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Original article

## The Impact of Intergenerational Cultural Dissonance on Alcohol Use Among Vietnamese and Cambodian Adolescents in the United States


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 A B S T R A C T

**Purpose:** Rates of alcohol use may be increasing among Asian-American adolescents. Among youth from Asian-immigrant families, intergenerational cultural dissonance (ICD), a difference in acculturation between children and caregivers, is associated with adverse childhood outcomes. This study investigates the longitudinal association of ICD and alcohol use among youth from immigrant Vietnamese and Cambodian families in the United States.

**Methods:** Two waves of annual data, wave 4 (baseline for this study) and wave 5 (follow-up), were obtained from the Cross-Cultural Families Project, a longitudinal study of 327 Vietnamese and Cambodian immigrant families in Washington State. The Asian-American Family Conflicts Scale was used to measure ICD. Adolescent alcohol use was measured as any drinking in the past 30 days. A multiple logistic regression model was estimated with the outcome, alcohol use, measured at the follow-up visit and all predictors, including ICD, measured at baseline. Sex, nationality, nativity, and acculturation were tested as modifiers of the ICD-alcohol use relationship.

**Results:** Nine percent of adolescents (age range 13–18 years) reported alcohol use at baseline and this increased significantly ( $p < .0001$ ) to 16% one year later. ICD was associated with increased odds of alcohol use at follow-up (odds ratio: 1.57; 95% confidence interval: 1.03–2.41;  $p = .04$ ). None of the interactions were statistically significant.

**Conclusions:** ICD is a significant predictor of alcohol use among Vietnamese and Cambodian adolescents. Interventions that should be targeted toward reducing ICD through enhancing parent-child communication and teaching bicultural competence skills may help prevent alcohol use problems among youth from immigrant families.

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**IMPLICATIONS AND CONTRIBUTION**

Research has linked intergenerational cultural dissonance (ICD) with several adverse outcomes among youth from immigrant families. This study found that ICD was a risk factor for alcohol use among Vietnamese- and Cambodian-American adolescents. Future studies should tease apart the complex ICD-childhood outcome pathways by testing for mediators and identifying intervention points.

Underage drinking is a widespread problem with multiple negative outcomes [1,2]. Despite a great deal of attention to underage drinking generally, Asian adolescent alcohol use is understudied,

representing a significant gap in the literature [3,4]. Asians are the fastest growing racial population in the United States [5], and, although they have a lower prevalence of alcohol use than other groups (15.2% of Asians aged 12–20 years reported past 30-day alcohol use, compared with 17.8% for blacks, 20.6% for Hispanics, and 25.8% for whites) [6], the prevalence of alcohol use problems may be increasing [7]. Similar to other racial groups, Asians experience a range of adverse outcomes from alcohol misuse [8].

**Conflicts of Interest:** The authors have no conflicts to disclose.

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Most studies characterize Asians as a singular group. This is imprecise because health outcomes, risk factors for those outcomes, historical context, culture, religion, and drinking behaviors vary across Asian nationalities [4]. Alcohol use prevalence may differ substantially across Asian-American adolescent subgroups. Wong et al. [9] reported variation of life time use among Asian high school students: 65% of Pacific Islanders, 56.9% of Filipino, 46.8% of Japanese, and 37.4% of Chinese youth. Iwamoto et al. [10] found that Japanese and Filipino adolescents reported high rates of past 3-month binge drinking, similar to those of other non-Asian populations and higher than other Asian nationalities, including South Asian, Vietnamese, and Chinese.

Alcohol use among adolescents from Southeast Asian families, including Vietnamese and Cambodians, have been particularly understudied [3]. This is problematic because Southeast Asian immigrants may have an increased risk for correlates of alcohol misuse compared with other Asian groups, including lower socioeconomic status and history of traumatic events [3,4]. Vietnamese and Cambodians often arrived in the United States as refugees during the 1970s and 1980s after experiencing substantial trauma during prolonged violent conflicts in both countries [3,11]. Although a substantial amount of research has focused on health outcomes among these first generation immigrants, few studies have analyzed adjustment or health outcomes of their children [11].

