


Parenting Styles and Alcohol Use in Brazilian Males

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Abstract: Parenting styles have been identified as some of the most important factors of risk for and protection against alcohol use among adolescents. This study aimed at comparing maternal and paternal parenting styles in groups of adult alcoholic and non-alcoholic men. Participants were 260 adult males, half of whom had been diagnosed with alcoholism whilst the others did not have a history of such disorder. The comparison between the alcoholic and control groups showed a statistically significant difference ($p < 0.001$) in relation to both paternal and maternal parenting practices. The binary logistic regression model containing paternal PSI, age, education and maternal PSI ($\chi^2 = 5.224$; $p = 0.022$; $R^2_{\text{Nagelkerke}} = 0.801$) showed that paternal PSI was the main predictor of alcoholism.

Keywords: parenting style, alcoholism, men, educational status, adult

Estilos Parentais e Consumo de Álcool em Homens Brasileiros

Resumo: Estilos parentais têm sido identificados como um dos mais importantes fatores de risco e proteção para uso de álcool entre adolescentes. O objetivo do presente estudo foi comparar estilos parentais maternos e paternos em grupos de homens adultos alcoolistas e não alcoolistas. Participaram 260 homens, sendo metade com diagnóstico para alcoolismo e os demais sem a presença de alcoolismo. A comparação entre práticas parentais do grupo de alcoolistas com o controle mostrou diferença estatisticamente significativa ($p < 0,001$) tanto para as práticas paternas, como maternas. O modelo de regressão logística binária contendo IEP paterno, idade, escolaridade e IEP materno ($\chi^2 = 5,224$; $p = 0,022$; $R^2_{\text{Nagelkerke}} = 0,801$) mostrou que o IEP paterno é o principal preditor do alcoolismo.

Palavras-chave: estilo parental, alcoolismo, homens, escolaridade, adultos

Estilos Parentales y Consumo de Alcohol em Hombres Brasileños

Resumen: Estilos parentales han sido identificados como uno de los más importantes factores de riesgo y protección para el uso de alcohol entre los adolescentes. El objetivo del presente estudio fue comparar estilos parentales maternos y paternos en grupos de alcohólicos y controles. Participaron 260 hombres adultos, siendo la mitad con diagnóstico para alcoholismo y los demás, sin la presencia de alcoholismo. La comparación entre prácticas parentales del grupo de alcohólicos con el control presentó diferencia estadísticamente significativa ($p < 0,001$) tanto para las prácticas paternas, como maternas. El modelo de regresión logística binaria que contiene IEP paterno, edad, escolaridad y IEP materno ($\chi^2 = 5,224$; $p = 0,022$; $R^2_{\text{Nagelkerke}} = 0,801$) reveló que el IEP paterno es el principal predictor del alcoholismo.

Palabras clave: estilo parental, alcoholismo, hombres, escolaridad, adulto

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Studies have shown that the various parenting styles involved in parent-child relationships act as psychosocial variables capable of exerting a great influence on the adoption of diverse health-threatening behaviors among young people, including psychoactive substance use (Calafat, García, Juan, Becoña, & Fernández-Hermida, 2014; Martínez-Loredo et al., 2016). Lack of moral behavior (Nurco & Lerner, 1996), negative moral emotions, such as shame and guilt

(Luk et al., 2016), physical and psychological abuse and neglect are all predictors of alcohol use by teenagers (Martínez-Loredo et al., 2016). Parental disapproval of alcohol use and a good parent-child relationship are both associated with lower levels of drinking in later adolescence (Ryan, Jorm, & Lubman, 2010). Epidemiological studies indicate that the onset of the use of alcohol, cigarettes and other drugs mainly occurs during adolescence, continuing into adult life (Clark, Yang, McClernon, & Fuemmeler, 2015; Laranjeira, Pinsky, Zaleski, & Caetano, 2007). The Health Ministry pointed out that 17.9% of Brazil's adult population consumes alcoholic beverages to excess (Ministério da Saúde, 2019). Excessive alcohol consumption is associated with poor academic performance, dangerous driving, violent behavior, loss of memory or consciousness and physical and professional shortcomings (Miller et al., 2015).

