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Authors
Warren, Jennifer
Allen, Michele
Hopfer, Suellen
et al.

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Contextualizing Single Parent–Preadolescent Drug Use Talks

Jennifer Warren, Michele Allen, Suellen Hopfer, & Kolawole Okuyemi

This article aims to examine parent–child drug talks specific to African American single mothers and their preadolescent children who live in a inner city neighborhood. Thirty-two single mothers participated in 1-hr individual interviews describing how they communicated with their preadolescent (8–12 years old) about drug use. Three areas were addressed: why drug talks occur, how drug talks take place, and the content of these talks. The interviews revealed that parent–child drug talks were culturally and communally driven, taking place out of necessity, incorporating real life situations as evidence of drug use outcomes, and occurring quite frequently with open communication regarding drug use. The implications are discussed related to the design of parent–child communication strategies in preadolescent drug use prevention.

Keywords: African American; Drug Talks; Preadolescent; Single Parent

Preadolescence is a time when youths begin trying or using substances such as alcohol, tobacco, and other drugs (McDermott, Clark-Alexander, Westhoff, & Eaton, 1999; U.S. Department of Health and Human Services, 2003). Between the ages of 8 and 12 is a crucial time in the prevention and intervention of long-term drug use (Warren, Wagstaff, Hecht, & Elek, 2008). A key mechanism in preventing youth

Jennifer Warren (PhD, Pennsylvania State University, 2006) is an assistant professor in the Department of Communication, Rutgers, The State University of New Jersey, 4 Huntington Street, Room 216, New Brunswick, NJ 08901. E-mail: jrwarren@rutgers.edu. Michele Allen (MD, University of Minnesota, 1999) is an assistant professor in the Department of Family Medicine and Community Health, University of Minnesota, 717 Delaware Street SE, Suite 166, Minneapolis, MN 55414. E-mail: miallen@umn.edu. Suellen Hopfer (PhD, The Pennsylvania State University, 2009) is a Post Doctorate at the Prevention and Methodology Centers, Pennsylvania State University, University Park, PA 16802. Kolawole Okuyemi (MD, University of Ilorin, Nigeria, 1984) is an associate professor in the Department of Family Medicine and Community Health, University of Minnesota, 717 Delaware Street SE, Suite 163, Minneapolis, MN 55414. E-mail: kokuyemi@umn.edu

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drug use is parent–child communication (Miller-Day & Dodd, 2004; Riesch, Anderson, & Krueger, 2006). The National Institute for Drug Abuse advocates for providing parents with communication skills, tips, and strategies when they talk with their children about alcohol, tobacco, and other drug use. Many programs also provide suggestions for parent–child communication from preschool through to young adulthood (see Parents. The Anti-Drug, 2008; The Partnership for a Drug-Free America, 2009).

Strategies provided by these programs are generally designed to target a general family population (Gottfredson & Wilson, 2003). In the design of communication strategies, there is a limited focus on the interplay among family composition (e.g., single vs. dual parent families), culture, and the context of the communities within which communication about drug use occurs (Jones, Forehand, Brody, & Armistead, 2003; Murry, Bynum, Brody, Willert, & Stephens, 2001; Tamis-LeMonda, Briggs, McClowry, & Snow, 2008). There is also limited research showing a link between community settings and what parents communicate to their young child about drug use (Bulcroft, Carmody, & Bulcroft, 1996; Giles-Sims, Straus, & Sugarman, 1995; Steele, Nesbitt-Daly, Daniel, & Forehand, 2005). To provide useful parent-based resources to prevent preadolescent drug use, it is critical to not only consider family composition, but also culture and locality in parent–child communication (Murry et al., 2001; Riesch et al., 2006; Warren et al., 2008).

African American Single Mother–Child Communication

In African American families, there is an interaction among neighborhood context, culture, and parenting (Jones et al., 2003; Taylor, Casten, & Flickinger, 1993). Generally, African American parents exercise culturally distinct parenting practices that begin early in the child's life (Young, 1974). Drawing on a "no nonsense" form of parenting, African American mothers show their children high levels of warmth associated with high levels of monitoring and vigilance (Brody, Flor, & Gibson, 1999). Maintaining a highly regulated communicative home with high levels of emotional support, research has shown that African American mothers listen to their children uncritically (Brody, Dorsey, Forehand, & Armistead, 2002); however, parental expectations regarding drug use are clearly stated (Murry et al., 2001). For many African Americans, parent–child communication about drug use occurs frequently and is harmonious (Brody et al., 2002).

