DOCUMENT RESUME

ED 349 506 CG 024 515

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TITLE Mothers' Teaching about Health: A Descriptive Study of Low Income Black Mothers and Their Children.
SPONS AGENCY Centers for Disease Control (DHHS/PHS), Atlanta, GA.
PUB DATE Nov 91
NOTE 40p.; Paper presented at the Annual Meeting of the American Public Health Association (119th, Atlanta, GA, November 10-14, 1991).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Attitudes; *Blacks; *Children; Drug Abuse; Health Education; Low Income Groups; Mother Attitudes; *Mothers; Objectives; *Parent Child Relationship; *Preadolescents

ABSTRACT

Inner-city mothers (N=86) and their 8- to 12-year-old children completed a 60-minute interview on the consequences of drug use, and overall concepts of health. A 15-minute conversation between mother and child regarding health was taped and coded for content and nature of the messages exchanged. Mothers and children also independently completed questionnaires on family interaction and long-term education and training goals for the child. Participants described their family units as having definite rule systems enforced by strict punishment. Mothers were unanimous in rating completion of school, being drug free, and not trying drugs as very important for their child's future. Appropriate drug use, nutrition, and exercise were the key components of mothers' personal definitions of health given to their children. Both mothers and children relied primarily on statements of value and questions to communicate to each other about health issues. Few significant positive correlations were found between mothers' and children's perceptions of the consequences of drug use, education and training goals, or family dynamics. Despite apparent attempts to communicate, these mothers were at substantial odds with their children on consequences of drug use and life goals. The results of the study suggest that there are real possibilities for parent-child preventive education on health at least in terms of parent's receptiveness. (ABL)

Mothers' Teaching About Health:

A Descriptive Study of Low Income Black Mothers and Their Children

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Abstract

Eighty-six black, inner-city mothers and their 8-12 year old children completed a 60-minute interview on consequences of drug use, and overall concepts of health. A fifteen minute conversation between mother and child regarding health was taped and coded for content and nature of the messages exchanged. Mothers and children also independently completed questionnaires on family interaction and long term education and training goals for the child. Participants described their family units as having definite rule systems enforced by strict punishment. Mothers were unanimous in rating completion of school, being drug free, and not trying drugs as very important for their child's future. Appropriate drug use, nutrition, and exercise were the key components of mothers' personal definitions of health given to their children. Both mothers and children relied primarily on statements of value and questions to communicate to each other about health issues. Few significant positive correlations were found between mothers' and children's perceptions of the consequences of drug use, education and training goals, or family dynamics. Despite apparent attempts to communicate, these mothers were at substantial odds with their children on consequences of drug use and life goals. Implications for parent education programs are considered.

Parenting styles and the broader family environment in which parent-child interactions occur are known to influence children's health behaviors, particularly use of drugs (Coombs, 1988). Surveys have shown that children from families experiencing separation and/or divorce are more likely to use drugs than are children from two parent families (Stoker and Swadi, 1990; Newcomb and Bentler, 1988; Stein, Newcomb and Bentler, 1987). Comparative analyses of parents' and children's perspectives on family communication have identified certain parental attributes which modulate their children's proclivity to try drugs (Block, Block and Keyes, 1988). Generally, open and positive communication between parent and child serves to reduce involvement with substance abuse (Brook, Whiteman and Gordon, 1981; Brook, Whiteman, Brook and Gordon, 1981; Coombs and Landsverk, 1988).

The salience of parents as role models and educators for their children recommend more study of parents' instruction on health (Cohen, 1987). Beyond the arena of drug use however, there is little information available on what parents actually say to their children about health issues and how the information is conveyed. Parents' contribution to knowledge of and belief about health may be particularly key to low income children who experience a disproportionate number of health problems from the time of birth forward (Office of Technology Assessment, 1988). Within the stratum of low income families minority children bear the greatest brunt of poverty (McLoyd, 1990). Parents teaching on health issues in these families may be especially pivotal since the children face earlier and more intense assaults on their well being than do middle class children.

