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Racial Discrimination, Protective Parenting, and Binge Drinking Among Emerging Adult Black Men

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Abstract

Purpose.—Rural Black men experience escalating rates of binge drinking during emerging adulthood. We hypothesized that exposure to racial discrimination would predict growth in their binge drinking trajectories and that protective parenting, including emotional and instrumental support and high expectations for success, would attenuate the influence of racial discrimination on growth in binge drinking.

Methods.—Hypotheses were tested with 3 waves of data from 505 men (ages 20.3, 21.9, and 23.1) participating in the African American Men’s Project. Conditional and multigroup latent growth curve models (LGCM) were implemented using Mplus.

Results.—LGCM indicated that binge drinking frequency increased linearly across time; exposure to racial discrimination at baseline predicted growth in binge drinking ($\beta = .19, p < .01$). Multigroup comparison procedures indicated significant moderation by protective parenting. When protective parenting was high, racial discrimination had no significant influence on rates of young men’s binge drinking ($\beta = .01, p = .51$). In contrast, when protective parenting was low, the influence of discrimination was heightened ($\beta = .21, p < .01$).

Conclusions.—Racial discrimination is a pernicious stressor that contributes to increases in binge drinking among young Black men. When parents engaged in emotionally and instrumentally supportive parenting, however, racial discrimination had little influence on binge drinking trajectories during emerging adulthood. Study findings underscore the importance of the emerging adult transition as a period of vulnerability and suggest directions for targeting alcohol preventive interventions.

Binge drinking, variously defined as consumption of 4 to 6 or more alcoholic drinks at one sitting, is pervasive among emerging adults (ages 18-25) in the United States (Courtney and Polich, 2009). The widespread incidence of binge drinking in emerging adulthood is a significant public health concern because of its negative social and personal outcomes, such

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as impairments in neurocognitive development, alcohol-related injuries, diminished educational attainment, and risk for antisocial and unsafe sexual behaviors (Courtney and Polich, 2009). Black emerging adults evince rapid escalations in alcohol use and binge drinking during the years following high school (National Institute On Drug Abuse, 2003). Binge drinking appears to be particularly problematic among low-socioeconomic-status (SES) Black men. They experience markedly elevated risk for alcohol abuse and negative experiences related to alcohol consumption, including legal problems and difficulties with finances, health, family, and work (Zapolski et al., 2014). Prospective studies of the risk and protective factors associated with binge drinking among low-SES Black men during emerging adulthood are scarce. We thus focused the present study on a sample of young, rural Black men who live in small town and rural communities in the Southeastern United States, in which poverty and unemployment rates for Black men are among the highest in the nation (Crockett et al., 2016).

Recent research suggests that interpersonal racial discrimination is associated with increases in alcohol use across the life course (Jessica et al., 2019). Interpersonal racial discrimination refers to routine experiences with disrespect and inferior treatment on the basis of race, which continue to pervade society (Burt et al., 2012). Such experiences can be overtly racially motivated, or they can include subtle instances of demeaning treatment in which intentions are less obvious. Black men experience higher incidences of interpersonal discrimination compared with men from other minority groups (Landrine et al., 2006), and discriminatory treatment increases during the transition to adulthood (Brody et al., 2018). Studies on discrimination and emerging adult alcohol use, however, are rare. Extant research is limited by cross-sectional designs, the use of college-student samples (Boynton et al., 2014, Metzger et al., 2018) and a lack of gender-specific analyses (Desalu et al., 2017, Madkour et al., 2015). The present study advances extant research by examining the effects of interpersonal discrimination on binge drinking prospectively among a sample of low-SES Black men during emerging adulthood.

The potential for racial discrimination to exacerbate binge drinking among young Black men also underscores the need for investigations that examine naturally occurring resilience mechanisms. Parenting practices have been identified as a potential source of resilience in emerging adulthood (Hope et al., 2015). Empirical data suggest that parents who maintain close, nurturing ties with their emerging adult children support young people's avoidance of heavy drinking (Madkour et al., 2017). Other research points to two additional parenting practices. Emerging adults benefit from instrumental forms of support that provide guidance on navigating work- and education-related pursuits (Kogan and Brody, 2010). Scientists studying Black families also identify parental expectations for positive behaviors as uniquely important for young Black men (Mandara et al., 2010).

