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Drug and alcohol use and its relationship to self-rated health: An ecological examination among Latino and non-Hispanic White adolescents

Javier F. Boyas [a,*], Yi Jin Kim [a], Sung Seek Moon [b], Erika Ruiz [c], Kaylynn Gaines [a]

[a] University of Mississippi, School of Applied Sciences, Department of Social Work, PO Box 1848, University, MS 38677, USA
[b] University of South Carolina, College of Social Work, Columbia, SC 29208, USA
[c] University of Texas at Arlington, School of Social Work, 211 S. Cooper St., Arlington, TX 76019, USA

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ABSTRACT

This cross-sectional study tested an ecological framework to understand factors associated with drug and alcohol use and global health assessments among Latino and non-Hispanic White adolescents ages 12–17 ($N = 14{,}176$). Our investigation is one of the few empirical studies that have investigated whether there is a direct association between drug and alcohol use and global health assessments among adolescents. Using data from the 2013 National Survey on Drug Use and Health, results of the path analysis model suggest that the frequency of moves, religious beliefs, deviant peer influences, and school grades were significantly associated with drug and alcohol use. Results also indicate that drug and alcohol use was the strongest predictor of self-rated health among both groups. While promising, our model was more robust in predicting drug and alcohol use and self-rated health among non-Hispanic White adolescents. Thus, an ecological framework may not fully explain which factors significantly predict drug and alcohol use or global health among Latino adolescents. More research is needed that better explains which predictors are associated with health-risk behaviors among Latino youths. Such research may potentially close the burden of a health disparity gap for Latinos at this stage and later stages of life.
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1. Introduction

The Latina/o population continues to burgeon in the United States (U.S.) and is now the largest ethnic group (Pew Research Center, 2011). We define Latinas/os as individuals who are "residing in the U.S. whose nationality group, or the country in which the person or the person's parents or ancestors were born, is a Latin American country" (Hayes-Bautista & Chapa, 1987, p. 66). According to the Pew Research Center (2011), since 2000, Latinas/os have accounted for over 56% of the overall population growth in the U.S. This group accounts for 55 million, or approximately 16.3% of the total U.S. population (Centers for Disease Control and Prevention, 2014; Passel & D'Vera, 2008). Although the total size of this group has increased, the size among younger Latinas/os is even larger. It is estimated that Latinas/os aged 17 and younger account for 17 million people, or 23% of the total U.S. population under the age of 18 (Pew Research Center, 2011).

Despite the size of the Latina/o youth population, few studies have examined the subjective health appraisals (SHA) of this group. SHA are considered an important health status indicator because it is a subjective concept that is the most powerful biological indicator of health—death (Jylhä, 2009). We maintain that SHA differences between Latinas/os and non-Hispanic white are significant and distinct for several reasons. First, it is well established that SHA among Latina/o adults are explained by their cultural inclination to somatize psychosocial or emotional distress as physical health conditions (Angel & Guarnaccia, 1989). It is plausible that these cultural expressions are also passed on to Latina/o youth and they too may link their overall sense of psychological functioning and underlying general life distress with their ratings of subjective health (Mechanic & Hansell, 1987). SHA reflect a broad view of health that encompasses several dimensions that may not be visible to external observers (Miilunpalo, Vuori, Oja, Pasanen, & Urponen, 1997). Their perceptions of health may go beyond their physical health status and may include personal, socio-environmental and behavioral factors (Vingilis, Wade, & Seeley, 2002). Understanding this form of health appraisal is significant given that existing evidence suggests that among adolescents, SHA is a lasting self-concept that carries into early adulthood (Boardman, 2006; Foti & Eaton, 2010). It is also important to understand and examine health appraisals during adolescence because they may be linked to behaviors that emerge in later developmental periods that speak to future morbidity, health care utilization, risk taking, and health compromising lifestyles (Vingilis et al., 2002).