No nonsense parenting practices are also particular to urban environments to promote healthy child development in communities where children have opportunities to become involved in antisocial activities (Steele et al., 2005; Tamis-LeMonda et al., 2008). Single mothers' perceptions of neighborhood disorder indicated that they practiced higher levels of firm control with their children and authoritative parenting practices to protect their 6- to 9-year-old children from engaging in risky behaviors (Brody et al., 1999; Mason, Cauce, Gonzales, & Hiraga, 1996). Research has shown that mothers living in urban contexts taught their children as young as 4 years old values and behaviors against selling and using drugs that occur in the neighborhood (Kingston et al., 2008). Exactly how these values, behaviors, and control are

talked about in relation to prevention drug use between parent and child remains unclear.

This study examined parent–child drug use talks specific to African American single mothers and preadolescent children who live in an inner city and lower income neighborhood. Examining the content of discussions and how the meaning makes sense within specific cultural and neighborhood contexts has promise to provide insight into how we understand protective processes already occurring within these family structures (Murry et al., 2001). Drawing on prior research (Miller-Day & Dodd, 2004), the following research questions were posed:

RQ1: Why do African American single mothers enter into drug use talks with preadolescents?
RQ2: What is the content of drug use talks?
RQ3: How does this communication take place?

Method

Participants

The Office of Research Protections at a large, Northeastern university approved the study. Thirty-two participants were recruited from a city in the Northeast United States. All participants self-identified as an African American woman, spoke and read English, and were between 23 to 53 years of age ($M = 33$). Forty-one percent had completed high school or a General Equivalency Diploma. Participants were all receiving public assistance at the time of the study (established by income eligibility) and had at least one child between 8 and 12 years of age. Multiple recruitment strategies were used, including contacting participants in another study and utilizing community liaisons. Participants were paid $50 and provided food and beverages, transportation, and child care.

Data Collection

Thirty-two interviews were conducted by an African American female who shared socioeconomic status, racial, gender, and single parent status with participants. The one-on-one interviews lasted 60 min and were audiotaped. Participants completed a demographic questionnaire; they then participated in the one-time, semi-structured individual interview.

Data Analysis

All individual interviews were transcribed verbatim and entered with a spreadsheet documenting demographic factors into QSR NVivo (Version 8.0; QSR International, Cambridge, MA). Through the process of computer-aided free coding, data were inductively compared and contrasted with others, then grouped conceptually (Miller-Day, 2004). Lack of consistency in a conceptual grouping led to the reexamination of data. Within conceptual domains, subcategories emerged. After repeated

comparisons within and across these categories, themes were identified (Lincoln & Guba, 1985). Discrepancies related to the coding process were resolved through discussions with experts in the field and further review of the literature.

Results

Key qualitative findings are organized according to three research questions. The findings are described as follows.

Why Are Drug Use Talks Occurring?

For the parents in this study, drug talks were taking place out of necessity. They perceived several threats to their child that were continually present. Participants identified risks at multiple levels.

Beliefs. Parents felt that there was a way of thinking in their communities that was a spiral downward into poor living and poor behavior. One parent referred to this way of thinking as a "spirit" or "mentality" that she decreed was "after my children trying to pull my children [into bad behavior]. . . ."

Peers. There was overwhelming agreement that children's friends play a major role in encouraging drug use. One mother shared the following:

> She got him [11-year-old son] to smoke a black [cigarillo]. . . . I think he was tempted because it was a group of little boys he was hanging around, too. They were all into smoking blacks and just doing whatever it was they wasn't supposed to be doing.

Family. Family played a similar role to peers. For the mothers participating in this study, many fathers of the preadolescents were using drugs while the child was present. For one mother, this paternal drug use led to her son's introduction to smoking marijuana: "He would go somewhere with his dad, and his dad was smoking weed in front of him. He told me one day that his dad actually put the blunt to his mouth and told him to inhale."

School. The schools in which the children were being educated were also viewed as a risk. For instance, one mother recounted that her preadolescent son's school occasionally conducts drug testing. This testing was instituted because drugs were being sold in the elementary school.

Community. The challenges that have been noted in prior research related to lower income and urban communities are felt by these mothers. For all the mothers, there were community elements negatively impacting children. As summed up by one mother, "So, that [drugs] was, that was a real concern with me, and, and just bein' in that community . . . [there were] influences tryin' to pull her down. . . ."

Society. Major risks mothers' conceived as related to society were discrimination and racism. These factors were viewed as impacting their children's decision to use drugs, as explained by this participant:

> Things [in society] is very frustrating and sometimes the pressure could be a bit much and, yes, as opposed to being angry you might decide to get some drinks. . . . Go pick up a joint . . . to forget about that . . . you start using it.