Various parental behaviors are associated with both the age at which a teenager begins drinking and subsequent drinking problems (Penjor, Thorsteinsson, Price, & Loi, 2019). Drug use by parents themselves, their permissive attitudes in the face of such use by their children and their incapacity to control their children are predisposing factors for initiating or continuing drug use (Berge, Sundell, Ojehagen, & Hakansson, 2016; Cablova, Csemy, Belacek, & Miovisky, 2016; Calafat et al., 2014; Luk et al., 2016; Paiva, Bastos, & Ronzani, 2012; Valente, Cogo-Moreira, & Sanchez, 2017). Lack of support and negligence on the part of parents can make adolescents more vulnerable to drug abuse, especially because this can increase the likelihood of their involvement with peers that use drugs (Martínez-Loredo et al., 2016; Valente et al., 2017). Authoritarian, aggressive parents make it difficult for their children to communicate and reveal their problems and feelings, which can be a risk factor for alcohol use (Hartman et al., 2015). Luk et al. (2016) found that fathers that exhibit great negligence, insufficient control and little affection as well as authoritarian mothers favor the development of depressive symptoms and alcohol use in adolescents.

In contrast, democratic parenting styles can be protection factors against alcohol use (Berge et al., 2016; Clark et al., 2015), favoring the expression of feelings, arguments and, consequently, problems, and they are associated with low levels of both alcohol use and alcohol-related problems (Hartman et al., 2015). The use of well-established rules and quality communication are associated with a low level of alcohol use by teenagers (Cablova et al., 2016; Valente et al., 2017). Parental supervision serves to discourage alcohol use. Li, Simons-Morton, Brooks-Rusad, Ehsahid and Hingson (2014) found that parental control by fathers is a more effective protection factor than is parental control by mothers. Seeking to know the whereabouts of one's children, paying attention to their activities, knowing who their friends are, what they do during their free time and how they spend their money, being capable of responding to their demands and being present in a constructive manner are all considered measures that represent parents' efforts to monitor and watch over their children, that is, they are tied

to parents' knowledge about their children (Gomide, 2006). Adolescents that perceive their family's rules of control, with parental monitoring and affection, exhibit lower levels of involvement with drugs (Paiva et al., 2012; Valente et al., 2017). Positive parenting practices increase self-esteem (Penjor et al., 2019) and people with high self-esteem are less likely to report problems with alcohol use or abuse (Luk et al., 2016).

Peer influence is considered a risk factor for excessive drinking in adolescents, and parenting style can have an adaptive, protective function, that is, responsible, attentive parents act as a protection factor against engaging in excessive alcohol use whereas negative family interactions favor youth risk behavior. Although parental control tends to decrease as adolescents grow older, positive monitoring during adolescence serves as a protection factor against alcohol and cigarette use in both adolescence and adult life (Piko & Balázs, 2012). There is evidence that the manner in which mothers interact with their children strongly influences drinking behavior in adolescents, in terms of preventing or encouraging excessive alcohol use (Paiva et al., 2012).

Several theoretical models for assessing parenting practices and styles have been developed in the last five decades. Baumrind (1971) presented the first model for classifying parenting styles, consisting of three types: authoritative, authoritarian and permissive. The instrument was translated into Portuguese and adapted by Costa, Teixeira and Gomes (2000). This instrument and the Parenting Styles Inventory (*PSI*) (Gomide, 2006) are the two most commonly employed instruments for measuring parenting practices in Brazilian studies (Macarini, Martins, Minetto, & Vieira, 2010; Rios, Ferreira, & Batista, 2016). *PSI* is the only instrument that measures moral behavior as a parenting practice. Nurco and Lerner (1996) called attention to the association between deficient paternal moral behavior and drug use by teenagers

