

Examining the Relationship between Authoritative Parenting Style and Drug Dependence among PWUDs: The Mediating Role of Self-Efficacy

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ABSTRACT

This study examines the mediation model between authoritative parenting style, self-efficacy, and drug dependence. The hypothesis infers that self-efficacy mediates the relationship between authoritative parenting style and drug dependence among Persons Who Use Drugs (PWUDs) admitted to a rehabilitation center. Data was collected from 104 PWUDs who voluntarily participated in the study with consent after securing approval from the center's chief hospital. The Drug Use Disorder Identification Test (DUDIT), General Self-Efficacy Scale (GSES), and Parenting Authority Questionnaire (PAQ) were the tools utilized in this study. Descriptive analyses were conducted to examine the demographic characteristics of the sample. Pearson correlation analyses were employed to assess the relationships between authoritative parenting, self-efficacy, and drug use dependence. Thereafter, a mediation analysis was performed to test the proposed model. The results presented an association between authoritative parenting style and self-efficacy, while drug use dependence was negatively correlated with authoritative parenting style. The authoritative parenting style has a direct effect on self-efficacy, while the direct path of the authoritative parenting style and drug dependence is non-significant. Despite not establishing the assumed causal relationship of the model, the insignificance gives light to a nuanced understanding of the complexity of drug use dependency. It paved the way for the need for future research to explore alternative models, delve into additional factors, and explore factors that may influence this relationship in a more favorable light.

Keywords— Persons who used Drugs (PWUDs), drug dependence, rehabilitation center, parenting style, self-efficacy

INTRODUCTION

The Diagnostic Statistical Manual of Mental Disorders—Fifth Edition (DSM-5) characterizes substance use disorder (SUD) as a “problematic pattern of [drug] use that impairs functioning, including relationship problems, failure to meet obligations, and tolerance or withdrawal” [1]. Addiction to substances like alcohol, drugs, and cigarette smoking is considered a serious public health problem worldwide. Commonly abused drugs, such as opium, marijuana, and cocaine, are obtained from natural sources, while others, like methamphetamine, heroin, and cannabinoids, are produced synthetically [2]. Exposure and use experience with addictive substances pose threatening risks that give rise to the possible emergence of physical illnesses,

psychological dependence, and even contribute to the existence of dysfunctional social relationships.

Substance use disorder is a chronic and recurring illness that is manifested by a persistent dependence on addictive drugs, despite their detrimental effects on the user and the community [3]. The estimated number of drug dependents increased from 240 million in 2011 to 296 million in 2021, and 5.8 percent of the global population is within the 15-64 age range. [4]. Moreover, in the Philippines, approximately 1.8 million individuals have abused drugs [5]. According to the World Health Organization [6], 18% of the population has been diagnosed with some form of substance use disorder, with 5,402 Filipinos enrolled in residential rehabilitation facilities in 2015. Over a million surrenders during the Duterte administration and approximately 662.6 thousand alleged drug personalities have been rehabilitated through the Philippine National Police's recovery and wellness program, which is also projected to grow rapidly in the years to come as a result of the government's unrelenting campaign against drugs [7]. When the National Capital Region (NCR) Police Office introduced the Recovery and Wellness Program in 2022, they reported that tens of thousands of people who had surrendered were already returning to their regular lives; 4,483 of the 76,778 surrenderers who were still in the repercussions of drug abuse greatly affected society and pose serious problems in society and the community [8]. In 2022, there were three thousand eight hundred sixty-five (3,865) Filipinos admitted to seventy (70) treatment and rehabilitation center facilities. Most of them have experienced dysfunctional family issues such as broken parent relationships, uninvolved parents, and neglect as precipitating factors involved in their addiction [14].

Authoritative Parenting Style and Self Efficacy

Parenting style is described as a set of parents' attitudes and behaviors toward children and the atmosphere in which they are expressed, which constitutes their approach to parenting [9]. Among the widely accepted theories in the study of parenting are Maccoby and Martin's [10] and Baumrind's [11] typological approach to conceptualizing parenting, where they identified four types of parenting and believed that among the four, authoritative parenting makes the biggest difference. Baumrind [11] originally defined this type of parenting as being warm and responsive, and authoritative parents provide not only support and warmth but also clearly defined rules and consistent discipline. It is characterized by reasonable demands and high responsiveness. While this approach to parenting might have high expectations for their children, it also gives them the resources and support they need to succeed [12].