The purpose of this study is to provide a descriptive, cross-sectional profile of low income black mothers' teaching about health issues to their children. Given the complexities of family dynamics, the focus of the study is deliberately limited to mothers. The health domain explored in greatest detail was use of addictive drugs. Other domains included overall health, nutrition, and exercise. In order to better understand mother-child communication about health, the participating mothers and children were also asked about educational and training goals for the child and perceptions of family interaction.

Since the focus of this study was on black families, it was also important to try to understand child rearing issues unique to the black experience. Much of the research done to date on black parents' socialization practices has focussed on parents' child rearing strategies and the child's emerging sense of self (Spencer, 1983; Harrison, 1985; Spencer, 1990). This work coupled with the conceptual framework articulated by Boykin and Toms (1985) guided selection of questions on parenting style and family interaction in the study reported here. Given the complexities of the socialization of black children in a white dominated culture, an explicit effort was made to assess how mothers volunteering for the study addressed the issue of racial socialization.

Descriptive data on mothers' and children's perspectives on health were obtained through self report and through a brief structured conversation about health between the mother and child. Reliance on different methodologies to describe mother-child communication allowed for a more realistic approximation of what

actually transpires on a day-to-day basis in the home. Comparison of children's and mothers' views on the same set of issues provides an opportunity to assess the parent's influence in the formation of their children's values about health.

Method

Sample and Procedures

A sample of 86 mother-child pairs was obtained by soliciting volunteers from a community health center located in an inner-city community of approximately 75,000 people. The community has one of the largest public housing projects in the City of Chicago. The projects are home base for several warring gangs known to be actively involved with drug sales. Unemployment averages 40% in the male popuiation. Various indicators of maternal and child health such as infant mortality underscore the economic straits of the community.

Mothers were notified about the study through flyers posted in the center's registration and pediatric waiting rooms, and at two health fairs sponsored by the center. The study was advertised as "Project Good Health: A Chance to Share Your Views on How to be Healthy." A general description of the time required and interview protocol were also given in the marketing flyers. Mothers interested in the possibility of participating in the study were asked to call the project manager to arrange a time when the mother could come to the clinic with their child for an interview. To be eligible for participation, a mother had to have a child between the ages of eight and twelve years, and be able to come to the health center with that child for a one hour interview. Since the purpose of the study was to obtain information on family

communication within normal families, staff screening the mothers for participation were asked to be alert for evidence of maternal and child drug use. No mother known to have been referred to the health center's drug prevention program for a potential substance abuse problem participated in the study. As best could be ascertained through observation, no child participating in the study was using drugs.

Forty-six boys and 40 girls and their mothers were interviewed. The children ranged in age from eight years (20% of sample) to twelve years (22% of sample) with roughly equal representation in the nine, ten and eleven year old age groups. The sample was all black and low income. Average family size was 1.27 children (mode= 2, range= 0 to 6). Sixty-four percent of the mothers were unemployed at the time of the interview and 63% were not married. Mothers holding a job reported earning an average of $10,000 a year. The highest income category reported was one family with earnings of $12,000 a year. Mothers ranged in age from 22 to 43 years ($\bar{x}$ = 33.58, SD=4.3). Twenty percent of the parents reported completing some high school, 27% reported being a high school graduate, 6% reported having a high school equivalency and 47% reported having some college or technical training.

Mothers and their children participating in the study were interviewed for approximately one hour in a patient education room at the community health center. Ninety-eight percent of the mothers scheduling an interview appointment with their child kept their appointment. Upon coming to the clinic, the project manager again explained the general purpose of the study to the mother and child. The mother was asked to review and sign an informed consent statement, which was then also signed

by the project manager. After a brief conversation about topics such as the weather, the mother and child were asked to have a 10-15 minute conversation about health issues. The project manager was in attendance during these conversations. Her responsibilities included monitoring the conversation, providing the mother with a sequence of topics to discuss with her child, and facilitating the conversation if neither parent or child had anything to say about the topic. In order of presentation, the mothers were asked to address their own definition of good health, drugs, nutrition, and exercise. The topics were printed on individual cards and presented in 3-4 minute intervals to the mother by the project manager. The project manager noted the length of time devoted to each topic so that time spent in discussion could be noted in the written transcript of the conversation and comparisons later made across the dialogues. The mother and child then separately completed the questionnaires. The mother completed the questionnaire in another room while the project manager read the questionnaire items to the child privately. At the conclusion of the interview, the mother was given twenty dollars cash in appreciation of her time and effort. The interviews were conducted between March 1991 and January 1992.

