024 . The research title and study protocol were reviewed and approved prior to data collection. The study was conducted in accordance with applicable research ethics principles, including respect for participants, confidentiality, informed consent (for students under 18 years of age, informed consent was obtained from

their parents or legal guardians prior to participation in the study), and the protection of participants' rights and well-being.

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