Another significant reason for examining SHA among Latina/o adolescents is because Latinas/os, as a collective group, have the highest

* Corresponding author at: Department of Social Work, School of Applied Sciences, The University of Mississippi, 214 Longstreet Hall, University, MS 38677-1848, USA.
E-mail address: jfboyas@olemiss.edu (J.F. Boyas).

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rates of uninsured people in the U.S. (O'Hara & Caswell, 2012). The lack of health coverage may partially explain why Latina/o youth are the least likely racial and ethnic group to seek medical care (O'Hara & Caswell, 2012), and why compared to non-Hispanic white youth (17 and under), Latina/o youth had made 49% fewer visits to a psychiatrist and made 58% fewer visits to see any type of mental health professional (Marrast, Himmelstein, & Woolhandler, 2016). Thus, SHA may provide some insight into the SHA status of this growing population given that they are the least likely group to have interfaced with health and mental health providers.

Another related concern among Latina/o youth relates to health-risk behaviors, such as the use of drugs and alcohol. Epidemiological statistics from the Center for Disease Control suggest that relative to non-Hispanic White youths, Latina/o youths continue to exhibit a higher prevalence of use of drugs and alcohol (Centers for Disease Control and Prevention, 2014). Compared to non-Hispanic Whites, Latina/o youths were more likely to have ever smoked (43.2% compared to 42.9%). Latina/o youths were also more likely to have consumed an alcoholic drink (72.4% vs. 65.9%) and to have had a drink of alcohol before the age of 13 (21.8% vs. 16.7%). Latinas/os were also more likely to have smoked marijuana (48.8% vs. 36.7%), be current marijuana users (27.6% vs. 20.4%), used cocaine (9.5% vs. 4.8%), used inhalants (11.7% vs. 8.6%), used ecstasy (9.4% vs. 5.8%), used heroin (3.4% vs. 1.7%), used methamphetamines (4.5% vs. 3.0%), and injected an illegal drug (2.2% vs. 1.5%). These incidence rates partially explain why this ethnic group is also the fastest growing group receiving substance abuse treatment services in the U.S. (Guerrero, Marsh, Khachikian, Amaro, & Vega, 2013). Use of drugs and alcohol are two health-risk behaviors that can comprise the health of the U.S.' largest ethnic minority group.

Despite the recognition that the reasons for engaging in health-compromising behaviors such as using drugs and alcohol are diverse, based on context and population, few studies have examined empirical differences between Latina/o and non-Hispanic White adolescents as to whether engaging in health-risk behaviors has a significant direct effect on SHA, as it does for adults (Foti & Eaton, 2010). Understanding how these adolescent risk behaviors develop is complex because a number of factors play a role (Kulbok & Cox, 2002); however, there is mounting evidence that a youth's social environment is important in understanding the genesis of these adverse behaviors (Bahr, Hoffmann, & Yang, 2005; Kulbok & Cox, 2002; Nash, McQueen, & Bray, 2005; Springer, McQueen, Quintanilla, Arrivillaga, & Ross, 2009). Within the social environment, the ecological domains of family, peers, school, and community have played a major role (Castro et al., 2006; Fulkerson, Pasch, Perry, & Komro, 2008). In addition, earlier research has established that the patterns and scope of health-risk behaviors vary between diverse populations (Ellickson & Morton, 1999; Kulbok & Cox, 2002). Yancey, Siegel, and McDaniel (2002) maintain that racial and ethnic identity may be a salient moderating construct when examining adolescent health-risk behaviors. Therefore, examining and understanding the contextual differences of engagement in these behaviors between Latina/o and non-Hispanic White adolescents give significance to this study.