Measures

A team of four health care and social service workers reviewed all questionnaires used in the study for face and content validity. All members of the team live and work in the inner-city community served by the community health center and are parents themselves. These professionals were thus well versed with the parenting challenges facing mothers and children targeted for participation in the

study. Drawing on these experiences, the team generated child discipline scenarios, issues for children's future, and health behaviors germane to their community and specifically to black families. Drafts of the questionnaire were pilot tested with a group of six parents, and slightly modified based on feedback from this group. Two mother-child pairs completed the conversation about health as a pilot study in order to test the interview protocol.

1. Child Rearing. Mothers and children were presented with 11 common childhood situations and asked their opinion as to whether the best response was to explain to the child what they did wrong and to encourage them to the right thing next time, or, punish immediately with a write-in option for the form of punishment. Respondents were also asked to select the most effective way(s) to punish or discipline a child from a list of seven options.

Mothers' Teaching

The mothers were asked to note the adequacy of parental teaching on 14 subjects using a four-point Likert scale (poor job teaching; okay job teaching; good job teaching; very good job teaching). After recording their opinion as to how well parents were teaching their children on these subjects, the respondents were asked to circle the topics they personally thought parents need some extra help with.

2. Family Interaction. Mothers and children were asked to assess the nature of interaction in their family using a four-point Likert scale and a modified version of a family environment scale developed at the University of Illinois at Urbana-Champaign. Forty-one items were selected from the original 124 representing the following

domains: family rules (9 items), family interaction (14 items), family communication style (13 items) and family goals (5 items).

Measures of internal consistency were calculated for each domain for mothers and their children separately. Cronbach's alpha for maternal responses were as follows: family rules = .57, family interaction = .48, family communication style = .66, and family goals = .49. Cronbach's alpha for children's responses were as follows: family rules = .43, family interaction = .42, family communication style = .50, and family goals = .26.

3. Child's Future. The mothers were asked to rate the importance of 21 issues for their child's future using a three-point Likert scale. The children were asked about the importance of the same set of issues for their own future. Parents were also asked if they did or told their children things to help them know what it is to be black. A write-in space was provided for those parents who wished to describe the actions they had taken to communicate with their children on this issue.

4. Consequences of Health Behavior. Parents and Children were asked to rate the consequences of health behavior using a four-point Likert scale plus a don't know response for six drug categories and 11 other health related activities. The drug categories as delineated in a scale from the National Institute of Drug Abuse included cigarettes, marijuana, powdered cocaine, crack cocaine, alcohol, and inhalants (Johnston, O'Malley and Bachman, 1988). For marijuana, cocaine, alcohol, and inhalants, respondents were asked to assess the amount of harm for experimental (once or twice), occasional (once or twice a month), or regular (at least once a week)

use. The questions concerning cigarettes asked about harm associated with experimentation, and harm associated with smoking one or more packs a day.

5. Mother-Child Dialogues. Drawing on the framework summarized by Longabaugh (1963) the mother-child dialogues were transcribed and each sentence was coded for the following: source (mother, child or interviewer), type (statement of fact, statement of value, question, response, response-agree, response-disagree, and request) content (health, drugs, nutrition, exercise, sex, mental health, dental health, and other) and valence (positive, negative, and neutral). A statement of fact was defined as a declarative statement such as "we know that smoking is bad for people's health," or "you can die from drugs." A statement of value was defined as a statement which incorporated personal views as indicated by phrases such as "I believe" or "I think." A sentence was coded a response if the statement continued on the theme or topic stated by the other speaker but did not indicate agreement or disagreement with the statement. Statements were also coded for accuracy of information imparted. Incomplete sentences were coded as fragments and were not included in the analysis. Each transcript was marked as to when a change occurred from one major topic to the next as originally timed by the project manager. Subsequent analyses of the dialogues were based on the time blocks devoted to each topic presented to the mother and child for discussion.