Gomide's theoretical model (Gomide, 2006) consists of seven parenting practices, two of which are positive (positive monitoring and moral behavior) and are associated with the development of prosocial behavior; and five are negative (negligence, physical abuse, negative monitoring, inconsistent punishment and relaxed discipline) and are related to the development of antisocial behavior, including alcoholism. The author defines parenting style as a series of parenting practices used by parents to educate and socialize their children and control their behaviors, and parenting practices are the specific strategies parents employ in different contexts. This means that the parenting style is the result of the confluence of forces from parenting practices, that is, in a positive parenting style, positive parenting practices prevail over negative ones whereas, if the parenting style is negative, negative practices override positive practices. Positive monitoring encompasses parental monitoring or supervision and parental availability or accessibility; moral behavior involves affectionate childrearing practices that transmit values (politeness, fairness, honesty/dishonesty, generosity); negligence amounts to a lack of affection,

of childrearing care and of health; negative monitoring refers to excessive, hostile supervision; inconsistent punishment involves conflicting disciplinary practices that depend on the parent's mood; relaxed discipline encompasses the lack or precariousness of parental rules; and physical punishment is the use of corporal discipline as a childrearing method.

Three Brazilian surveys have related parenting styles to teenage alcoholism (Paiva et al., 2012; Valente et al., 2017; Zuquette et al., 2019), employing self-report instruments to report parenting practices and alcohol use. The participants reported the number of doses of alcohol they normally ingested on a single occasion, which served as the criterion for forming groups of frequent, moderate or occasional drinkers. International surveys of university students have employed self-reports of parenting practices in a retrospective manner (Hartman et al., 2015; Luk et al., 2016; Penjor et al., 2019). There are no records of Brazilian or international studies that have performed a retrospective assessment of parenting practices in relation to adult males diagnosed with alcoholism. Hence, the objective of the present study was to compare the maternal and paternal parenting styles of individuals who had been diagnosed with alcoholism to those of another group who did not have a history of alcoholism.

Method

Participants

The present study counted on the participation of 260 male volunteers, all of whom were Caucasians over the age of 21. They were divided into two groups: the alcoholic group consisted of 130 volunteers who were inpatients in a men's alcohol treatment unit at a psychiatric hospital and had been diagnosed with alcoholism according to ICD-10 (Organização Mundial da Saúde, 1993) by one of the institution's psychiatrists. The control group consisted of 130 males with no history of alcoholism who were selected by exclusion subsequently to responding to two instruments: the CAGE questionnaire (Mayfield, McLeod, & Hall, 1974) and a questionnaire adapted from ICD-10 (Organização Mundial da Saúde, 1993).

Most of the participants in the control group were undergraduates (56.15%) or had a higher level of education (20%), with only 23.85% of the sample showing a lower level of academic skills (complete or incomplete high-school education = 15.38%; complete or incomplete elementary-school education = 8.46%). In contrast, only a few of the participants in the alcoholic group were undergraduates (4.6%) or showed higher education (10%); the great majority had complete or incomplete high-school education (37.8%) or complete or incomplete elementary-school education (47.6%). Alcoholism diagnosis for the 260 participants was performed according to the ICD-10 (Organização Mundial da Saúde, 1993) and CAGE (Mayfield et al., 1974) questionnaires.

Instruments

Three instruments were employed for data collection: the CAGE questionnaire (Mayfield et al., 1974), a questionnaire adapted from ICD-10 (Organização Mundial da Saúde, 1993) by the present researchers and the Parenting Styles Inventory (*PSI*) (Gomide, 2006).

Developed by Mayfield et al. (1974), the CAGE questionnaire is a screening method for detecting alcoholism, consisting of four questions: Have you ever tried to cut down on your drinking? Have people annoyed you about your drinking? Have you ever felt guilty about your drinking? Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover? If at least one answer to these questions is affirmative, then alcohol-related problems may be suspected of; two or more affirmative answers indicate alcohol-related problems.