Studies have shown that authoritative parenting is frequently associated with good self-esteem in children, academic success, better social skills, and being more capable of problem-solving [13]. It is said to help them develop self-confidence, good emotion regulation, life satisfaction, and happier dispositions. However, despite being the ideal type of parenting, authoritative parenting styles are subject to the personal perception of the person receiving them. The appraisal of their parents' parenting style affects how they would respond to cope, whether in a favorable light or with a tendency to make a good impression [39]. Hence, receiving an authoritative parenting style does not guarantee that a person will be addiction-free. Exposure, tolerance, and vulnerability are still strong factors that cause a person to develop drug-seeking behavior resulting in addiction [40].

Authoritative Parenting Style and Drug Use

Parenting plays a crucial role in emotional and psychological development, as well as in influencing one's beliefs, preferences, and morality. Different types of parenting may have different impacts. However, recent studies have identified patterns of effects for specific styles. Parenting styles other than authoritative are frequently associated with worse addiction problems across all substances [14]. Authoritative parenting in most studies was unrelated to substance use outcomes following an adjustment for other proximal risk factors. Maccoby and Martin [10] suggested that authoritative parenting is regarded as more protective and

beneficial for normal growth, leading to good social skills, academic success, and positive psychological maturity, therefore likely to prevent drug-related problems. Parents who are authoritative give their children a sense of connection, which is frequently linked to a protective role against substance abuse. Research has revealed that when both the mother and the father engage, as with authoritative parenting, there is a lower chance that the child will abuse drugs in the future compared to those who are raised with less supervision or monitoring parents [14, 15, 16].

Self-Efficacy and Drug Dependence

Albert Bandura pioneered the concept of self-efficacy, which he defined as the belief in one's own ability to control events that impact one's life and the basis for human inspiration, motivation, the ability to achieve success, and psychological wellness [17]. In the field of research, it is one of the most commonly studied concepts in psychology [18]. In recent decades, self-efficacy has drawn substantial interest in its role as a predictor and/or mediator of treatment outcomes across a variety of dimensions [19]. SUD appears to have a significant correlation with self-efficacy as a predictor [20]. Various studies [21, 22, 23] have found ways to predict the quantity of substances, such as alcohol or drugs, consumed. On the other hand, another study [24] found that higher self-efficacy predicted less drug use only after three months but not after six months.

The transactional model purports that individual interpretation accounts for the received communication. The transaction implies a process that reflects a combination of both environmental and personal factors. When an individual interprets the demands of the received communication to exceed his or her ability to meet those demands, he or she will experience a need to respond. The response will undergo an appraisal process that is not necessarily conscious but rather an automatic process influenced by the person's experiences (previous and present) that affects the interpretation of the received experience or communication. This model demonstrates that the experienced relationship is constantly changing because of a continual interaction between personal and environmental factors, which have a dynamic, mutually reciprocal, bidirectional relationship [25]. An authoritative parenting style is expected to create positive human development. However, the interpretation of the person who has received the parenting style, as influenced and affected by the environment such as peer influence and social pressure, may become nuanced to the resulting effect. In addition, some studies have claimed that self-efficacy and substance abuse are parallel or concurring.

The Current Study

Numerous studies have examined the connection between substance abuse and authoritative parental behaviors. However, it is true that there is still a dearth of knowledge on this subject, which could be attributed to a variety of conditions. Drug abuse is a complex behavior that can be influenced by an array of variables, such as character traits, peer pressure, the environment, and genetics. In addition to other elements like difficult ethical standards, sensitivity to the issue, cultural and contextual differences, varying definitions of the variables at hand, and methodological concerns that one has to take into consideration, its complexity and multifactorial nature make it a challenging area for research. This study aims to contribute to the literature surrounding drug abuse and parenting styles as it can help to develop effective strategies for preventing substance abuse, understanding its causes, and improving interventions for those in recovery, thus ultimately enhancing the quality of care and support for individuals struggling with SUD and society as a whole. Lastly, it also aims to stimulate the understanding of the potentially valuable concepts and interactions of the involved variables with other possible constructs to develop and improve quality of life.