Interrater reliability for type, content, and valence was initially established between the project manager and the author at .90 using two pilot interviews not included in this analysis. Reliability was calculated separately for each coding

dimension using the ratio between agreements and total number of sentences in the transcript. Category specific reliabilities ranged from .88 for type of statement to .93 for content and .90 for valence for an overall average of .90. Source was not included in the calculation of interrater agreement since the person making each comment could be accurately discerned from the tape recordings. A second check on interrater reliability was done on the complete 21st interview and determined overall to be .92. The Statistical Package for the Social Sciences version X was used for all analyses.

Findings

Selection of the best methods of child discipline and assessment of adequacy of parent's teaching are summarized from the mother's perspective. As shown in Table 1, the majority of mothers felt that explanation to the child about a problematic situation was preferable to punishment alone or punishment combined with explanation. Depriving the child of an allowance or some other valued activity was the

(Insert Table I about here)

preferred method of punishment for 70% of the mothers, followed by assignment of extra jobs (56%), and isolating the child in his/her room (51%).

Analysis of the mother's write-in responses for action they would initiate in response to specific behaviors showed that grounding or loss of privileges was the most frequently cited course of action for stealing (37%), refusing to obey (42%), skipping school (64%) and eating forbidden foods (67%). Talking to or counseling the child was the most frequently cited course of action for child using drugs (66%), child telling a big or small lie (45%), and child having sex with a friend (61%). However

when asked as to what they thought were the components of strict discipline for children, 47% of the parents listed physical punishment, 25% listed grounding, and only 20% write in talking with their child about a given problem.

Assessments of the adequacy of parent's teaching are shown in Table II. Mothers rated themselves as doing most poorly in providing instruction to children on the harmful effects of drugs (41%), responsible sexual relationships (38%), and the importance of exercise (33%). A minimum of 70% of the mothers rated parental instruction on the remaining 11 topics as okay to very good.

Seventy-two percent of the mothers thought parents need some extra help in teaching their children about what it means to have responsible sex; 69% of the mothers indicated that parents need extra help teaching their children about what drugs can do to harm people. Sixty-seven percent of the mothers indicated that they try to teach their children what it means to be a black person in a white dominated society. In their write-in responses, approximately one-third of the mothers ascribed to knowledge of racial heritage, belief in racial equality, and being proud of one's self as components of teaching their children what it means to be black. Approximately half of the mothers thought parents need some extra help in instructing their children about how important education is if you want a good job, how to stay out of trouble with the law, how to feel good about oneself, and how important it is to have some kind of goals in life.

(Insert Table II about here)

Table III summarizes the mother's and children's ratings of interactions within

their family. Within the domain of family rules, respondents described their families as having definite rule systems enforced by strict punishment. Cooperation among family members was the norm, but independent problem solving was not. Expressions of

(Insert Table III about here)

verbal or physical anger were described as occurring infrequently. Family members did not come and go as they please and children were generally not trusted to do what they were supposed to do without adult supervision. Sharing among family members was commonplace, including at least occasional expressions of anger. Overall, both mothers and children described their families as achievement oriented. Disagreement between the two groups was seen in perceptions of frequency of comparison of family members with other people and degree of realistic expectations about what children can do.

