



Pathway of protection: Ethnic identity, self-esteem, and substance use among multiracial youth[☆]



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HIGHLIGHTS

- The relationship between ethnic identity and substance use for multiracial adolescents was examined.
- Self-esteem was examined as a mediating variable
- Ethnic identity and self-esteem were both significantly related to multiracial substance use.
- Self-esteem partially mediated the relationship between ethnic identity and substance use.
- Interventions for multiracial youth should include identity development and positive appraisals of self.

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ABSTRACT

Fifty percent of adolescents have tried an illicit drug and 70% have tried alcohol by the end of high school, with even higher rates among multiracial youth. Ethnic identity is a protective factor against substance use for minority groups. However, little is known about the mechanisms that facilitate its protective effects, and even less is known about this relationship for multiracial youth. The purpose of the present study was to examine the protective effect of ethnic identity on substance use and to determine whether this relationship operated indirectly through self-esteem, a strong predictor of substance use for among adolescent populations. Participants included 468 multiracial youth in grades six through 12 (53% female). The results found that ethnic identity was indeed related to substance use, partially through changes in self-esteem. Findings from this study contribute to our understanding and development of models of risk and protection for an understudied population.

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1. Introduction

Adolescents continue to use substances at alarming rates. By the end of high school, 70% of students have tried alcohol and 50% have tried an illicit substance (NIDA, 2014). Rates are even more dire for multiracial youth, with researchers finding that multiracial youth are more likely to use substances than other monoracial groups (Choi, Harachi, Gillmore, & Catalano, 2006; Jackson & Lecroy, 2009; Udry, Li, & Hendrickson-Smith, 2003), with rates of current illicit substance use at 17.4% compared to 8.8% for Latinos, 9.5% for Whites, and 10.5% among

Blacks (SAMHSA, 2013). Such use is of concern given the associated health outcomes, including school dropout (Orpinas, Lacy, Nahapetyan, Dube, & Song, 2015), involvement in the juvenile justice system (Monahan, Rhew, Hawkins, & Brown, 2014) and suicide (Wong, Zhou, Goebert, & Hishinuma, 2013). Further, the initiation of substance use during adolescence (before age 14) is associated with substance use dependence after age 18 (SAMHSA, 2013). Therefore, it is imperative to identify factors associated with lower substance use during adolescence. Ethnic identity is one such factor that has been found to be protective against substance use among monoracial youth (Schwartz, Zamboanga, Luyckx, Meca, & Ritchie, 2013; Stock et al., 2013). Despite this fact, little research has investigated the mechanisms by which ethnic identity lowers substance use. The present study will investigate whether ethnic identity is related to lower levels of substance abuse among multiracial youth and if that relationship is mediated by self-esteem, a well-established protective factor for adolescent health outcomes.

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1.1. Ethnic identity and substance use

Ethnic identity is the “expression of loyalty, commitment, and belongingness towards one’s own ethnic group which is produced by the exploration, resolution, and affirmation of one’s ethnicity” (Bernal, Knight, Ocampo, Garza, & Cota, 1993). Although there are many different definitions of ethnic identity in the literature, most authors agree that ethnic identity becomes more solidified as children get older and that adolescence is a critical period in which this identity develops (Phinney, 1990; Quintana et al., 2006; Yip, Seaton, & Sellers, 2006).

Ethnic identity has shown to reduce risk for negative health outcomes among minority youth, such as substance use (Schwartz et al., 2013; Stock et al., 2013). Current conceptualizations around the relationship between ethnic identity and substance use center around the notion that individuals with a maladaptive identity engage in riskier behavior. The most robust effect has been observed for African American youth, with higher levels of ethnic identity associated with lower substance use (Rivas-Drake et al., 2014; Marsiglia, Kulis, & Hecht, 2001; Brook & Pahl, 2005; Pugh & Bry, 2007; Richman, Boynton, Costanzo, & Banas, 2013). Findings are mixed for individuals of Latino descent. Some studies find a protective effect (Kulis, Marsiglia, Kopak, Olmsted, & Crossman, 2012; Richman et al., 2013), while others find that higher levels of ethnic identity lead to higher levels of substance use (Zamboanga, Schwartz, Jarvis, & Van Tyne, 2009). Mixed findings among Latino youth may be due to the heterogeneity of backgrounds comprised within the label of “Latino,” such that Latino populations are almost exclusively lumped into one pan-ethnic category, although evidence suggests differences in both the prevalence of substance use (Carlton-Smith & Skeer, 2015; Unger, Thing, Soto, & Baezconde-Garbanati, 2014) and level of acculturation and ethnic identity (Carlton-Smith & Skeer, 2015; Choi, Sakamoto, & Powers, 2008; Guilamo-Ramos, Jaccard, Johansson, & Turrissi, 2004) between Latino subgroups.