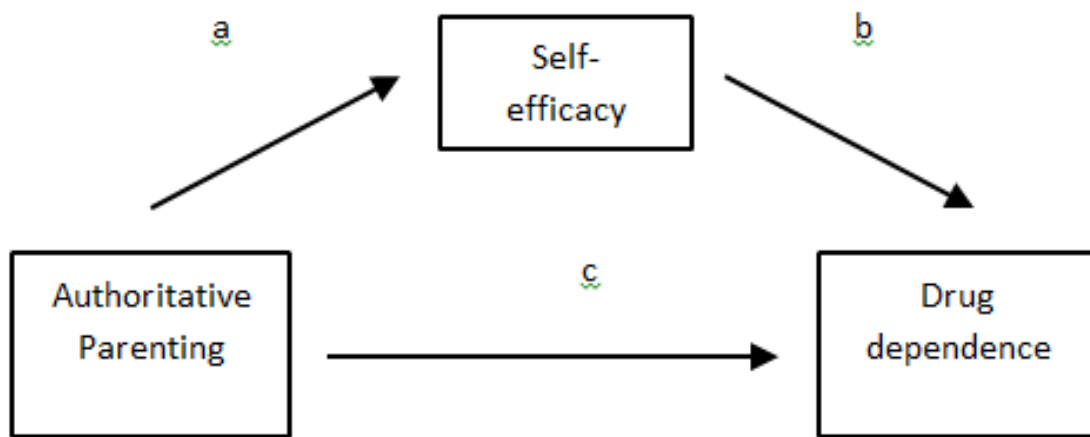


Fig. 1. Mediation model of the study

Research Questions:

1. Is there a relationship between authoritative parenting style, self-efficacy, and drug use dependence?
2. Does self-efficacy mediate authoritative parenting and drug use dependence among PWUDs?

METHODS

Participants

The participants consisted of 104 Persons Who Use Drugs (PWUD) who are presently under rehabilitation in the Department of Health (DOH) Drug Abuse Treatment and Rehabilitation Center (DATRC) Region 13. There are 39 (37.5%) who are enrolled in the aftercare program, 21 (20.2%) in the outpatient program, and 44 (42.3%) in the inpatient program. The average age was 35.11 years ($SD = 9.49$), and the majority (71.15%) were males.

Measures

The Drug Use Disorder Identification Test (DUDIT), developed by Anne H. Berman, is an 11-item self-administered screening instrument for drug-related problems. DUDIT provides information on the level of drug intake and selected criteria for substance abuse, harmful use, and dependence. In scoring the test, score the first nine questions (0, 1, 2, 3, or 4). The last two questions are scored 0, 2, or 4. To get the total score, sum up all the points obtained for each question. The minimum total score possible is 0, and the maximum total score possible is 44 (i.e., total score range: 0-44). Higher scores reflect higher drug dependence. The cutoff score for males is 6, and for females, it is 2. The DUDIT was found to be a psychometrically sound drug abuse screening measure with a 0.92 Cronbach's alpha.

The General Self-Efficacy Scale (GSES) is a test designed by Ralf Schwarzer and Matthias Jerusalem that measures an individual's perceived self-efficacy in handling difficult situations. The scale is a 10-item scale and assesses the degree to which people believe they can cope with challenging tasks and overcome obstacles. Individuals were asked to rate their confidence in their ability to handle the situation on a scale from 1 to 4 (1=not at all true, 2=hardly true, 3=moderately true, 4=exactly true). The total score is calculated by summing the responses to each item, with a range of 10–40. A higher score indicates better self-efficacy. As such, a patient scoring a 10 indicates low self-efficacy. If they score a 40, it indicates high levels of self-efficacy and the ability to handle difficult situations successfully. The scale has a Cronbach of 0.82.