Specific to the experience of racial discrimination, protective parenting that includes emotional and instrumental support and high expectations for achievement may moderate the influence of racial discrimination on binge-drinking trajectories. Studies with adolescents support this conjecture. Prospective analyses of data gathered from Black adolescents reveal that effective parenting can attenuate the influence of racial discrimination on a range of risky behaviors, including conduct problems (Brody et al.,

2006), unsafe sexual behavior (Kogan et al., 2015), and substance use (Gibbons et al., 2010). Similarly, research with college samples implicates supportive aspects of family relationships in buffering the effects of racial discrimination on emerging adult adjustment (Brown and Tylka, 2011). Moderation effects, rather than direct effects, may be particularly relevant for emerging adults given the reduction in parental supervision and monitoring of young people that occurs during these years (Simons-Morton et al., 2016).

In summary, low-SES Black men experience escalating rates of binge drinking and racial discrimination during emerging adulthood. We hypothesize that exposure to racial discrimination will forecast Black men's growth in binge drinking during this time. Given evidence of the potential importance of parenting practices for emerging adult Black men, we also hypothesize that the combination of parents' provision of emotional and instrumental support with high expectations for achievement will have a moderating effect on the association between racial discrimination and growth in binge drinking. Specifically, we hypothesized that, for young men who are exposed to high levels of protective parenting, the effect of racial discrimination will be attenuated compared with men who experience low levels of protective parenting. We addressed potentially confounding influences on binge drinking including economic distress, other drug use, and school enrollment. To account for the long-term effects of parenting received during adolescence, we also controlled for parenting quality prior to age 16. Study hypotheses underscore the importance of the emerging adult transition as a period of vulnerability to the effects of racial discrimination and may suggest directions for targeting alcohol preventive interventions.

Method

Participants

Participants included 505 African American men who resided in one of 11 rural counties in south Georgia, an area representative of a geographic concentration of rural poverty across the southern coastal plain (Crockett et al., 2016). Men were 19 to 22 years of age ($M = 20.26$; $SD = 1.08$) at the baseline interview (Time 1; T1). Exclusion criteria included not living in a project county and age less than 19 or over 22. Participants were recruited using respondent-driven sampling (RDS; Heckathorn, 1997). Community liaisons recruited 45 initial seed participants from targeted counties to complete a baseline survey. Each participant was then asked to identify three other men in his community from his personal network who met the criteria for inclusion in the study (Black, age 19-22, and living in the targeted area). Project staff contacted the referred potential participants, and the referring participant received \$25 per person who completed the survey. After completing the survey, each referred participant, in turn, was asked to refer three men in his network.

The RDS protocols and weighting system are designed to attenuate the influence of biases common in chain-referral samples and to improve approximation of a random sample of the target population (Heckathorn, 1997). Analyses of network data related to substance use and other risky behavior at T1 (Kogan et al., 2016a) indicated that the sample evinced negligible levels of bias arising from initial seed participants' characteristics, individual participants' recruitment efficacy, or size differences in the participants' networks. These findings support the use of raw rather than weighted data for alcohol use, which is the case in this study.

Data collection procedures, follow-up assessments, and retention

Black research staff visited participants' homes or met them at convenient and private community locations, where participants completed an audio computer-assisted self-interview on a laptop computer. This allowed participants to navigate the survey privately with the help of voice and video enhancements, eliminating literacy concerns. Missing data due to skipped questions were minimal (< 2% of items). Approximately 18.30 ($SD = 4.19$) months after the baseline survey, when men's mean age was 21.85 years ($SD = 1.27$), a follow-up data collection visit (Time 2; T2) was conducted in the same manner. A third visit (Time 3; T3) took place 19.68 months after T2; men's mean age at T3 was 23.12 ($SD = 1.26$). Of the 505 men who participated at T1, 423 (84%) completed the T2 survey and 409 (81%) completed the T3 survey. Retention status was not associated with any study variables. Participants received \$100 at each time point for completing the surveys. They provided written informed consent at baseline, and all study protocols were approved by the Institutional Review Board of the university at which the study was conducted.