Interestingly, although multiracial youth represent the fastest growing youth population in the United States (Jones & Bullock, 2012; McCubbin, 2013), research on the relationship of multiracial ethnic identity and substance use is scant. The limited research that has been conducted is mixed with some finding that ethnic identity is protective against substance use (e.g., Authors, in press; Choi et al., 2006) for multiracial youth and others finding no relationship (e.g., James, Kim, & Armijo, 2000; Marsiglia et al., 2004). Some researchers have speculated that because of diverging backgrounds, ethnic identity may be more challenging to achieve for multiracial youth than monoracial youth and may result in more risk-taking behavior and higher levels of psychological distress (Coleman & Carter, 2007; Fisher, Reynolds, Hsu, Barnes, & Tyler, 2014; Gibbs & Moskowitz-Sweet, 1991; Lusk, Taylor, Nanney, & Austin, 2010; Udry et al., 2003). Yet, others find that having more than one ethnicity does not have an impact on identity development and subsequent behaviors (Kato, 2000). Therefore, additional work is needed to understand the complex relationships between ethnic identity and substance use outcomes for multiracial youth.

1.2. Ethnic identity, self-esteem, and substance use

While the research on the relationship between ethnic identity and substance use for multiracial youth is limited with mixed findings, the mechanisms related to this relationship are unknown (Neblett, Rivas-Drake, & Umaña-Taylor, 2012). One study conducted by Zapolski, Fisher, Banks, Hensel, and Barnes-Najor (2016) attempted to identify potential mechanisms by looking at attitudes towards substances as a potential mediator between ethnic identity and substance use. While this relationship was significant for other racial groups (i.e. African American and Latino), it was not significant for multiracial youth, indicating that ethnic identity does not operate through cognitive factors such as attitudes towards substances. Therefore, it is imperative to investigate other mechanisms that may mediate this relationship.

One potential mechanism is through the increase of self-esteem. This hypothesis is based on literature documenting a strong positive relationship between low self-esteem and risky behavior among adolescent and young adult populations (Tevendale, Lightfoot, & Slocum, 2009), as well as a positive relationship between ethnic identity and self-esteem (Carlson, Uppal, & Prosser, 2000; Kiang, Yip, Gonzales-Backen, Witkow, & Fuligni, 2006; Phinney, 1990; Phinney, Cantu, & Kurtz, 1997; Pyant & Yanico, 1991). For example, several studies have found that adolescents from varying ethnic backgrounds with lower self-esteem report more substance use (Bitancourt, Tissot, Fidalgo, Galduróz, & da Silveira Filho, 2016; Torres & Fernández, 1995; Tiggemann, 2005; Wu, Wong, Shek, & Loke, 2014). Further, the positive relationship between ethnic identity and self-esteem has been long identified in the literature, particularly among African American youth (Belgrave, Brome, & Hampton, 2000; Burlew et al., 2000; Corneille & Belgrave, 2007; Rivas-Drake et al., 2014; Townsend & Belgrave, 2000; Wallace & Fisher, 2007). This relationship has also been found across various ethnic groups (Phinney, 1996; Sellers, Copeland-Linder, Martin, & Lewis, 2006; Umaña-Taylor, Diversi, & Fine, 2002). Given the positive association between ethnic identity and self-esteem, as well as between self-esteem and substance use, it is plausible that ethnic identity may influence risk for substance use indirectly through self-esteem.

1.3. Current study and hypotheses

To our knowledge, limited work has been conducted examining the direct relationship between ethnic identity and substance use among multiracial youth, with no study, to date, examining a path model between ethnic identity, self-esteem, and substance use for multiracial youth. The purpose of the present study is to fill this important gap in the literature by investigating the relationship between ethnic identity and substance use in a sample of multiracial youth. Additionally, the study will determine if the path model operates indirectly through self-esteem. This study contributes significantly to the literature by examining mechanisms of protection for substance use in an understudied population that exhibits higher rates of substance use than other ethnic groups (Choi et al., 2006; Jackson & Lecroy, 2009; Udry et al., 2003). Our hypotheses controlling for age and gender, are: 1) higher ethnic identity will predict lower substance use; 2) higher ethnic identity will predict higher self-esteem; 3) the pathway between higher ethnic identity and lower substance use will operate indirectly through increasing self-esteem.

2. Methods

2.1. Participants and procedures

The current study involves participants drawn from a larger study examining school and health behavior outcomes among students between fourth and twelfth grade. As approved by the University IRB, participants were sampled from 159 schools (21 school districts) in a large Midwestern county. Informed consent forms were sent home to parents of potential participants. Signed consent forms were obtained from 50% of parents (approximately 12,000 each year). Retention rates for waves 2 through 5 were modest with less than one-third of the participants (27.7%) completing two waves of data (see Barnes, Almerigi, & Hsu, 2009, for further information about the parent study). For the current study, all participants who provided data at the final data collection, wave 5, were included in the study. Wave 5 was chosen due to a high completion rate of study variables of interest and high number of multiracial participants, with a sample size of 468 youth. It should be noted that this sample is not generalizable to the general population due to the collection of data in one geographic location. Participants were equally divided based on gender (53% female), and the on average the students were in eighth grade ($SD = 1.96$).

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