Alcohol is generally used moderately in traditional Cambodian and Vietnamese cultures and at rates lower than in the United States [6,12,13]. Intergenerational cultural dissonance (ICD) is thus a potential risk factor for alcohol use that may be shared among Vietnamese- and Cambodian-American adolescents with immigrant parents [11]. Also referred to as the acculturation gap, ICD occurs when there are differential acculturation experiences between immigrant caregivers and their children [14,15]. According to Berry [16], there are four acculturation strategies adopted by immigrants: (1) assimilation, in which US cultural norms are adopted at the expense of traditional culture; (2) traditionalism, in which most aspects of traditional culture are adhered to; (3) biculturalism, in which traditional culture is retained while simultaneously adopting US cultural norms and practices; and (4) marginalization, in which neither culture is embraced and an individual feels alienated from both.

ICD often occurs when adolescent children from immigrant families adopt Western cultural values, norms, and practices to a greater extent and/or more rapidly than their caregivers [11,14]. The differential acculturation strategies adopted by the caregiver and adolescent results in a cultural “clash” between the generations [4]. ICD increases miscommunication, misunderstanding, family conflict, feelings of alienation, and decreases parent-child bonding [11,15].

The cultural clash among Southeast Asian-immigrant families is often over a discrepancy in collectivist (traditional) values versus individualistic (Western) values [17]. Adolescent-caregiver discrepancies in several other intrinsic traditional cultural values, such as conforming to family norms, respecting elders, and education and career achievement may also be associated with increased levels of family conflict [18,19]. Differential parenting styles between Asian families (parents more likely to be authoritarian) and non-Asian families (parents more likely to be authoritative) in the United States can also lead to ICD [4]. Caregivers and adolescents from Asian-immigrant families may have a “dual frame of reference,” in which the adolescents

compare their caregivers to those of their non-Asian peers and the caregivers compare their children to those from their country of origin [20]. A cultural clash may occur when Asian adolescents observe this authoritarian caregiving style, which typically allows for more child independence, autonomy, and increased parent-child communication [4].

According to Phinney et al. [21], intergenerational tension between caregivers and their children is common during the adolescent years. This conflict in small amounts does not generally lead to adjustment problems [22]. The presence of a cultural clash with ICD, however, has been found to intensify intergenerational dissonance, leading to increased family conflict beyond the typical adolescent-caregiver tension [4]. ICD has been associated with several subsequent negative childhood outcomes among Asian-American adolescents [11,15,17,23].

ICD may differ across several characteristics. Vietnamese and Cambodian families have previously reported a greater degree of ICD compared with other immigrant groups [21], although, it is currently unknown whether there are differences in ICD between Vietnamese and Cambodians. A difference by sex has also been reported: Girls may experience a greater degree of ICD with their caregivers than boys [15]. Children who are second generation (born in the United States to immigrant parents) or “1.5” generation (born outside the United States but immigrated with their parents at a young age) are more likely to experience ICD with their caregivers than those who immigrated to the United States with their caregivers at an older age [15]. Adolescents who have a greater degree of assimilation experience ICD at a higher rate than adolescents with a greater degree of traditional cultural identification [14].

Individual acculturation strategy has been associated with substance and alcohol use among Asian-American adolescents [3,24]. Assimilated adolescents tend to drink more [24] and adolescents with a traditional cultural identification drink less [3]. Because of a lack of multidimensional acculturation measures in alcohol use studies, levels of drinking among bicultural and marginalized adolescents remain unknown. The impact of ICD on alcohol use among Asian youth is unclear. Although ICD has been associated with substance and alcohol use among Hispanic youth [25], it has not been explored as a risk factor for alcohol use among Asians.

Studies of adolescent alcohol use among Asians have been limited by: A failure to conduct subgroup analyses (i.e., by Asian nationality), limited attention to ICD, unidimensional acculturation measures, and cross-sectional designs. The present study aims to: (1) examine alcohol use prevalence among Vietnamese and Cambodian adolescents from immigrant families; (2) investigate whether ICD predicts alcohol use 1 year later; and (3) explore whether the ICD-alcohol relationship varies by sex, nationality, adolescent nativity, or acculturation. We hypothesize that higher levels of ICD will be associated with increased odds of adolescent alcohol use and that this relationship will be strongest among girls, adolescents born in the United States, and assimilated adolescents.

## Methods

### *Participants and procedure*

The Cross-Cultural Families (CCF) Project was a 5-year longitudinal study that included 327 Cambodian and Vietnamese adolescents living in Washington State between 2001 and 2005.

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