The questionnaire adapted from ICD-10 (Organização Mundial da Saúde, 1993) by the present researchers. This questionnaire consists of nine questions based on ICD-10's nine criteria for alcoholism: (1) Have you ever felt a strong desire or compulsion to consume alcoholic beverages?; (2) Have you ever felt incapable of stopping drinking after you began?; (3) Have you ever felt the need to drink again in order to relieve or alleviate symptoms of alcohol abstinence?; (4) Do you occasionally feel that you need to drink more in order to attain the sense of well-being that you usually feel when you drink?; (5) Have you ever abandoned your obligations, family or work for two or more days?; (6) Have you ever experienced *delirium tremens*, felt the shakes or heard voices or seen things that did not exist after drinking heavily?; (7) Have you ever been hospitalized because of drinking?; (8) Have you ever been arrested or fined for drunk driving?; (9) In the previous two generations (your father's or your mother's), were there any alcoholics? Participants that responded affirmatively to at least five of these questions were characterized as alcoholics and were excluded from the study.

PSI consists of 42 questions that assess the parenting practices employed by parents in the education of their children. Seven parenting practices are assessed: two positive practices (A) positive monitoring (He/she asks me how my school day was and listens attentively) and (B) moral behavior (When I damage something that belongs to others, he/she instructs me to tell them what I did and apologize) and five negative practices (C) negligence (I feel that he/she pays no attention to me), (D) inconsistent punishment (When happy, he/she does not care about the wrongful things I do), (E) relaxed discipline (He/she threatens to beat me, but later nothing happens), (F) negative monitoring (When I go out, he/she calls me a lot) and (G) physical abuse (He/she beats me using belts or other objects). Six questions correspond to each variable. Respondents answer the questions according to a 3-point Likert scale (never, sometimes and always). Calculation of the parenting style index is performed by

subtracting the sum of negative variables (C+D+E+F+G) from the sum of positive variables (A+B); i.e., $PSI = (A+B) - (C+D+E+F+G)$.

PSI classifies the results (for both parenting practices and parenting style) according to four categories: (1) excellent, (2) good, (3) regular and (4) risky. Based on the theoretical model of the test (Gomide, 2006), this classification indicates the adequacy of the parenting practices and parenting style and the potential implications of employing negative practices in childrearing. Results classified as “excellent” or “good” (1 and 2) indicate that most of the parenting practices focus on strengthening prosocial skills, with emphasis on monitoring the children and teaching them moral conduct whereas results classified as “regular” or “risky” (3 and 4) indicate prevalence of negative parenting practices that are associated with the development of antisocial behaviors. Cronbach’s alpha for maternal and paternal *PSI* showed reasonable internal consistency coefficients, 0.75, and 0.79, respectively.

Procedures

Data collection. The researcher explained the objectives of the study to the volunteers, and those who accepted signed an informed consent form. The participants were instructed to respond in terms of the parenting practices employed by their parents when the participants were adolescents. The group of alcoholic participants answered the maternal and paternal *PSIs* individually in rooms designated by the hospital, taking 40 minutes on average. The control-group participants answered the CAGE questionnaire first, and those who answered at least two of the four questions affirmatively were excluded. Subsequently, the remaining participants answered the questionnaire adapted from ICD-10, and those who answered at least five of the nine questions affirmatively (positive screening for alcoholism) were excluded. Subsequently to the two procedures above, the control-group participants signed an informed consent form and then responded to the maternal and paternal versions of the Parenting Styles Inventory. Data collection for the control group lasted an average of 30 minutes.

Data analysis. The data were analyzed using SPSS (Statistical Package for Social Sciences) software, version 22.0. The medians and statistical significance for the Mann-Whitney U test for independent samples in relation to maternal and paternal parenting practices and academic achievement levels were calculated for the alcoholic- and control- group participants. In order to assess the relation between *PSIs* (maternal and paternal), considering age and academic skills as covariables, a logistic regression model and the Wald test were used, taking into consideration p values < 0.05 .

