



Original article

Perceived Discrimination and Heavy Episodic Drinking Among African-American Youth: Differences by Age and Reason for Discrimination



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Article history: Received January 20, 2015; Accepted July 27, 2015

Keywords: Discrimination; Heavy episodic drinking; Early adulthood; Minority health

ABSTRACT

Purpose: The purpose of this study was to examine whether associations between perceived discrimination and heavy episodic drinking (HED) vary by age and by discrimination type (e.g., racial, age, physical appearance) among African-American youth.

Methods: National data from the Panel Study of Income Dynamics Transition to Adulthood Study were analyzed. Youth participated in up to four interviews (2005, 2007, 2009, 2011; n = 657) between ages 18 and 25 years. Respondents reported past-year engagement in HED (four or more drinks for females, five or more drinks for males) and frequency of discriminatory acts experienced (e.g., receiving poor service, being treated with less courtesy). Categorical latent growth curve models, including perceived discrimination types (racial, age, and physical appearance) as a time-varying predictors of HED, were run. Controls for gender, birth cohort, living arrangement in adolescence, familial wealth, parental alcohol use, and college attendance were explored.

Results: The average HED trajectory was curvilinear (increasing followed by flattening), whereas perceived discrimination remained flat with age. In models including controls, odds of HED were significantly higher than average around ages 20–21 years with greater frequency of perceived racial discrimination; associations were not significant at other ages. Discrimination attributed to age or physical appearance was not associated with HED at any age.

Conclusions: Perceived racial discrimination may be a particularly salient risk factor for HED around the ages of transition to legal access to alcohol among African-American youth. Interventions to reduce discrimination or its impact could be targeted before this transition to ameliorate the negative outcomes associated with HED.

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IMPLICATIONS AND CONTRIBUTION

This study found that among African-American youth ages 18–25 years, perceived racial discrimination was associated with higher than average heavy episodic drinking at ages 20 and 21 years. Age and physical appearance discrimination were not associated with heavy episodic drinking. Age-targeted interventions to reduce discrimination experiences' impact should be considered.

Alcohol use is a leading cause of morbidity and mortality among U.S. youth [1], with heavy episodic drinking (HED; on a single occasion, five or more drinks in a row for a male or four or more for

a female) increasing risk of adverse outcomes [2,3]. On average, HED increases, stabilizes, and then declines in the transition to early adulthood (ages 18–25 years) [4]. Factors affecting trajectories include exiting the parental home and college attendance (for the increase) [5] and social role transitions such as marriage, childbirth, and full-time employment (for the decrease) [6].

African-American youth start drinking alcohol later than their white peers, drink less overall, and are less likely to maintain

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alcohol use throughout early and mid-adolescence once initiated [7]. However, among young adult heavy drinkers, African-Americans are more likely than whites to continue heavy drinking after their early 20s [8]. In addition, although African-American young adults drink less on average than whites, they experience more alcohol-associated social and health-related problems [9,10]. Owing to these disparate outcomes and racial differences in substance use risk factors, researchers have called for more studies of alcohol use development in African-American youth [10].

One important determinant of African-American youths' behavioral health is racial discrimination. Discrimination operates through individual and social pathways to affect behavior. Consistent with the stress and coping model, discrimination acts as a threatening environmental stressor which elicits physiological, cognitive, and behavioral responses to overcome that threat [11]. Immediate physiological reactions to discrimination include increased cortisol and blood pressure [12]. Discrimination also affects emotional states and self-control resources [13]. Anger, depression, reduced self-control, and coping motives are pathways by which perceived racial discrimination affects alcohol-related problems among African-American youth [14,15].

Consistent with the social development model, discrimination can also affect bonding with important people and institutions and thus affect HED and other problematic behaviors [16]. In another study, authors found that the effects of perceived discrimination on subsequent substance use (including alcohol) among African-American adolescents were fully mediated by decreases in school engagement and increases in affiliations substance using peers [17].