Media. Finally, media were viewed as a risk. One mother stated, "Even on TV . . . they don't even really have to have influence. If you don't mind what they watch on TV . . . they're gonna be out of control anyway."

What is the Content of Parent–Child Drug Use Talks?

Parents, in general, framed the content of their drug talks around warnings of the dangers of using drugs and provided evidence to support the dangers. Most warnings were usually related to one of the following topics: not being able to realize a goal, having to pay for poor choices, temptation, and using one drug usually leads to other drug use. Mothers in this study used evidence based on observations from real life.

Warnings. One mother shared the following with her child about using drugs: "Be careful on what you decide in life, because we may pay for it later on down the line." This mother highlighted the danger of being around drug use: "The longer you put yourself in that position, the more tempting it's going to be." About one drug leading to another, this mom shared the following with her child: "All you need to do is start off there [with marijuana]. Usually that's the beginning of the . . . that's the jump off. . . . Then you have crack."

Evidence. Parents drew on diverse types of observational evidence to support their claims in their discussions, including personal experiences and family members and friends. Due to the challenging environments in which the mothers in this study were raising children, most of them back up their claims with evidence from what they saw happening within their communities.

For instance, a "crack head" was getting beat up by drug dealers in front of one participant's home. This event provided a teachable moment for her to show her preadolescent child tangible evidence of what happens if you become a drug addict:

> See what happens when you live your life the way these people live their life? Those are drug dealers. That is a drug addict. That drug addict stole from them drug dealers. What did them drug dealers do? Now they're outside in front of my house, beating him down.

This mother summed up the importance of utilizing lived events as evidence to back up discussions with preadolescents about drugs:

> I'm not going to sit there and say, "Don't do drugs. Oh, it's so bad for you." That's just me talking. . . . But if she actually sees, you know, "Oh, wow. Well, this person

> looks terrible," you know, or because he's somebody that looks beautiful, you know, then two weeks later, they're on drugs and they look, I say, "Now, you see? This is what, you know, what happens. This is why they look like this."

How Are Drug Use Talks Taking Place?

Open communication in discussing drug use was critically important among most mothers, and signified that discussion of drug use took place at anytime and that the mothers were willing to listen to and talk about anything the child needed to share. This stance was captured by one mother stating, "I've always believed in communication is the best thing. . . . As long as they're, you're open and honest that, and I try to stress that in my children . . . we can get through anything." Another mother offered: "I mean, they come to me about anything and everything. And they can talk to me, you know, if they, we can agree to disagree as long as the tone is set." Relating open communication to monitoring, the following mother revealed, "I need to stay in tune with that so we can talk . . . because umm, we sit and have open conversations about whatever."

Discussion

The purpose of this study was to examine parent–child drug use talk specific to African American single mothers and their preadolescent child, who live in an inner city neighborhood. Similar to other studies, drug talks for these mothers were taking place out of necessity (Miller-Day & Dodd, 2004). The multiple risks (e.g., peers, family, school, and media) facing these children are prevalent across diverse African American family structures, class status, and communities (Tamis-LeMonda et al., 2008). Particular to challenging neighborhoods, this study supports findings that negative community elements (e.g., drugs) negatively impact children living in lower income neighborhoods (Brody et al., 2002). This report also highlights perceptions of an overarching neighborhood belief system that these mothers believe is a problem for preadolescents. As a result, these neighborhood elements and values influenced parent decisions to engage in drug talks with their preadolescents.

The content of the participants' drug use talks was based on warnings and consequences with solid "real-life evidence." Framing drug use talks in this manner supports prior research (Miller-Day & Dodd, 2004). What is interesting is that these mothers used what was visible in the neighborhood to show the consequences of drug use. This clearly supports that the neighborhood context influences communication with their preadolescent about drug use (Brody et al., 1999). In addition, based on the multiple risks, including the community, these mothers fostered "open communication," which is reported as inversely related to drug use (Riesch et al., 2006).

Although there are extremely diverse parenting practices within African American homes across communities, socioeconomic statuses, and family compositions, African American single parent families are resilient. Parenting practices unique to single mothers help to minimize and prevent the potential negative effects of community risks to the health and well-being of their young children. Hence, these

findings, coupled with the previous research on African American parenting practices, lend further support to the importance of the interplay between culture, community, and family composition in parent–child drug use talks. By focusing on these links, we attend to the diversity of parent communication about drug use, which can inform the design and even the delivery of prevention strategies and interventions. Future research should continue investigation into parent–preadolescent drug use talks in African American single parent homes to enhance prevention strategies, as well as highlight the health promotion occurring naturally in these homes. Of course, the focus should be child health outcomes related to these distinct communication practices to enhance effectiveness of prevention efforts drawing on naturally occurring drug use talks.

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