Ethical Considerations

This project was approved by the Brazilian National Research Ethics Council (registration number 13447) and by the Research Ethics Committee of Pontificia Universidade

Católica do Paraná (registration number 102). The ethics committee of the hospital in which the alcoholic patients were being treated also evaluated and approved the project (registration number 027SM 003-07-05 (CAAE nº 0158.0.084.000-06). Participants who agreed to take part in the study signed an informed consent form, which was drawn up in accordance with Resolution 466/2012 (CNS).

Results

The mean age of participants in the alcoholic group was 47.2 ($SD = 9.1$, min = 18, max = 75) and that of participants in the control group was 36.1 ($SD = 10.8$, min = 20, max = 73). The history of alcoholic antecedents for the alcoholic group showed that 91.5% of the surveyed alcoholics had at least one alcoholic antecedent. The highest percentage observed was among fathers (63.1%), followed by brothers (40.7%), uncles (33.1%), grandfathers (18.5%), mothers (5.4%) and grandmothers (3.1%). In contrast, in the non-alcoholic (control) group, due to the conditional type of selection (only those with no ancestors with a history of alcoholism were included in the group), there was no incidence whatsoever of a history of alcoholism. A Kolmogorov-Smirnov normality test of the sample rejected H_0 for the maternal *PSI* ($K-S = 0.137$; $p < 0.001$) and paternal *PSI* ($K-S = 0.096$; $p < 0.001$). The null hypothesis assumes that the maternal and paternal parenting practices are normally distributed in the sample.

The participants answered the paternal and maternal versions of *PSI* (Table 1). A comparison between the parenting practices of the experimental and control groups showed a statistically significant difference ($p < 0.001$) for both paternal and maternal childrearing practices, with indicators of a risky parenting style for the alcoholics for both fathers (-13) and mothers (-9.5) (Table 1). Negligence, relaxed discipline and physical abuse rates were exceptionally high in the alcoholic group, while lack of both positive monitoring and moral conduct characterized the parenting practices of the alcoholics’ parents.

The participants’ academic skills level was statistically different between the two groups ($p < 0.001$). In the alcoholic group, 83.9% of the participants had complete or incomplete elementary- or high-school education whereas, in the control, group most of the participants (77%) had complete or incomplete university education.

Binary logistic regression was performed in order to check whether maternal *PSI*, paternal *PSI*, academic skills and age were predictors of alcoholism (Table 2). The data met the necessary criteria for this analysis, that is, the absence of both multicollinearity and outliers. The model containing the paternal *PSI* variable alone was significant ($\chi^2 = 170.858$; $p < 0.001$; $R^2_{\text{Nagelkerke}} = 0.642$). As the other variables were added, the model continued to be significant and better explained alcoholism, as was the case in the model containing paternal *PSI* and age variables ($\chi^2 = 50.923$; $p < 0.001$; $R^2_{\text{Nagelkerke}} = 0.765$), the model with paternal *PSI*, age and academic skills variables ($\chi^2 = 11.745$; $p < 0.001$; $R^2_{\text{Nagelkerke}} = 0.790$) and the

model with paternal *PSI*, age, academic skills and maternal *PSI* variables ($\chi^2 = 5.224$; $p = 0.022$; $R^2_{\text{Nagelkerke}} = 0.801$). The correlation between age and alcoholism was negative (i.e., older ages were related to the presence of alcoholism). It was thus perceived that paternal *PSI* was the main predictor

of alcoholism. Such predictive capacity increased when it was considered together with age and academic skills. Adding maternal *PSI* to the regression model continued to maintain the significance of the model, yet it was observed that such variable added little to its predictive capacity.