Mothers and their children evidenced significant agreement ($p \leq .05$) on families limiting conversation to only things that need to get done, level of criticism directed at family members, and a family style which tries to smooth over disagreements. Mothers and their children evidenced significant disagreement over the number of family rules, strictness of family rules, frequency of children being able to talk back to adults and level of independent problem solving encouraged. Examination of these correlations according to child's gender identified significant correlations between the perspectives of sons and their mothers for degree of problem solving, asking for help from other family members, level of criticism directed to family members, and frequency of smoothing over disagreement. Significant correlations between

daughters and their mothers were observed for level of violence in the family and level of criticism.

Ninety percent or more of the children rated as important or very important 18 of the future issues listed in Table IV. The three exceptions to this pattern were being drug free (16% not important), not becoming a teen parent (22% not important), and not getting involved in illegal business (12% not important). The mothers were

(Insert Table IV about here)

unanimous in their rating as very important completion of junior and senior high school, being drug free, and never trying drugs like dope or crack.

Parents and children agreed as to the importance of getting enough exercise to stay physically fit ($r = .30$, $p \leq .05$) not becoming a teen parent ($r = .21$, $p \leq .05$) and not getting into trouble with the law ($r = .32$, $p \leq .05$). Disagreement was seen in the importance of having a good understanding of black history ($r = -.33$, $p \leq .05$) and eating the right kinds of foods ($r = -.24$, $p \leq .05$). With the exception of the correlation between the son's and mother's views on physical fitness, these correlations are attributable to the association between the perspectives of the daughters and mothers.

Table V summarizes the children's perceptions of the level of harm incurred through involvement with potentially negative health behaviors. Least harm related to drug use was accorded to experimentation. Heavy use of alcohol (five or more drinks once or twice each weekend) was ranked as causing the greatest harm, followed by regular use of "crack" cocaine, marijuana, and cocaine powder. In the broader health

arena, the three most harmful health behaviors were drinking and driving (84%), taking other people's medicine (79%) and not getting a medical check up (57%).

(Insert Table V about here)

No statistically significant associations were observed between mothers' and children's ratings of the consequences of drug use regardless of type of drug or frequency of use. A significant negative correlation was observed for eating too much, with daughters perceiving little harm in contrast to their mothers. Mothers and children were in agreement with regard to the harm incurred by taking other people's medicine and experimenting with alcoholic beverages.

Analysis of the mothers' and children's opening 3-4 minute definitions of health showed that 42% of the statements related to drug use, 32% of the statements related to nutrition, and 24% of the statements related to exercise. The topics of mental health, dental health, weight management and sexuality were mentioned by five mothers with 3-4 sentences. Children presented almost a mirror image of their mother's dialogue both in content and nature of their communication. Thus, only the mother's responses are shown here.

A summary of the type of statements made by the mothers according to the three main health topics of drugs, exercise and nutrition is presented in Table VI. The overall content category of health is not shown, as neither mothers nor children used

(Insert Table VI about here)

a general health concept in their definition of health. Mothers and children also did not employ statements of fact, and made relatively few factual errors in other types of

statements about health. Most statements were rated as neutral and so valence ratings are not reported. Examination of the distribution of types of statements made by either mother or child for the three major topics shows that statements of value were most frequently used, followed by questions and responses. Responses classified as response disagree and requests were virtually unused.

Discussion

This descriptive exploratory study offers some additional insights as to the teaching style and content of health instruction provided by low income black mothers to their children. Implications of the findings are considered below in the context of a number of important methodological qualifications. Limitations include reliance on a volunteer sample and restriction of the scope of inquiry to mothers only. Clearly the current findings cannot be generalized to men, or to other income or racial groups.

Reliance on brief, semi-structured mother-child dialogues also restricts the validity of inferences made about mother's health teaching. Recordings were not done in the home environment where the mother and child would be most comfortable and likely to articulate the range of their feelings and beliefs about health issues. However, all the mothers participating in the study rely on the community health center for their family's health services and were therefore familiar with the staff and the clinic setting. Nonetheless, the mothers and children may have felt a press to present socially acceptable attitudes to the project manager about issues such as the consequences of drug use. The fact that the mothers spontaneously introduced the topic of drug use in their opening definition of good health may suggest that the

mothers felt generally comfortable with the situation.

