Community Bonding: A Protective Factor for At-risk Behaviors and Attitudes

APA 2001, San Francisco
Darcia Narvaez, University of Notre Dame
Jolynn Gardner, Anoka-Ramsey Community College
Christyan Mitchell, University of Minnesota

Manuscript in preparation. Contact first author at: Department of Psychology, University of Notre Dame, Notre Dame IN 46637; dnarvaez@nd.edu.

This is one of the first studies that attempts to address the question of how a sense of connectedness or bonding to social institutions might be a factor in avoiding risk taking.

Relationships Prevent At-Risk Behaviors

There has been considerable research about the importance of relationships in protecting youth from risky behaviors. For example,

- Good relationships with family and friends can protect adolescents from drug use.
- Bonding to school is an important predictor for positive educational outcomes like persistence in school.

Morality Matters

Previous research has indicated that values play a part in how individuals perceive drug use (e.g., Paternoster, 1989) and whether or not they use drugs (Cohen & Kern, 1983; Kurtz & Kurtz, 1985; Peele, 1987; Sholette, 1986).

Moral development is often measured in terms of moral judgment.

A vast amount of data indicates a developmental sequence of conceptual moral judgment development (Rest, Narvaez, Bebeau, & Thoma, 1999).

Actual behavior however is only weakly correlated with scores in moral judgment.

Many other factors play into moral behavior:

Such as moral sensitivity, motivation, and the ability to take and complete a moral action. Moral identity is one such factor.

Here, we study one aspect of social-moral identity, bonding to the community at large.

The protective role of commitment to civic institutions may play a protective role in the health decisions of adolescents and young adults.

STUDY QUESTIONS

Do young people who identify more with larger political or social groups view drug use less favorably and are they less likely to pursue risky behavior?

Or is the decision to participate in risky behavior better predicted by more traditional factors, including issues of values and moral development?

METHOD


A pool of 20 items was generated based on theory (Likert-type scale: Always to Never). Items include statements like:

“I feel close to people in my state.”
“People in my city care about me.”

A principal components factor analysis was performed on the Community Bonding Scale. Both the scree criterion and the parallel analysis method (Lautenschlager, 1989) suggested:

1 factor based on 14 items accounting for 53% of the variance (alpha= .93)
**Part 2. Relation of CBS to at risk behaviors and attitudes.**

The CBS was negatively correlated with three at-risk variables:

- Attitude towards peer tobacco use ($r = .24$, $p < .005$)
- Interest in using tobacco ($r = .24$, $p < .006$)
- Current use of tobacco ($r = .20$, $p < .025$).

CBS was positively correlated with a theoretically related measure, Hopefulness, a measure of sense of security within the context of family and outlook ($r = .58$, $p < .001$).

**Part 3. Predictive power beyond usual variables.**

Participants. 38 community college students 84 10th grade students

Materials and Procedure.
Two 50-minute sessions in health classes
- Self-report questionnaire that included the dependent measure, the Community Bonding Scale
- Defining Issues Test (DIT) paper-and-pencil test of moral judgment presents six moral dilemmas
  After reading a dilemma, the participant rates and ranks the importance of a list of concerns in solving the dilemma.

The Postconventional or "P" score is the most widely-used moral judgment index (Rest, et al., 1999).

Test-retest reliability for the DIT ranges between .70 and .80 for the P-score. Evidence for validity includes studies of (1) longitudinal trends (e.g., McNeel, 1994); (2) cross-sectional age/education trends (e.g., Rest, 1986); (3) correlations with theoretically-similar constructs and theoretically-dissimilar constructs (e.g., Thoma & Rest, 1997); and (4) predicted experimental manipulations (e.g., Rest, Thoma, & Edwards, 1997).

**ANALYSIS**

Hierarchical regression analysis was used.

Hierarchical regression was performed for each of the dependent variables, Attitude towards peer smoking, Interest in using tobacco, Current use of tobacco. Stepwise, age was entered first, gender was entered next, then moral judgment score was added, finally Community Bonding Scale score was added.

Scores on the Community Bonding Scale accounted for significant variance over demographic variables (age, gender) and moral judgment development (DIT P-score), all $p < .02$. See the Table.

**RESULTS AND DISCUSSION**

Community Bonding scores added significantly to R-square change over and above other significant effects.

We found evidence for the psychometric integrity and construct validity of the Community Bonding Scale.

Scores on the Community Bonding Scale predicted to at-risk attitudes and behavior whereas moral judgment did not.

For youth, tobacco use may not be a moral dilemma to be reasoned about but rather an expression of personal identity, embedded in the contexts not only of family, friends, and school, but of city, state and nation.

The protective role of commitment to civic institutions may indeed play a protective role in the health decisions of adolescents and young adults.

**FUTURE WORK**

Further work with this scale will help determine whether encouraging a sense of bonding to groups and institutions beyond the family and school has a beneficial effect on outcomes and plays a protective role in youth development.
REFERENCES


---

Table

<table>
<thead>
<tr>
<th>Regression Model</th>
<th>R</th>
<th>R²</th>
<th>t-test</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>D.V.= Approval of Peer Tobacco Use</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 1: Age</td>
<td>.009</td>
<td>-1.09</td>
<td>.277</td>
<td></td>
</tr>
<tr>
<td>Step 2: Gender</td>
<td>.009</td>
<td></td>
<td>.915</td>
<td></td>
</tr>
<tr>
<td>Step 3: Moral Judgment</td>
<td>.014</td>
<td>.005</td>
<td>.026</td>
<td>.979</td>
</tr>
<tr>
<td>Step 4: Community Bonding</td>
<td>.072</td>
<td>.058</td>
<td>-2.76</td>
<td>.007</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regression Model</th>
<th>R</th>
<th>R²</th>
<th>t-test</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>D.V.= Interest in Using Tobacco</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 1: Age</td>
<td>.114</td>
<td>-3.98</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>Step 2: Gender</td>
<td>.128</td>
<td>.014</td>
<td>1.39</td>
<td>.167</td>
</tr>
<tr>
<td>Step 3: Moral Judgment</td>
<td>.129</td>
<td>.001</td>
<td>.388</td>
<td>.699</td>
</tr>
<tr>
<td>Step 4: Community Bonding</td>
<td>.182</td>
<td>.053</td>
<td>-2.79</td>
<td>.006</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regression Model</th>
<th>R</th>
<th>R²</th>
<th>t-test</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>D.V.= Current Tobacco Use</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 1: Age</td>
<td>.007</td>
<td>.898</td>
<td>.371</td>
<td></td>
</tr>
<tr>
<td>Step 2: Gender</td>
<td>.022</td>
<td>.015</td>
<td>1.36</td>
<td>.176</td>
</tr>
<tr>
<td>Step 3: Moral Judgment</td>
<td>.031</td>
<td>.009</td>
<td>-1.07</td>
<td>.285</td>
</tr>
<tr>
<td>Step 4: Community Bonding</td>
<td>.076</td>
<td>.045</td>
<td>-2.38</td>
<td>.019</td>
</tr>
</tbody>
</table>