The current study contributes to the etiology of Latina/o adolescent health literature by testing a conceptual model by Noyori-Corbett and Moon (2010) that examines the moderating effects of race and ethnicity in predicting the co-occurrence of drug and alcohol use and the consequences these behaviors have on SHA. Noyori-Corbett and Moon (2010) used existing criminological and sociological theories (for an extensive review of the supporting literature and theoretical propositions see Noyori-Corbett & Moon, 2010) to develop a conceptual model to complement the ecological systems theory (EST) (Bronfenbrenner, 1979). They maintain that EST is a purposeful paradigm that systematizes the association between individuals and their environments. EST emphasizes the transactional relationship between the individual and her/his environment that shapes a person's development and worldview (Bronfenbrenner, 1979). This contextual lens encompasses the various mixed elements of meso and macro systems, including but not limited to, a person's school, family, and community. Furthermore, this perspective recognizes the importance of cultural context as a potential factor that could shape a youth's behavior. Faulkner (2003) maintains that culture forms cultural scripts that may outline expectations of what are appropriate and acceptable behaviors to which an individual has to subscribe. Thus, a youth's ethnic identification with a cultural group may be a moderating factor that may shape health-risk behaviors and SHA.

2. Supporting literature

2.1. Socioeconomic status, frequency of moves, and religion

A large amount of literature is available providing support for the association between selected micro-, meso-, and macro-level independent factors and drug and alcohol use and SHA. Micro domains such as: socioeconomic status (SES) (i.e., household income and poverty level), frequency of moves, and religious beliefs are risk and protective factors associated with drug and alcohol use and self-rated health. SES has been of interest in research attempting to understand whether gradients of socioeconomic status are associated with adolescent drug and alcohol use (e.g., Blum et al., 2000; Goodman & Huang, 2002; Hanson & Chen, 2007; Humensky, 2010). The relationship between income and drug and alcohol use among adolescents is not conclusive. For example, Blum et al. (2000) found that among older high school students a positive relationship existed between income and drug and alcohol use (i.e., smoking and drinking). However, among younger adolescents, Blum et al. (2000) found a negative relationship between income and cigarette smoking; that is, as income increased cigarette smoking decreased. Goodman and Huang (2002) also found mixed results, in that not all socioeconomic indicators were significantly associated with drugs (i.e., marijuana, and cocaine) and alcohol use. Research is more consistent in predicting the association between adolescent drug and alcohol use and residential mobility (DeWit, 1998; Hoffmann & Johnson, 1998; Lee, 2007). Empirical evidence suggests that the higher the number of times an adolescent moves the more unfavorable consequences, such as increased drug and alcohol use (Jelleyman & Spencer, 2008). Utilizing data from the National Household Survey on Drug Abuse, Hoffmann and Johnson (1998) found a positive relationship between residential mobility and marijuana use; that is, the more times an adolescent moved the more likely they reported using marijuana. Also, on a micro-level, there is extensive literature assessing the relationship between religion and drug and alcohol use among adolescents (e.g., Amey, Albrecht, & Miller, 1996; Bahr & Hoffmann, 2010; Bartkowski & Xu, 2007; Brown, Parks, Zimmerman, & Phillips, 2001; Francis, 1997; Ford & Hill, 2012; Mason & Windle, 2001; Parsai, Marsiglia, & Kulis, 2010; Sinha, Cnaan, & Gelles, 2007; Wallace et al., 2007). In a study of high school seniors, Amoateng and Bahr (1986) observed that level of religiosity was significantly associated with alcohol and marijuana use. Sinha et al. (2007) found similar findings where aspects of religiosity were associated with a decrease in smoking, alcohol use, and marijuana use.

2.2. Academic achievement, community activities, and school attachment

The protective influence of school and community also seem to have an effect on drug and alcohol use. One such factor is academic achievement (e.g. Diego, Field, & Sanders, 2003; Henry, 2010; Newcomb & Felix-Ortiz, 1992). In a study by Henry (2010), students were surveyed four times in the span of three years, the findings suggest that deteriorating grades were associated with an increase in drug use. This is consistent with a previous finding, which found academic achievement to be a protective factor (e.g., Diego et al., 2003). Other studies have also reported that academic disengagement was related to drug use among adolescents (Henry, 2010). Besides academic achievement, studies have found that school attachment protects against drug and alcohol use (e.g., Hawkins, Catalano, & Miller, 1992; Henry & Slater, 2007;

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