The Parenting Authority Questionnaire (PAQ), by Diana Baumrind, is a tool that captures the permissive, authoritarian, and authoritative parental authority prototypes. It consists of 30 items per parent and yields permissive, authoritarian, and authoritative scores for both the mother and the father; each of these scores is derived from the phenomenological appraisals of the parents' authority by their son or daughter [26]. In answering, the individuals shall rate the frequency of their subjective experience about their parents while rearing them on a five-point Likert scale ranging from "strongly disagree" to "strongly agree." In scoring PAQ, scores on items 1, 6, 10, 13, 14, 17, 19, 21, 24, 28, are added for the permissive style. Items 2, 3, 7, 9, 12, 16, 18, 25, 26, and 29 are for the authoritarian style, and items 4, 5, 8, 11, 15, 20, 22, 23, 27, and 30 are for the authoritative style. Accordingly, the PAQ has a Cronbach alpha of 0.715, which is generally accepted in research. In the present research,

Data Gathering Procedures

Permission to gather data from the PWUD was obtained from the rehabilitation center. All participants were provided with written informed consent and assured that they were voluntarily participating in the research; they have the right to withdraw at any point, and their identity and all their information will remain confidential. Participants were supplied with all necessary materials, such as pens and test questionnaires. Instructions on how to answer the tests were provided in a language they could understand. Test administration was not time-constricted. All questions that were addressed by participants were properly addressed by the test administrators. Finally, involved parties, including the participants and administrators, were debriefed at the end of the data gathering to communicate any emergent concerns.

Data Analysis

In this study, statistical procedures were performed using the Statistical Package for the Social Sciences (SPSS) Version 20. Descriptive statistics were used in presenting the respondents' demographic profile. Furthermore, prior to the mediation analysis, values that appeared to be missing at random were replaced by screening the data and utilizing the estimation-maximization (EM) method of imputation. Mediation analysis quantifies the relationship sequence between an antecedent variable affecting a mediating variable that affects the dependent variable. In this study, the mediator (self-efficacy) was assessed to determine if it mediates the relationship between an independent variable (authoritative parenting style) and the dependent variable (drug dependence).

To assess the effectiveness of mediation, three regressions were conducted. The first regression had an independent variable predicting the dependent variable. The second regression had an independent variable predicting the mediator. The third regression had an independent variable and a mediator predicting the dependent variable. Multiple mediation hypotheses were tested using the SPSS Macro (PROCESS) for bootstrapping procedures based on 10,000 resamples. The direct, indirect, and total effects of authoritative parenting styles on drug dependence were calculated and tested.

The social desirability as a covariate was coded upon data analysis to see whether it had a significant or insignificant role in the study. This variable was taken into consideration as previous records have shown a relationship between it and drug dependence.

FINDINGS AND DISCUSSION

Problem 1: Is there a relationship between authoritative parenting style, self-efficacy, and drug dependence?

The results revealed that authoritative parenting style, self-efficacy, and drug dependence were correlated. This implies that there are relationships between the independent variable, the mediating variable, and the

dependent variable.

TABLE I. MEANS, STANDARD DEVIATIONS AND CORRELATIONS OF THE VARIABLES
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	M	SD	1	2	3
1. Authoritative parenting	57.45	9.43	-	0.289**	.005
2. Self - Efficacy	36.56	4.48	0.289**	-	.073
3. Drug use identification	34.06	3.86	.005	.073	-