Measures

Binge drinking frequency.—At each data collection visit, men reported the number of days during the past month on which they had 4 or more drinks. Test-retest reliability for past-month recall of youth alcohol use is typically high, with kappas exceeding .70 (Ramo et al., 2012). Past month self-report data also converge with biological indices of alcohol use (Francis et al., 2015, Jain et al., 2014).

Racial discrimination.—Men reported their perceptions of racial discrimination at T1 using a measure adapted from the Schedule of Racist Events (Landrine and Klonoff, 1996). Focus groups of rural Black community members identified the racially discriminatory events that they experienced most often and suggested wording changes to increase the measure's clarity (Brody et al., 2006). Participants reported the frequency during the past 6 months with which each of nine racial stressors occurred, ranging from 0 (*never*) to 3 (*frequently*). Example items included, "Have you been ignored, overlooked, or not given service because of your race?" and "Have you been treated rudely or disrespectfully because of your race?" Responses were summed to indicate exposure to racial discrimination over the past 6 months. Cronbach's alpha was .84.

Protective parenting.—At T1, men completed measures assessing their relationships with a primary parent, defined as "the parent who raised you or the parent you are most close to now." This was the biological mother for 74.5% of the sample. Each participant then completed three scales indexing the supportiveness of the relationship and the extent to which his parent provided coaching and advocacy regarding school and work. Emotional and instrumental support from parents was indexed with six items from the Network of Relationships Inventory (e.g., "How often do you turn to her for support with personal problems?", "How often does this parent help you when you need to get something done?") (Furman and Buhrmester, 1985). Cronbach's alpha was .94. Instrumental support was also assessed with the four-item Vocational/Educational Coaching and Advocacy scale (Kogan and Brody, 2010) (e.g., "Does this parent help you with your education or career plans?", "Does this parent help you set or pursue goals for your career or education?"). Cronbach's

alpha was .95. High parental expectations for success were measured with a six-item scale developed for the current study (e.g., “This parent makes me work hard to be successful,” “This parent makes me keep my promises”). Men responded on a scale from 1 (*strongly disagree*) to 4 (*strongly agree*). Cronbach’s alpha was .96. These three scales were intercorrelated significantly (r s = .23 - .61), and were subsequently standardized and summed to form a protective parenting index.

Covariates.—To control for parenting quality received prior to emerging adulthood, at T2 men reported retrospectively on their parents’ use of dysfunctional parenting styles prior to the age of 16 using the 16-item Measure of Parenting Style (e.g., “Was this parent critical of you?”, “Was this parent uncaring of you?”) (Parker et al., 1997). Cronbach’s alphas for the total scores were .98 for father’s parenting and .99 for mother’s parenting. Current economic distress was assessed at T1 with a five-item scale on which respondents indicate whether they had enough money during the past 3 months for shelter, food, leisure, healthcare, and clothing (Murry et al., 2008). Responses ranged from 1 (strongly disagree) to 4 (strongly agree); Cronbach’s alpha was .79. School enrollment at T1 was assessed (yes/no) and controlled. Participant age at T1 was included as a continuous variable. Smoking at T1 was assessed via a single item, “In the past 3 months, how much did you smoke cigarettes?” The responses ranged from 0 (*none*) to 7 (*two packs per day*). Marijuana use was assessed via a single item, “Typically, about how many days per month do you use marijuana (also called weed)?”