Table 1

Medians, classification of results and statistical significance for the Mann-Whitney U test in relation to Maternal and Paternal Parenting Practices of the Alcoholic and Control Groups

Parenting Practices	Maternal			Paternal		
	Alcoholics	Control	<i>p</i>	Alcoholics	Control	<i>p</i>
PM	8 (4)	9 (3)	$p < 0.001$	6 (4)	7 (4)	$p = 0.01$
MC	7 (4)	9 (3)	$p < 0.001$	7 (3)	8 (3)	$p = 0.001$
IP	5 (4)	2 (2)	$p < 0.001$	5 (4)	3 (2)	$p < 0.001$
NE	4 (4)	2 (2)	$p < 0.001$	6 (4)	3 (3)	$p < 0.001$
RD	5 (4)	3 (3)	$p < 0.001$	4 (4)	2 (2)	$p < 0.001$
NM	7 (4)	6 (3)	$p = 0,001$	6 (3)	4 (2)	$p = 0.001$
PA	3 (4)	1 (3)	$p < 0.001$	5 (4)	2 (2)	$p < 0.001$
PSI	-9.5 (4)	2 (3)	$p < 0.001$	-13 (4)	2 (3)	$p < 0.001$

Note. PM = Positive Monitoring; MC = Moral Conduct; IP = Inconsistent Punishment; NE = Negligence; RD = Relaxed Discipline; NM = Negative Monitoring; PA = Physical Abuse. Classification of results: (1) excellent, (2) good, (3) regular and (4) risky.

Table 2

Goodness-of-fit indices and variables present in the binary logistic regression models for the presence of alcoholism

<i>Model 1</i>	Log Likelihood		Nagelkerke R ²
	189.579		0.642
Variables in the final model	B	Wald	Exp(B)
Paternal PSI	0.288	61.628	1.334
Constant	0.895	22.421	2.449
<i>Model 2</i>	Log Likelihood		Nagelkerke R ²
	138.656		0.765
Variables in the final model	B	Wald	Exp(B)
Age	-0.127	34.903	0.881
Paternal PSI	0.249	42.853	1.282
Constant	5.926	39.843	374.552
<i>Model 3</i>	Log Likelihood		Nagelkerke R ²
	126.911		0.790
Variables in the final model	B	Wald	Exp(B)
Academic skills	0.530	10.952	1.699
Age	-0.129	33.248	0.879
Paternal PSI	0.219	33.468	1.245
Constant	3.693	11.136	40.174
<i>Model 4</i>	Log Likelihood		Nagelkerke R ²
	121.687		0.801
Variables in the final model	B	Wald	Exp(B)
Academic skills	0.476	8.720	1.610
Age	-0.126	31.884	0.881
Maternal <i>PSI</i>	0.061	5.002	1.063
Paternal <i>PSI</i>	0.201	27.040	1.222
Constant	3.918	12.151	50.276

Discussion

Previous studies had indicated a correlation between parenting practices and alcoholism. Negative parenting practices, such as lack of monitoring or supervision (Berge et al., 2016; Cablova et al., 2016; Piko & Balázs, 2012), negligence (Valente et al., 2017), physical abuse (Hartman et al., 2015) and lack of both rules and parental control (Paiva et al., 2012; Penjor et al., 2019), are associated with a drinking problem in adolescents and university students. These negative parenting practices are risk factors for alcohol use.

Our results showed significant parenting-style differences between the alcoholics and non-alcoholics. According to Gomide's model (2006), a positive parenting style is evidenced when positive parenting practices (positive monitoring and moral behavior) prevail over negative practices (inconsistent punishment, negligence, relaxed discipline, negative monitoring and physical abuse); and a parenting style is negative when negative practices override positive ones. According to the alcoholic participants' perceptions, their fathers and mothers insufficiently and stressfully supervised their activities, established rules in an irregular manner, inconsistently punished them (based on their moods), employed physical punishment to control their behaviors and refrained from teaching them moral values during adolescence. Our results are in line with international studies, indicating that negative parenting practices not only increase alcohol use in adolescence, but also favor substance abuse in adult life (Cablova et al., 2016; Calafat et al., 2014; Clark et al., 2015; Valente et al., 2017).