Authoritative parenting style is considered by most studies as an efficient and ideal parenting approach to increase self-efficacy [20]. As presented in Table 1, there is a significant positive relationship between authoritative parenting style and self-efficacy ($R = .289, p < .01$). This indicates that rearing a person with authoritative approaches helps in securing a better level of self-efficacy, which is an important key element in behavioral rehabilitation for a person characterized by addiction. Self-efficacy is seen as a catalyst for enhancing refusal skills. It will integrate self-understanding and self-management, as highlighted in the therapeutic community treatment modality of the rehabilitation center. On the other hand, authoritative parenting style and drug dependence are not significant ($R = .005, p < .01$). This may indicate that since PWUDs have received rehabilitation intervention, their family has become their “strength” in maintaining sobriety. Developing a positive and protective view of their authoritative parenting style helps them avoid drug dependence [23]. Thus, despite not supporting the model, the insignificant correlation between authoritative parenting and drug dependence was nuanced in the model to further examine factors affecting and revolving within the relationship. Lastly, the present study found that self-efficacy and drug dependence have no significant relationship ($R = .073, p < .01$). Contrary to the previous study claiming that substance use appears to have a significant correlation with self-efficacy as a predictor [20], The treatment and rehabilitation aim to reintegrate PWUDs back into the community. Its treatment approach focuses on developing self-awareness, personality understanding, community engagement, obedience and discipline, and family support. With these self-enhancement approaches, PWUDs could have developed a positive view of themselves apart from drug dependence [21], which affects the relationship between authoritative parenting style and drug dependence.

Problem 2: Does self-efficacy mediate authoritative parenting and drug dependence among PWUDs?

Mediation analysis was performed to assess the mediating role of self-efficacy in the relationship between authoritative parenting and drug dependence. The bootstrapping method (10,000) was implemented in analyses to obtain 95% confidence intervals for statistical inferences about specific and total indirect effects. The result of the mediation analysis is presented in Table 2. As shown, the result indicated that authoritative parenting does predict self-efficacy ($\beta = .1465, SE = .0488, p = .0034$) Moreover, it is noteworthy to include that the covariate social desirability is significant in affecting the relationship between authoritative parenting style and drug dependence ($\beta = -2.1646, SE = .48600, p = .0000$).

TABLE II. RESULTS OF THE MEDIATION ANALYSIS SELF EFFICACY TO DRUG DEPENDENCE AND AUTHORITATIVE PARENTING AMONG PWUD

Effect	Label	Estimate	SE	p	% Mediation
Indirect	a x b	.048	.0480	.0034**	78.4
Direct	c	-.035	.1398	.867	21.6
Total	c + a x b	0.26	.1343	.885	100.00

Note: All coefficients are unstandardized; N=104; a – authoritative parenting style; b – self-efficacy; c – drug dependence; SE – Standard Error; Confidence interval computed with bootstrap method

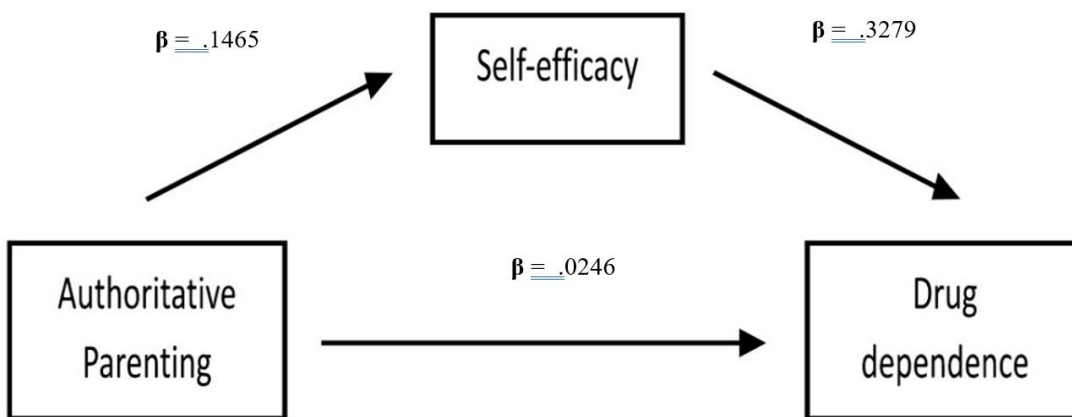


Fig. 2: A mediation model with self-efficacy as proposed mediator of authoritative parenting and drug dependence (N=104). Note: Values presented are beta coefficients ***p

Since mediation analysis is about a causal network, the results from a mediation analysis are valid only if the causal assumptions are valid [26]. With this, the tests of assumptions for mediation analysis are not met. Self-efficacy is not a significant predictor of drug dependence ($\beta = .3279$, $SE = .1398$, $p = .867$). It does not cause any mediation in the relationship between authoritative parenting style and drug dependence. Also, the specific path of authoritative parenting towards drug dependence is not significant ($\beta = .0246$, $SE = .1398$, $p > .001$). With this, the tests of assumptions for mediation analysis are not met, showing that authoritative parenting is not a significant predictor of drug dependence; hence, self-efficacy does not cause any mediation in the relationship in the proposed model. Thus, the result revealed that an authoritative parenting style has no significant impact on drug dependence. Lastly, self-efficacy does not mediate the relationship.