Plan of analyses

Hypotheses were tested with latent growth curve modeling (LGCM) and multiple group analyses as implemented in Mplus 7.13 (Muthén and Muthén, 1998-2015). In general, LGCM uses a random effects model where a unique growth curve is estimated for each individual in the data as well a mean growth trajectory for all observations in the data (Curran and Bauer, 2011). Parameters were estimated and missing data were managed with full information likelihood estimation (FIML). The FIML estimator tests hypotheses with all available data; no cases are dropped. Retention analyses and the presence of very few missing data due to skipped questions (described previously) suggest the appropriateness of using FIML. First, we executed an unconditional LGCM for binge drinking frequency to evaluate change and variability in binge drinking trajectories. Repeated measures of binge drinking with path coefficients set to 1 were specified to indicate the intercept; path coefficients for the slope were set to 0, 18, 38 to correspond to the number of months between time points. We then regressed the model’s intercept and slope on racial discrimination at T1. Next, we tested moderation by protective parenting with a multigroup analysis (Memon et al., 2019). This procedure compares parameters based on high or low levels of protective parenting per a median split. We first specified a two-group model (high and low protective parenting) where all parameters were set to equal. We then freed the parameter representing the regression path between racial discrimination and the slope of binge drinking. A significant chi-square difference between models indicates moderation. Participant age, antecedent parenting, T1 school enrollment, T1 economic distress, T1 smoking, and T1 marijuana use were controlled in all analyses.

Results

Table 1 presents the characteristics of the study sample; Table 2 presents study variables' means, standard deviations, and intercorrelations. At T1, approximately half of participants were enrolled in school. In general, binge drinking rates were low. At T1, the average number of days on which binge drinking occurred was 1.6. At T3, the average number of days on which binge drinking occurred was 2.1 days per month.

We specified a LGCM of binge drinking frequency. This is summarized in Table 3 (Full Sample). The model fit the data as follows: ($\chi^2[df] = 3.60(1), p = .058$; CFI = .99; RMSEA = .07) and indicated a linear increase in binge drinking from T1-T3 (slope mean, .15, $p < .05$). The intercept (9.10, $p < .001$) and slope (1.48, $p < .001$) evinced significant variability indicating the appropriateness of testing predictive models. We then regressed the slope and intercept on T1 racial discrimination. Racial discrimination was not associated with the baseline levels of binge drinking ($\beta = .02, p = .46$); however, it was a significant predictor of growth in binge drinking ($\beta = .10, p < .05$).

We then used multigroup comparison procedures to determine whether high versus low protective parenting conditioned the path connecting racial discrimination to growth in binge drinking. We used a median split to define high and low levels of protective parenting. The multigroup comparison for the path predicting growth in binge drinking was significant, showing a significant reduction in chi-square: $\chi^2(1) = 4.12, p < .05$ and indicating a moderation effect. As shown in Table 3, when protective parenting was high, racial discrimination did not predict growth in binge drinking ($\beta = .01, p = .51$). In contrast, when protective parenting was low, racial discrimination had a robust, positive effect on growth in binge drinking ($\beta = .21, p < .01$).

Discussion

Although binge drinking is common among emerging adults, for low-SES Black men, it is a particularly serious threat to health and well-being (Zapolski et al., 2014). The present study examined the extent to which racial discrimination was associated prospectively with growth in binge drinking among rural Black men during emerging adulthood. Analyses indicated that interpersonal racial discrimination predicted growth in binge drinking during emerging adulthood. This effect was present independent of men's current economic distress smoking, and marijuana use as well as the quality of their relationships with their parents prior to age 16. We further tested the moderating effect of men's receipt of protective parenting, consisting of instrumental and emotional support, and high parental expectations for achievement. As predicted, when protective parenting was high, racial discrimination had no significant influence on growth in binge drinking. Conversely, when protective parenting was low, particularly robust effects of discrimination on growth in binge drinking were evident.

Recently, increasing attention has been paid to the potential for racial discrimination to affect alcohol use outcomes among Black young people (Jessica et al., 2019). Studies suggest that Black men experience elevated rates of discrimination compared with their

peers from other minority groups and emphasize the stress and negative emotions induced by racist treatment (Landrine et al., 2006). Other research documents gender differences in the health correlates of perceived discrimination (Brody et al., 2012). Most of this research has suggested that men might be more vulnerable to the effects of discrimination than women. Our results bolster the consistency of findings that link racial discrimination to alcohol use and abuse in general, and for Black men in particular. Our design further accounted for the influence of economic distress, indicating that racial discrimination is a unique stressor influencing men's drinking.

