



Substance use and sexual behavior among recent Hispanic immigrant adolescents: Effects of parent–adolescent differential acculturation and communication[☆]

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ABSTRACT

Objectives: To ascertain the effects of parent–adolescent acculturation gaps, perceived discrimination, and perceived negative context of reception on adolescent cigarette smoking, alcohol use, sexual activity, and sexual risk taking. We used an expanded, multidimensional model of acculturation.

Method: A sample of 302 recently immigrated parent–adolescent dyads (152 from Miami and 150 from Los Angeles) completed measures of acculturation (Hispanic and American practices and identifications, and individualist and collectivist values) and parent–adolescent communication. Adolescents completed measures of recent cigarette smoking, alcohol use, sexual behavior, and sexual risk taking.

Results: Parent–adolescent gaps in American practices and ethnic identity, and perceptions of a negative context of reception, predicted compromised parent–adolescent communication. In Miami only, adolescent–reported communication negatively predicted odds of cigarette smoking, occasions of drunkenness, and number of sexual partners. Also in Miami only, parent–reported communication positively predicted these outcomes, as well as occasions of adolescent binge drinking, drunkenness, number of sexual partners, and odds of unprotected sex. The only significant findings in Los Angeles were protective effects of parent–reported communication on frequency of alcohol use and of binge drinking. Mediation effects emerged only in the Miami sample.

Conclusions: Effects of parent–adolescent acculturation gaps vary across Hispanic groups and receiving contexts. The especially strong parental control in many Mexican families may account for these differences. However, other important differences between Hispanic subgroups and communities of reception could also account for these differences. Prevention efforts might encourage Hispanic youth both to retain their culture of origin and to acquire American culture.

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1. Introduction

Important health disparities exist between Hispanic and non-Hispanic White early and middle adolescents, including cigarette and alcohol use (Johnston et al., 2011) and sexual risk taking (CDC, 2011). Specifically, in 2010, 59% of Hispanic 10th graders, compared to 53% of White 10th graders, had used alcohol in the past year

(Johnston et al., 2011); and 55% of Hispanic high school students, compared to 63% of Whites, reported using a condom at last sexual intercourse (CDC, 2011). Identifying cultural predictors of these disparities, and of the behaviors associated with them, could guide the development of prevention programs to reduce health disparities (Krieger, 2012).

1.1. Acculturation and health outcomes in Hispanics

Although the construct of acculturation has a long history, the majority of public health studies have used measures and models that do not reflect the lived reality of immigrants (Thomson and Hoffman-Goetz, 2009). As defined within cultural studies, acculturation is a bidimensional process, in which heritage-culture

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retention and American-culture acquisition represent separate dimensions (e.g., Berry, 1997). Previous studies vary in their conceptualization of the *domains* of acculturation, including attitudes (Berry, 1980), cultural practices such as language use, culinary preferences, media, and choice of friends (Szapocznik et al., 1980); and ethnic identity (Phinney, 2003). Cultural values (e.g., individualism, collectivism) are seldom included as indices of acculturation.

Schwartz et al. (2010) proposed an integrative, multidimensional perspective, positing cultural practices, values, and identifications as domains of acculturation; and heritage and receiving cultural streams as operating within each of these domains. For example, for U.S. Hispanics, acculturation includes Hispanic practices, American practices, collectivist values, individualist values, Hispanic identity, and American identity. Each process may be differently linked with substance use and sexual risk behavior, although retention of Hispanic cultural practices and values typically is considered protective (Schwartz et al., 2011).

Acculturation is especially challenging for recent immigrant families (Smokowski and Bacallao, 2011). Adolescents and parents may face discrimination and a hostile context of reception in their new homelands (Portes and Rumbaut, 2006). Moreover, recent-immigrant adolescents acculturate to the receiving society quickly, whereas parents do not (Schwartz et al., 2006), leading to *differential acculturation*.

1.1.1. Differential acculturation. Because Hispanic children and adolescents attend school in the U.S., they typically gravitate toward U.S. culture, learning to function both in the receiving society and in their often traditionally oriented families and communities (Padilla, 2006). Conversely, adults, especially those living in ethnic enclaves, may function well using their native languages and customs and may not “acculturate” much (e.g., Schwartz et al., 2006). Consequently, as hypothesized by Szapocznik et al. (1978), parent–child acculturation gaps emerge. These gaps may be a function of both greater exposure to U.S. culture and greater cultural plasticity among children and adolescents than among adults (Cheung et al., 2011). Regardless of their source, cultural gaps can be measured as the parent–adolescent difference in a given acculturation-related variable (Telzer, 2010). Such an approach uses data from multiple reporters to create a gap score, as opposed to asking parents or adolescents to report on the “acculturation gap” in their families.

