Healthy Behavioral Autonomy in African American Families

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INTRODUCTION

Behavioral autonomy, or the ability to make decisions independently, is one of the most significant developmental tasks of adolescence. Previous research on behavioral autonomy has been limited in several ways. First, while it is important for adolescents to gain more behavioral autonomy from parents and to make decisions for themselves, total unilateral adolescent decision-making is associated with lower academic competence, higher levels of deviant behavior, and increased susceptibility to antisocial peer pressure (Dornbusch et al., 1985, 1987; Steinberg, 1987). Also, what constitutes healthy family decision-making at different ages remains unclear. Second, while several research programs have increased our knowledge of how adolescent autonomy influences psychosocial competence, ego development, and identity development, few studies have focused on the family processes that facilitate autonomy development. Finally, previous research on autonomy has almost exclusively focused on White middle-class families and there has been little research on ethnic minority children and their families.

AIMS OF THE PRESENT STUDY

1) to determine what is healthy behavioral autonomy for middle-class African American early and middle adolescents
2) to identify the family process antecedents of healthy behavioral autonomy

HYPOTHESES

1) unilateral adolescent decision-making would be associated with negative developmental outcomes at both early and middle adolescence

2) greater maternal education, greater parental monitoring, greater teen satisfaction with their level of family decision-making and more family rules would predict healthier behavioral autonomy.

PARTICIPANTS

	TIME 1	TIME 2
n (mother-adolescent dyads)	93	83
Adolescent age (yrs.)	M=13.14; SD=1.29	M=15.05; SD=1.28
Adolescent gender	47 males; 46 females	41 males; 42 females
Family Income	42%=$25,000-50,000; 48%=$50,000+	
Mom Education (yrs.)	M=14.88; SD=2.27	
% Intact Families	53%	

Sample from the University of Rochester Youth and Family Project, a 2-year longitudinal study of African-American adolescents and their families. (Smetana, 2000; Smetana & Gaines, 1999)

MEASURES

Adolescent Behavioral Autonomy. Adolescents and mothers rated 9 personal and multifaceted items (see Smetana, 2000). Based on Dornbusch et al. (1985) respondents rated whether:

1) child decides this without discussing it with parents;

2) child makes the final decision after discussing it with parents;

3) parents and child make the decision together;

4) parents make the final decision after discussing it with child;

5) parents decide this without discussing it with child.

School Performance. Parent report of current G.P.A.

Problem Behavior. 19 items drawn from the Problem Behavior Survey (Mason, Cauce, Gonzales, & Hiraga, 1996). Items were rated on a scale ranging from 1 (never happens) to 7 (happens often).

Extent of family rules. Adolescents and mothers rated each of the 9 personal and multifaceted items on a 3-point scale ranging from 1 (not okay) to 3(okay).

Satisfaction with autonomy. Adolescents rated their satisfaction with their level of autonomy/decision-making over each of the 9 personal/multifaceted items on a 5-point Likert scale from 1 (want a lot less control) to 5(want a lot more control). The scores were re-coded so that 1 indicated low satisfaction and 3 indicated greater satisfaction.

Parental Monitoring. Mothers and adolescents reported on four items (Smetana & Daddis, 2002) drawn from Dornbusch et al.'s (1985) 10-item Monitoring Scale. Responses were scored on a 5-point Likert scale with higher scores indicating greater personal monitoring.

Summary

Hypothesis 1:

Unilateral adolescent decision-making was associated with negative developmental outcomes (lower G.P.A. and higher problem behavior). At Time 1 the association was marginally significant while at Time 2 the relationship was moderately significant. Based on the correlations the following re-coding of the scores occurred:

Scores	TIME 1	TIME 2
1 & 5	Least Healthy	Least Healthy
2 & 3	Healthy	Most Healthy
4	Most Healthy	Healthy

Hypothesis 2:

Family rules over personal and multifaceted issues was found to significantly predict healthy behavioral autonomy at both ages.

DISCUSSION

1) There is a developmental shift in what is "healthy" behavioral autonomy from early to middle adolescence in African-American families, indicating that less parental involvement is healthy with increasing age. As expected, total adolescent unilateral decision-making was shown to be related to poorer academic performance and greater levels of problem behavior.
2) During both early and middle adolescence, the extent to which African-American families have rules over personal and multifaceted issues appears to influence the development of healthy behavioral autonomy. It may be that rules structure the context in which the adolescent can make decisions and therefore allow adolescent input without leaving them completely on their own.

REFERENCES

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Preliminary Analyses (Correlations) of "Healthy" Behavioral Autonomy

	Time 1		Time 2	
Rating	GPA	Problem Behavior	GPA	Problem Behavior
1) Teen only	-.21^{+}	.23^{+}	**-.27***	**.31****
2) Teen mostly	.18	-.19	.19	-.21^{+}
3) Teen & Mom jointly	.07	-.11	.19	**-.22***
4) Parent mostly	**.24***	-.23^{+}	.11	-.14
5) Parent only	-.19	**.27***	-.01	.03

Note.+ p< .10, * p< .05, ** p< .01

Means, Standard Deviations and Correlations for Time 1 (n=93) and Time 2 (n=83).

Variable	M	SD	Correlations			
			Aut.	Sat.	Rule	Mon.
Time 1						
Healthy Behavioral Autonomy	1.51	.32	1.00	.15	**.36****	.11
Satisfaction w/Autonomy	2.29	.59	---	1.00	-.13	**-.24***
Rules	3.01	.61	---	---	1.00	**.33****
Monitoring	43.02	3.36	---	---	---	1.00
Time 2						
Healthy Behavioral Autonomy	1.87	.52	1.00	-.13	**.46****	**.22***
Satisfaction w/Autonomy	2.47	.50	---	1.00	**-.22***	.04
Rules	2.85	.63	---	---	1.00	**.23***
Monitoring	42.50	3.44	---	---	---	1.00

Note. * p<.05, ** p<.01

Antecedents of Time 1 Healthy Behavioral Autonomy.

	Variable	B	SE B	β	R^2	FΔ
Step 1					.01	.21
	Adolescent Gender	.02	.06	.04		
	Adolescent Age	-.03	.02	-.13		
	Mom Education	.01	.01	.05		
Step 2					.18	6.25**
	Satisfaction w/Autonomy	.11	.06	.20~		
	Rules	.21	.06	**.40****		
	Monitor	.00	.01	.03		

Note. ** p< .01

Antecedents of Time 2 Healthy Behavioral Autonomy.

	Variable	B	SE B	β	R^2	FΔ
Step 1					.02	.43
	Adolescent Gender	.02	.11	.02		
	Adolescent Age	.01	.04	-.02		
	Mom Education	.01	.02	.04		
Step 2					.20	6.66**
	Satisfaction w/Autonomy	-.02	.11	-.02		
	Rules	.34	.09	**.41****		
	Monitor	.02	.02	.13		

Note. ** p< .01