



Minority Parents' Perspectives on Racial Socialization and School Readiness in the Early Childhood Period

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ABSTRACT

OBJECTIVE: To describe how minority parents help their young children navigate issues of race and racism and discuss implications this racial socialization may have for school readiness.

METHODS: Sixteen focus groups were conducted among 114 African American, English language-primary Latino, Spanish language-primary Latino, and Korean language-primary Korean parents of children ages 0 to 4 years old. Transcripts were coded for major themes and subsequently compared across the 4 language-ethnicity groups. Parents also shared demographic and parenting data by survey, from which group-specific proportions provide context for identified themes.

RESULTS: In this sample, nearly half of surveyed parents had already talked to their young child about unfair treatment due to race. The proportion of such conversations ranged from one-fifth of Korean parents to two-thirds of Spanish language-primary parents. In focus groups, Korean parents reported fewer experiences with racism than African American and Latino par-

ents. Within each language-ethnicity group, fewer fathers than mothers reported addressing race issues with their young children. All focus groups endorsed messages of cultural pride, preparation for bias, and a strong focus on the individual. The majority of parents viewed racial socialization as an important part of school readiness.

CONCLUSIONS: Racial socialization was believed to be salient for school readiness, primarily practiced by mothers, and focused at the individual level. The smaller role of fathers and systems-based approaches represent opportunities for intervention. These results may inform the development of culturally tailored parenting interventions designed to decrease the race-based achievement gap and associated health disparities.

KEYWORDS: early childhood; parenting; racial socialization; school readiness; social determinants of health

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WHAT'S NEW

Minority parents feel that racial socialization in early childhood impacts later school readiness; they describe both individual- and systemic-level race issues but rely heavily on individualistic strategies. Providers within child-serving systems may encourage healthy racial socialization strategies early in life.

A SEEMINGLY INTRACTABLE educational achievement gap exists between many minority and white children. Disparities in education, meanwhile, directly predict dis-

parities in longevity and other markers of health.¹ Several factors are responsible for the ethnic achievement gap, but it is posited that the majority of the gap may be explained by poverty-related factors and differences in parenting.² Minority parents face unique circumstances related to race and racism, and racial socialization through parenting may play a role in the school readiness and subsequent health status of minorities.

Thornton and colleagues³ define racial socialization as the messages and practices that communicate race status pertinent to “1) personal and group identity, 2) intergroup and interindividual relationships, and 3) position in the

social hierarchy.” Different types of racial socialization have been associated with different outcomes. Cultural pride reinforcement has the most consistent track record for positive outcomes, including enhanced academic achievement, mental health, and behavior in various age groups.^{4–6} Mixed effects have been associated with preparation for bias, which combines warnings of racial bias with coping strategies. These include no effect on the cognition and behavior of preschoolers,⁴ a negative effect on the mental health of first graders,⁷ and positive effects on the academic and socioemotional outcomes of adolescents.⁸ Negative outcomes are associated with promotion of mistrust, a type of racial socialization that does not provide coping strategies.⁹ In this case, children of various ages have been found to experience poor academic and socioemotional outcomes.^{7,10–12} Finally, limited studies of adolescents have linked egalitarianism to negative school self-esteem⁶ and silence about race to poor grades.⁸ In sum, the type and timing of racial socialization are salient for school readiness outcomes.

Just as medicine has begun to recognize atherosclerosis as a disease with pediatric origins, racial bias can be reliably detected in children as young as 3 years old.¹³ This finding was first identified in the Clark doll studies, which tasked 3- to 7-year-old children to assign positive or negative attributes to white and black dolls.^{14,15} More recent reports suggest children as young as 6 months old recognize and respond to phenotypic differences.^{16,17} These trends parallel that of the ethnic achievement gap, which can be detected as early as 9 months of age.¹⁸

The importance of the early childhood years for school readiness is gaining increasing traction with economists, psychologists, sociologists, social workers, and physicians. It is described as a period during which both positive investments and toxic stressors may significantly alter the trajectory of a child’s life;¹⁹ racism itself has been considered a toxic stressor.²⁰ Sanders-Phillips and colleagues²¹ describe a conceptual model relating racial discrimination to child health disparities. This early time period has typically not been the focus of racial socialization studies. The present study addressed this gap and its potential import for school readiness and health through focus groups and surveys of minority parents of young children.

METHODS

A community advisory board representative of the target study sample advised all aspects of study design and procedures. Members were drawn from 6 local community agencies.

ELIGIBILITY AND RECRUITMENT

Study participants were purposively sampled from 11 community organizations serving parents in the Los Angeles area. Online [Appendix A](#) lists the organizations. In most instances, study staff gave on-site recruitment presentations and distributed flyers. Some community partners directly contacted parents for recruitment.

Eligible participants self-identified as: 1) aged 18 years or older, 2) parents of at least 1 child 4 years old or younger, and 3) English-speaking African American, English- or Spanish-speaking Latino, or Korean-speaking Korean. African American, Latino, and Korean parents were selected for the study due to their minority status, high prevalence in Los Angeles underresourced communities, and pertinence for assessing how encounters with discrimination inform parental perceptions of child needs, parenting behavior, and resulting school readiness. Parents of children up to age 4 years were targeted to sample the population of parents with experiences recent enough to inform an early childhood parenting program. This study was approved by the institutional review board at the University of California, Los Angeles. All parents provided informed consent prior to participation.

FOCUS GROUPS

From June to October 2012, a total of 114 parents participated in 16 focus groups—4 groups each of African American, Spanish language-primary Latino, English language-primary Latino, and Korean parents. Multiple focus groups were planned for each language-ethnicity group to increase the likelihood of thematic saturation. Each ethnicity-specific set of 4 focus groups included 2 focus groups of mothers and 2 focus groups of fathers.

Semistructured focus groups, averaging 90 minutes with 5 to 11 participants, were led by moderators of similar gender and racial or ethnic identity as participants. Moderator training reviewed standardized procedures for obtaining informed consent, delivering the focus group script, facilitating discussion, and administering surveys. Focus groups addressed ethnicity-specific parenting that prepares children for racism and any relevance for school readiness ([Table 1](#)). Moderators and scribes debriefed with the principal investigator at the conclusion of each focus group to summarize findings and track progress toward thematic saturation. Procedural feedback was also collected from each moderator and disseminated to all moderators to enhance consistency.

SURVEYS

We used survey data to better characterize the sample and provide context for the focus group responses. A survey of study eligibility, demographic data, and parenting experience was administered prior to each focus group. A post-focus group home environment survey evaluated each parent’s country of birth, preferred language, educational background, marital status, and household income. It also assessed parental concern regarding child school readiness (adapted from the National Survey of Children’s Health, 2007)²² and racial socialization practices (adapted from a racial socialization scale).²³ Participants received child care and a \$50 Visa card as study incentives.

ANALYSIS

2@Applied thematic analysis was conducted as described by Guest et al.²⁴ Transcripts were made of each of the 16 audiotaped focus groups and inductively analyzed using Atlas.ti software. No preconceived conceptual

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