Life course theory also posits that the timing of exposures during development matters in their impact [18]. The importance of timing of discrimination exposure has been suggested in the literature, but not yet empirically tested. In a study linking discrimination experiences in preadolescence to later substance use, authors hypothesized that the development of identity during the preteen years, along with the development of cognitive capacity to understand abstract social groupings, made discrimination exposure during this life period especially salient [19]. However, authors did not test age differences in effects of exposure to discrimination and did not examine effects at older ages (older adolescents/young adults).

In the present study, we extend past research in a number of ways. First, we examine discrimination's links with an outcome not yet tested—HED. Associations between discrimination and HED may differ from associations with alcohol-related problems because of African-American youths' lower levels of consumption and HED compared with other ethnic groups [7]. Second, we examine multiple types of discrimination. Research suggests that African-American youth experience multiple discrimination types, such as body weight, social class, and gender discrimination [20]. These types have been negatively associated with well-being measures [21]. Third, we focus on early adulthood and test age-specific effects of discrimination. Both exposure to discrimination and HED increase on average during adolescence, although there is diversity in trajectories for both [22,23]. Discrimination effects may change with age because of these changing frequencies. Furthermore, leaving the parental home during early adulthood, especially given the importance of parental norms' protective effect against alcohol use among black teens [24], and changes in legal access to alcohol at age 21 years may influence age patterning of associations.

In the present study, we examined how perceived discrimination is associated with HED over time within a national sample of African-American young adults followed between ages 18 and 25 years. We controlled for other factors that have been linked to HED among young adults, including respondent sex, family-of-origin wealth, parental alcohol use, and college attendance. We expected discrimination to be significantly positively associated with HED. We also expected that the strength of the association between discrimination and HED would vary according to discrimination type, with the strongest effects observed for racial discrimination. This was due to our belief that age and physical appearance represent more transitory and malleable aspects of identity, whereas racial identification carries with it familial and historical meaning more fundamental to identity. Finally, we also expected these associations would vary by age, with a jump in the strength of associations at age 21 years when alcohol becomes more easily legally accessible.

Methods

Data

Data from the Panel Study on Income Dynamics—Transition to Adulthood Study (PSID-TA) were analyzed [25]. The Panel Study on Income Dynamics (PSID) was initiated in 1968 with a national, household-based sample of families ($n = 4,802$). The study purpose was to assess the impact of the War on Poverty. The sample was drawn to be nationally representative, with an oversample of census enumeration districts with large nonwhite populations [26]. Families have been interviewed every 2 years since, including family branch offs (i.e., when a son or daughter establishes his or her own household). In 1997/1999, new immigrant families were added to enhance representativeness. After applying sampling weights provided by the study team, this sample still closely resembles the U.S. population today [27].

In 1997, researchers began the PSID Child Development Study (CDS) to collect information on child development on a random subsample of PSID children ages 0–12 years. Interviews were conducted with 2,380 families about 3,563 children (response rate 88%). Children who remained younger than 18 years were reinterviewed in 2002/2003 and 2007/2008 [28]. In 2005, the PSID-TA was initiated to follow CDS participants ages 18 years and older [25]. In 2005, 745 participants were interviewed (88.8% response rate) [29]; in 2007/2008, 1,118 persons were interviewed (90% response rate) [30]; in 2009, 1,556 respondents were interviewed (92% response rate); and in 2011, 1,907 respondents were interviewed (92% response rate). In total, 2,155 unique persons participated in one or more TA waves.

We made a number of restrictions to our analysis sample. First, we limited to youth who self-reported African-American/black race/ethnicity, because of our interest in this group of youth ($n = 1,455$). Second, we limited to respondents who were 18 years or older as of 2009 ($n = 830$; respondents who were not yet 18 years as of 2009 would not have had the ability to complete the two interviews needed for trajectory analyses.) and who participated in two or more TA waves ($n = 668$), as having fewer waves made trajectory analyses less stable. Another 11 respondents were excluded due to missingness on time-invariant exogenous variables. The final sample included 657 individuals nested in 538 families. Persons excluded from the analysis due either to missing covariates or having fewer than two waves of data ($n = 173$) were significantly more likely to be

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