Binge drinking is highly prevalent during emerging adulthood. For vulnerable youth such as low-SES Black men, however, recent evidence suggests that residence in challenging communities and the lack of economic and social safety nets common in more well-resourced families increase the consequences of substance use (Kogan et al., 2017). Understanding how caregivers might protect their sons' development is thus paramount. Recent research with a national sample linked parenting directly with binge drinking (Madkour et al., 2017). We found no evidence, however, of a direct association between parenting and binge drinking (see Table 2). Consistent with our hypothesis, however, protective parenting was a significant moderator of the effect of racial discrimination on growth in binge drinking. Among men whose primary caregiver engaged in emotionally and instrumentally supportive parenting and communicated high behavioral expectations, exposure to racial discrimination did not forecast escalating binge drinking. This finding is consistent with a number of studies on the protective effect of parenting with adolescents that focus on risky behaviors and substance use (Brody et al., 2006, Simons et al., 2006). The finding of moderation also makes sense given the greater autonomy emerging adulthood presents (Simons-Morton et al., 2016). To the extent that young men internalize their parents' high expectations and feel supported to meet the challenges they face, the dangers of discrimination may be attenuated.

Unfortunately, when protective parenting was not present, the effects of racial discrimination on increases in binge drinking were amplified. A recent study of Black male adolescents provides context for this finding (Kogan et al., 2016b). The study prospectively examined supportive parenting, discrimination, and anger. In this study, the combination of unsupportive parenting and racial discrimination was particularly pernicious, resulting in very high levels of anger later in adolescence. The authors suggested that experiencing discrimination with little family support may be particularly alienating for young men, potentially fostering antisocial attitudes and risky behaviors. To the extent that the lack of protective parenting may reflect a harsh family environment, young men may be sensitized to other stressors (Young-Wolff et al., 2012), such that coping with discrimination is particularly difficult.

Study findings suggest several policy and prevention implications. The transition to adulthood increasingly appears to be a critical developmental juncture in the life course of Black men in general and low-SES Black men in particular (Arnett and Brody, 2008). Whereas young adults in general tend to experience greater life satisfaction, better mental health, and increases in personal opportunity, this does not hold for many young Black men. As a group, young black men have higher unemployment rates, lower graduation rates, less

access to health care, and higher incarceration rates than other racial, age, and gender groups in the United States. (Gilbert et al., 2016). From a policy perspective, this study among others supports the importance of targeting this time period for prevention and intervention initiatives. This study also suggests the potential power of targeting parenting practices in prevention programs with low-SES emerging adult Black men. In general, evidence-based alcohol use prevention and intervention programs for young adults have been designed mainly for university students, overlooking the needs of low-SES Black men whose alcohol use trajectories may be affected by risk and resilience mechanisms different from those of young people from less difficult backgrounds. The Adults in the Making (AIM) prevention program is an interesting exception because it is a family-centered program that targets older adolescents (Brody et al., 2010). AIM is a family skills training program for Black youth in their senior year of high school, which includes dealing with racial discrimination in its curriculum. This program likely could be implemented with or adapted for emerging adults who continue to reside with their parents. The program also evinced substance prevention effects with older adolescents who experience high levels of life stress (Brody et al., 2010).

Several limitations to the present study should be noted. Several constructs were assessed from men's perspectives, potentially affecting Type 1 error rates. This concern is attenuated somewhat by the assessment of key constructs at multiple measurement occasions, the separation of key measures in the presentation of the assessment battery, and the use of a variety of question formats (Podsakoff et al., 2012). Future studies using different methods, such as parent-emerging adult observations and biological indicators of alcohol use are warranted. Data come from a study of rural Black men, and thus may not represent the overall Black population in the United States. Replicating the analyses with other datasets is needed to test the generalizability of findings. Although RDS is designed to attenuate biases found in chain referral samples, selection biases may be still be present, limiting the generalizability of the findings. These limitations notwithstanding, the present study used a well-controlled, prospective design to document the negative influence of discrimination and the stress-buffering influence of protective parenting on binge drinking outcomes.