In contrast, positive parenting practices were more frequently observed among non-alcoholics, indicating their potential protective function against alcohol use (Berge et al., 2016; Clark et al., 2015; Luk et al., 2016). The affection parents give their children, the interest they show in them, the amount of time they spend with them and the firmness they display with respect to disciplinary measures all discourage alcohol abuse (Paiva et al., 2012; Ryan et al., 2010) and are associated with good academic performance (Toni & Hecaveí, 2014).

The low educational level observed in the alcoholic group is considered a risk factor for psychological problems (Abreu, Jomar, Souza, & Guimarães, 2012). Compared to students who did not binge drink, those who started using alcohol and marijuana during adolescence ditched more classes, handed in incomplete schoolwork, got involved in fights, drove under the influence of alcohol and accepted rides from drivers that had been drinking (Bedendo et al., 2017; Meda et al., 2017; Paiva et al., 2012). Other antisocial behaviors, such as violations of the law, can gain strength when a student skips school and joins deviant groups (Toni & Hecaveí, 2014).

Some studies suggest that maternal and paternal parenting practices differently influence alcohol use by teenagers. Paiva et al. (2012) found that the democratic parenting style of mothers reduced teenagers' involvement with alcohol whereas that of fathers appeared to be unrelated. Researchers have discovered that authoritarian behavior

on the part of mothers, and not fathers, is associated with depression and alcohol abuse (Luk et al., 2016) and non-disclosure of problems (Hartman et al., 2015) in teenage drinkers. Nurco and Lerner (1996) associated lower levels of adolescent vulnerability to drug use with the following factors: strong attachment to the paternal figure, acceptance of beliefs concerning good conduct, and specific paternal disapproval of certain behaviors. Li et al. (2014) found that paternal control is more effective in terms of discouraging alcohol use than maternal control is.

The binary logistic regression model combining maternal *PSI*, paternal *PSI*, academic skills and age showed that paternal *PSI* is the best predictor of alcoholism in a male sample. Maternal *PSI* added little to the predictive value of the model. The differences found by various authors are probably due to the theoretical constructs of the instruments used to measure parenting practices. The Gomide model (2006) favors equilibrium between parenting practices, which indicate whether the parenting style is positive or negative. The logistic regression in this study showed that paternal parenting practices, as a whole, are what most influences the onset of alcoholism in men, without highlighting any particular parenting practice. It remains necessary to check whether the model equally applies to a female sample.

Furthermore, future studies need to select alcoholic-group and control-group participants of the same age group and educational level, given that the control-group participants in the present study were younger and more highly educated than were those in the alcoholic group. So far, studies on parenting practices have employed self-report instruments for data collection, which could raise doubts as to the reliability of such information. Longitudinal studies could reduce potential inaccuracies in the information by making it possible to collect data at various points in the lives of the participants and crosscheck them with empirical data, such as professional stability and hospitalization for alcoholism treatment.

Consistent with the findings from other studies (both foreign and domestic), the results in the present study indicate that parenting styles exert a significant influence on the development of alcoholism (Berge et al., 2016; Cablova et al., 2016; Calafat et al., 2014; Luk et al., 2016; Martínez-Loredo et al., 2016; Paiva et al., 2012; Piko & Balázs, 2012; Valente et al., 2017) and that positive parenting practices discourage alcohol use by teenagers. Also, the results especially call attention to the exceptional influence from paternal parenting practices as a predictor of alcoholism (Li et al., 2014; Nurco & Lerner, 1996).

Programs aimed at enlightening and training mothers and fathers as to the importance of the coherent use of disciplinary rules, of the supervision and monitoring of their children's activities, of quality communication and of teaching moral values can be a promising path toward reducing alcohol use among teenagers. Such programs should especially sensitize fathers through research results that indicate the possibility that their parenting care can prevent or discourage alcohol abuse by their children.

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