Assuming that the mothers and children responded candidly in the interview, questions remain as to the representativeness of the views expressed, and to the congruence between words and deeds. Undoubtedly mothers with special concern about health issues took the time and trouble to volunteer for this study. Since arrangements had to be made to come with their child, scheduling logistics were not inconsequential. The findings from the study also do not speak to the relationship between the mothers' and children's verbal statements about health issues and their actual behaviors. Agreement as to the importance of specific health issues such as exercise and balanced diet does not of course necessarily operationalize into health enhancing behaviors.

Recognizing the constraints imposed on interpretation of feedback from the mothers and children participating in this study, several observations are offered. First, the mothers volunteering to share their views on health were unanimous in their agreement about many key health issues, particularly the negative ramifications of drug use. The children, in contrast, expressed a wider range of perspectives on the consequences of drug use, and the salience of other health problems. Furthermore, across the domains measured, from family interaction to future goals for the children to health, there were few positive correlations between the mothers and their sons or daughters. The lack of congruence between the mother's and children's views may suggest the mothers exert little influence on the health beliefs or health behaviors of their children. Several alternative hypotheses regarding the mother's role as a teacher

about health issues should be considered before accepting this interpretation.

With regard to the consequences of drug use, some element of the children's discounting of risk is undoubtedly due to a young adolescent's feelings of invincibility. Beyond youthful insouciance is the challenge of triangulating on parent-child values. This study explored only potential congruence between mother's and child's perceptions of issues for the child's future. The children were asked about goals for themselves, not what goals they believed their mothers had for the child. It is thus possible that a subgroup of children in this study more accurately perceive what their parents aspire to for their child, and as in previous research would also be more likely to share their mother's values and perceptions of family dynamics (Whitebeck and Gecas, 1988). Larger samples and an expanded line of questioning are needed to test this hypothesis.

Alternatively, the children may be accurately perceiving discordance between the goals espoused by the mother for her child and the mother's own behavior. The mothers may avow that drug use is bad, that education is important, b t play out different values through their own behavior. For example, although 80% of the mothers had at least the equivalent of a high school education, 64% were unemployed. Both the mothers and their children live in a community rife with unemployment, school dropouts and with decreasing work opportunities. These economic realities may register more sharply with the children than the mother's urging to complete school.

Similarly, the mothers participating in this study were not asked about their own drug use, or drug use among their family members or friends. Maternal modeling of drug taking behavior is known to have direct impact on their children (Newcomb, Huba and Bentler, 1983). Even if the mother abstained from drugs, the volume of drug dealing known to be occurring in the neighborhood make it quite likely that the children have seen a number of people using and/or selling drugs with various consequences. The degree to which an environment modulates or interferes with a mother's instruction about drug use deserves further study. An element of the child's world not addressed in this study is orientation towards peers. Previous research on adolescent drug use highlights the importance of peers in influencing an adolescent's proclivity to begin drug use (Huba and Bentler, 1980; Glynn, 1981). Longitudinal data are required to assess how peer input modulates a child's perspective or parent teaching and views on drug use (Newcomb and Bentler, 1988).

A third possible explanation for the few correlations between mother's and children's perspectives on health is the way in which the mothers attempted to communicate to their children. The majority of mothers described their families as having rules and communication among family members focussing only on things that need to get done. Although both mothers and children agreed that criticism of family members was an infrequent occurrence, neither party offered positive or supportive comments to each other in their conversation about health. Even in instances when the child concurred with the mother, she did not respond warmly or reinforce the importance of what the child had said.

Analyses of parenting styles and children's substance abuse has shown that parental praise and encouragement in the context of an emotionally close parent-child relationship is an important factor for children's nonuse of drugs (Coombs and Landsverk, 1988; Coombs, 1988). The child's perspective on the nature of his/her relationship with the mother was explored indirectly in this study through questions on family communication. The general absence of positive correlations between the mother's and child's views suggests that the mother was not enough of a salient positive figure to color the child's response. The child's definition of influential role models may help explain the apparent low impact of the mother's messages.