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Implications and Contribution:

After high school, young Black men are exposed to racial discrimination that can increase rates of binge drinking. When young men’s parents were emotionally and instrumentally supportive toward them, however, racial discrimination did not predict increases in binge drinking.

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Table 1.

Sample characteristics

Variables	Frequency	%	Mean	SD	Range
Age (W1)			20.26	1.08	19-22
19	162	32.1			
20	135	26.7			
21	123	24.4			
22	85	16.8			
School enrollment (W1)					
Yes	254	50.3			
No	251	49.7			
Economic distress (W1)			10.51	3.12	5-20
Days binge drinking					
W1			1.63	3.10	0-20
W2			2.16	4.02	0-25
W3			2.09	4.00	0-30
Smoking (W1)			.99	1.38	0-6
None at all	296	58.6			
Less than 1 cigarette a day	45	8.9			
1 to 5 cigarettes a day	80	15.8			
About a half a pack a day	46	9.1			
About a pack a day	33	6.5			
About 1 and a half packs a day	3	0.6			
About 2 packs a day	2	0.4			
Days Marijuana use (W1)			8.44	12.13	0-30

Note. W = Wave; SD = standard deviation.

Table 2.

Correlations among the study variables

Variable	1	2	3	4	5	6	7	8	9	10	11	12
1. Racial discrimination (T1)	-											
2. Protective parenting (T1)	-.08	-										
3. Binge drinking (T1)	.02	.01	-									
4. Binge drinking (T2)	.14**	-.06	.54**	-								
5. Binge drinking (T3)	.10*	-.05	.39**	.58**	-							
6. Antecedent father parenting (T1)	.09	.04	-.04	-.05	.12*	-						
7. Antecedent mother parenting (T1)	.12*	-.15**	.01	.05	.16	.76**	-					
8. Economic distress (T1)	.17**	.01	.01	.01	.01	.13*	.19**	-				
9. School enrollment (T1)	-.05	.22**	-.01	.04	.04	-.01	-.03	-.02	-			
10. Smoking frequency (T1)	.15**	-.20**	.25**	.22**	.14**	.11	.08	.08	-.21**	-		
11. Marijuana use frequency (T1)	.14**	-.11*	.10*	.13*	.04	.09	.04	.10*	-.11*	.34**	-	
12. Age (T1)	.08	-.18**	.12**	.05	.06	.01	-.04	.07	-.27**	.22**	.11*	-
Mean	7.70	.00	1.63	2.16	2.09	7.00	6.90	10.51	.50	.99	8.44	20.26
SD	5.38	2.24	3.10	4.02	4.00	7.64	8.14	3.12	.50	1.38	12.13	1.08

Note: T1 = Time 1, baseline; T2 = Time 2, 18 months after baseline; T3 = Time 3, 20 months after T2.

* $p < .05$.** $p < .01$

Table 3.

Standardized parameter estimates for all paths from structural equation model

Estimated parameters	Estimate (SE)	P
<i>Paths of main study variables</i>		
Full sample		
Racial discrimination (W1) → Intercept of binge drinking	.01 (.05)	.85
Racial discrimination (W1) → Slope of binge drinking	.12 (.06)	<.05
Intercept of binge drinking ↔ Slope of binge drinking	-.44 (.07)	<.001
High protective parenting		
Racial discrimination (W1) → Intercept of binge drinking	.04 (.07)	.59
Racial discrimination (W1) → Slope of binge drinking	.02 (.07)	.70
Intercept of binge drinking ↔ Slope of binge drinking	-.42 (.09)	<.001
Low protective parenting		
Racial discrimination (W1) → Intercept of binge drinking	.01 (.06)	.99
Racial discrimination (W1) → Slope of binge drinking	.23 (.08)	<.01
Intercept of binge drinking ↔ Slope of binge drinking	-.48 (.10)	<.001
Chi-square difference between high protective parenting and low protective parenting	3.91 (1)	<.05

Note. Standardized coefficients are shown with standard errors in parentheses. Model with full sample: $\chi^2(df) = 40.83(19)$, RMSEA = .05, CFI = .96.