Social desirability as covariate reveals a significant relationship to drug dependence. This suggests that social desirability is an important factor affecting the insignificant result between authoritative parenting style and drug dependence. Social desirability, or “faking good,” is an individual difference variable and response bias reflecting the need to “obtain approval by responding in a culturally appropriate and acceptable manner” [13]. Considering that the respondents are recovering PWUDs, they could have made a good impression about themselves while answering the test. They might have thought that the research might affect their rehabilitation status.

CONCLUSION AND RECOMMENDATION

Based on the results of the study, it shows that an authoritative parenting style does not have a direct effect on PWUDs drug dependence. This supports previous literature by Fletcher et al. [22] that, among the four parenting styles, authoritative parents make the biggest difference. Parents who are authoritative give their

children a sense of connection, which is frequently linked to a protective role against substance abuse. Empirical studies have provided evidence that social support is critical to the recovery of PWUDs [30], particularly in Filipino collectivist culture [31].

It is shown that an authoritative parenting style is a predictor of self-efficacy [27]. Individuals who have received authoritative parenting develop a sense of security about themselves and the world in general and are most likely to be able to build trust with others as well as themselves. They know they matter to other people and to themselves; thus, it is a foundation of self-efficacy and self-esteem. The ecological systems theory is considered best suited to unravel and describe the perceived causes, as well as explain the numerous influences and interactions within the various social contexts of the drug abuser [28]. This theory could also be utilized to discuss possible prevention and intervention strategies. It posits that in order to bring about change in delinquent behavior, the social systems within the family, school, community, and society, which help to shape the behavior, also have to change. An authoritative parenting style is ideal for fostering positive personal growth and development [13]. But its effect is still subject to the personal interpretation of the person receiving it. The present study would like to examine if there exists a relationship between authoritative parenting style and drug dependence. Apparently, there seems to be no relationship between the proposed variables. Factors such as social desirability and rehabilitation experience could have contributed to the insignificant result, suggesting further exploration of the model.

Furthermore, it is also revealed that there is no relationship between self-efficacy and drug dependence. The result indicates that self-efficacy does not affect drug dependence. PWUDs are expected to have increased their self-efficacy while undergoing rehabilitation programs [29]. Enhancing and developing protective mechanisms for themselves could have deterred them from drug dependence. The advent of treatment modalities and the introduction of drug use prevention programs from the treatment facility shifted their view on drug dependence [24]. Moreover, the treatment rehabilitation center where the PWUDs are rehabilitated effortfully inculcates the importance of family values, spiritual enhancement, and community role and engagement. The facility also introduced modalities in animal engagement and assisted therapies, a new and unique approach compared to other rehabilitation centers. With these factors, exploration of the model with the inclusion of factors observed at the rehabilitation facility may provide further understanding.

In summary, taking into account the factors mentioned that could have contributed to the results, the proposed model needs further exploration. Despite being the ideal parenting style, PWUDs interpretation of the authoritative parenting received from their parents is still an important matter to deal with in unveiling the deepest roots of drug dependence. Family is the foundation of self-awareness. The parenting style of the parent will greatly affect the direction of a PWUD's drug dependence. It could either aid their predisposition or halt their expression. Prior to drug dependence, PWUDs have experienced dysfunctional families, sought acceptance and affection, been neglected, experienced trauma, and are still figuring out their personal identity [23]. The use of self-efficacy facets in treating substance use disorders will help reinstate self-control, self-understanding, self-awareness, and discipline to foster positive coping to successfully resist situations that are triggering and self-defeating for a person with substance use problems [19].

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