On the positive side, the results of this study suggest that there are real possibilities for parent-child preventive education on health at least in terms of parent's receptiveness. The mothers were clear in their stated values on health issues such as drug use, nutrition and exercise. Ratings on adequacy of parental instruction with topics such as drugs and sex however were low. Recognition of the importance of their children's health balanced against the challenges of effective teaching may make the parents open to focussed, pragmatic advice on ways to broach health topics and persuasive communication methods that could be tried.

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Table I. Mothers' Attitudes Towards Child Discipline

	Percent Agreement		
	Explain What Was Done Wrong	Punish Immediately	Explain and Punish
Child is caught stealing from local store	60	10	30
Child refuses to do what parent says	57	14	19
Child skips school	55	26	19
Child uses drugs	65	19	16
Child beats up on another child	74	11	15
Child tells a lie about something important	65	13	22
Child skips a doctor's appointment	84	11	5
Child tells a lie about something not so important	68	17	15
Child has sex with a friend	83	11	6
Child cheats in school	82	7	11
Child eats food after they are told not to	71	18	10

Table II. Mothers' Ratings of Adequacy of Parent Teaching

	Percent Agreement				
	Poor Job Teaching (1)	Okay Job Teaching (2)	Good Job Teaching (3)	Very Good Teaching (4)	Parents Need More Help Teaching Topic
What people have to do to stay healthy	27	33	27	14	44
What drugs can do to harm people	41	27	16	16	69
How important education is if you want a good job	21	22	20	36	52
To know their own culture	27	33	23	16	31
How to eat right	29	28	23	19	26
How to keep a job	26	29	27	19	36
How to get along with friends	21	35	23	20	20
How to stay out of trouble with the law	27	26	23	24	53
How to get along with family	19	33	19	30	29
To learn how to survive and cope with prejudice	26	31	28	14	35

Table II. (continued)

What it means to have responsible sex	38	23	15	23	72
What exercise means in a person's life	33	34	21	13	22
How to feel good about oneself	22	33	22	23	49
How important it is to have some kind of goals	21	30	22	27	51

Table III. Frequencies of Mothers' and Children's Ratings of Family Interaction and Bivariate Correlations

	Percent Agreement								
	Never		Hardly Ever		Sometimes		Often		Correlation
Family Rules:	M	C	M	C	M	C	M	C	
1. People in our family make the rules together	10	18	10	12	66	42	14	28	-.11
2. The adults in our family expect the kids to obey them, even when the kids disagree with their reasons for doing things	6	2	6	8	37	22	51	68	-.09
3. There are very few rules to follow in our family	30	20	6	24	36	30	28	26	-.30*
4. In our family, there is one family member who makes most of the decisions	16	36	14	10	32	20	38	34	.19
5. In our family, the adults do not check with the kids before making important decisions	10	38	14	10	50	38	26	14	.10
6. It is important to follow rules in our family	2	0	4	4	22	8	72	88	-.19
7. There is strict punishment for breaking rules in our family	4	6	14	18	62	40	20	36	-.22*

Table III. (continued)

8. People in our family have strict ideas about what is right and wrong in life	2	6	6	16	42	36	50	42	-.12
9. Kids are not allowed to talk back to adults in our family	30	18	10	4	34	10	26	68	-.22*
Family Interaction:									
10. It is okay to verbally fight in our family	62	74	12	10	22	8	4	8	-.16
11. It's hard to talk about things that bother you at home without upsetting a family member	32	24	16	12	40	36	12	28	-.01
12. We come and go as we want to in our family	74	52	10	10	14	24	2	14	-.11
13. In our family, adults trust the kids to do what they are supposed to do without checking up on them	20	16	18	10	48	40	14	34	-.14
14. People in our family are taught to solve our own problems by ourselves	30	30	22	20	40	38	8	12	-.24*

Table III. (continued)