The effects of acculturation gaps on adolescent outcomes have received some empirical attention. Szapocznik and Kurtines (1980) found that Cuban families with troubled and substance abusing adolescents had large parent–adolescent acculturation gaps. These gaps were believed to exacerbate problems with parent–adolescent communication and other aspects of family functioning, which in turn would predict adolescent substance use and sexual risks (Szapocznik and Kurtines, 1993).

Studies have examined parts of this “differential acculturation hypothesis” (Telzer, 2010). Smokowski et al. (2008) found associations of acculturation gaps with compromised family adaptability and cohesion, but they did not investigate links with adolescent outcomes. Martinez (2006) found that differential acculturation predicted behavior problems and substance use, whereas Lau et al. (2005) did not. However, neither of these studies examined family processes as mediators. Unger et al. (2009) found that parent–adolescent discrepancies in American cultural practices predicted low family cohesion, which predicted adolescent substance use. However, parents’ acculturation was assessed via adolescents’ reports. Telzer (2010) concluded that families where adolescents are more acculturated toward the U.S. than their parents may be less problematic than families where adolescents lose their cultural heritage while parents retain it. Although most

acculturation gap research has focused on cultural practices, we expected the pattern identified by Telzer (2010) to apply to cultural values and identifications as well.

1.2. Perceived discrimination and context of reception

Perceived discrimination and negative perceived context of reception are additional cultural variables associated with health outcomes. Discrimination includes others’ actions that cause one to feel unwanted, stereotyped, or demeaned (Lee, 2005). Perceived discrimination may have long-term health consequences for Hispanics, including hypertension, depression, diabetes, cardiovascular illness, and other health problems (Finch and Vega, 2003; Todorova et al., 2010). Context of reception refers to immigrants’ opportunities in the U.S. A negative context of reception may be discouraging to immigrants (Portes and Rumbaut, 2006), especially if the receiving society systematically denies immigrants opportunities available to members of the dominant group (Leong, 2008; Steiner, 2009). Among Hispanics, Mexicans and Puerto Ricans are often marginalized, whereas Cubans generally fare well, especially in Miami (Stepick and Stepick, 2002). Unlike Mexicans, many of whom are undocumented and seek “under-the-table” positions (Henderson, 2011), and Puerto Ricans, many of whom migrate to the Northeast and South to escape poverty (Acosta-Belen and Santiago, 2006), many Cubans arrive in the U.S. as political refugees – though some do immigrate to escape poverty. The original cohort of Cubans settled in Miami and claimed positions of political and economic power (Stepick et al., 2003). Although Miami is also home to many Central and South Americans, Cubans remain the dominant Hispanic group. Thus, the context of reception in Miami differs from that in other parts of the U.S. Multi-city comparisons between Miami and other U.S. cities – including Cubans as well as other Hispanic groups – may be useful in examining the effects of context of reception (e.g., Schwartz et al., submitted for publication).

One such city is Los Angeles, which is home to more than 2 million individuals of Mexican ancestry (Hayes-Bautista, 2004). Some Mexican-descent individuals in Los Angeles can trace their lineage to the Mexican territories that were annexed by the United States after the Mexican–American War, whereas others are recent or second-generation immigrants. Although the Los Angeles area already ranked second in Hispanic population size in 2000, this population grew by more than 20% between 2000 and 2010 (Ennis et al., 2011), due in part to immigration (Walters and Trevelyan, 2011). Some Mexican Americans are gaining power in Los Angeles, though the majority still live at or near the poverty level.

Miami and Los Angeles, as two very different receiving communities for Hispanic immigrants, served as contexts for the present study. Multisite studies of acculturation and health outcomes are important because acculturation may take different forms depending on the context to which individuals are acculturating (Alba and Nee, 2006). We examined multiple domains of acculturation (heritage and U.S. practices, values, and identifications) in relation to substance use, sexual activity, and unprotected sex in recently arrived Hispanic immigrant adolescents in these two cities. Given the importance of discrimination and context of reception for immigrant and minority health (Krieger, 2012), we also examined these cultural processes as predictors of substance use and sexual outcomes. Finally, in light of the role of family dynamics in the effects of cultural processes on health outcomes (Smokowski et al., 2008; Unger et al., 2009), we posited parent–adolescent communication as a mediating mechanism.

1.3. The present study

In the present longitudinal study, we sampled recent-immigrant parent–adolescent dyads from Miami and Los Angeles. Each

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