15. We can get away with almost anything in our family	72	76	22	16	4	6	2	2	.08
16. There is plenty of time and attention for everyone in our family	2	0	8	6	48	38	42	56	.20
17. Watching TV is more important than reading in our family	56	64	14	22	16	12	14	2	.37**
18. People in our family hit each other when they are angry	50	44	12	14	32	38	6	4	.20
19. People in our family volunteer to help each other	4	2	6	8	50	32	40	58	-.11
20. People in our family watch the news on TV or read a newspaper	0	2	6	12	37	28	57	52	-.10
21. Each person's chores are spelled out in our family so everyone knows what to do	6	4	8	6	34	28	52	62	.10
22. People in our family ask each other for help	0	0	2	6	48	42	50	52	.06
23. People in our family all eat together at least once a day	0	4	8	6	38	52	54	38	.11

Table III. (continued)

Family Communication Style:									
24. Family members become very angry with each other	16	8	22	24	60	56	2	12	.17
25. Family members talk only about things that need to get done	22	4	20	20	40	40	18	36	.32**
26. In our family, the kids do not have to ask the adults for permission to do most things	32	48	12	16	22	22	34	14	.08
27. In our family, we tell each other about our personal problems	0	8	4	18	56	32	40	42	-.13
28. The adults in our family do not like the kids to disagree with them when other adults are around	25	20	18	14	41	28	16	38	.18
29. People in our family criticize each other	26	48	22	16	50	24	2	12	.39**
30. In our family, kids do not know why they are supposed to do what the adults tell them to do	46	24	16	18	30	34	8	24	.08
31. When good or bad things happen, our family discusses them together	0	2	8	6	44	44	48	48	.11

Table III. (continued)

32. Members of our family tell one another that they care for each other	0	0	6	8	30	34	64	58	-.08
33. If there is a disagreement in our family we try hard to smooth things over and keep the peace	0	0	2	10	25	36	74	54	.43**
34. People in our family are ordered around	43	30	20	26	31	34	6	10	.12
35. People in our family talk to each other about their decisions	0	4	15	14	44	42	42	38	.10
36. Children in our family can easily approach their parents if they have a problem	0	4	2	10	29	42	69	44	-.10
Family Goals:									
37. In our family, we feel it is important to be the best at whatever you do	0	2	2	4	21	32	77	60	-.05
38. In our family, we work hard to do things a little better each time	0	0	2	4	29	26	69	70	.03
39. People in our family try to get job promotions, good grades, etc.	0	0	2	0	29	16	69	84	.04

Table III. (continued)

40. People in our family are compared with other people as to how well they are doing at work or at school	28	6	20	6	33	46	19	42	.08
41. Adults in our family have unrealistic expectations about what kids really can do	40	12	20	12	28	42	12	34	.17

* $p \leq .05$
** $p \leq .01$

Table IV. Frequencies of Children's Ratings of Future Issues and Bivariate Correlations with Mothers' Ratings

	Percent Agreement			
	Not Important (1)	Important (2)	Very Important (3)	Correlation
1. Finishing junior high school	2	80	18	-
2. Getting enough exercise to stay physically fit	2	36	62	.30**
3. Have a good understanding of Black history	2	60	38	-.33**
4. Finishing high school	0	76	24	-
5. Being drug free	16	68	16	-
6. Eating the right kinds of foods	2	56	42	-.24*
7. Not becoming a teen parent	22	50	28	.21*
8. Not getting in trouble with the law	6	66	28	.32**
9. Getting a part time job while in junior-senior high school	2	46	52	.01
10. Learn how to survive and cope with prejudice	6	37	57	.05
11. Going on to college	0	76	24	-.01

Table IV. (continued)

12. Getting a full time job after high school	2	44	54	-.10
13. Getting along with his/her friends	6	61	33	-.05
14. Be proud that they are Black/Afro American	4	64	32	.03
15. Seeing the doctor when they are supposed to	6	64	30	-.01
16. Getting along with his/her family	2	72	26	-.07
17. Learning how to feel good about themselves (have good self esteem)	0	56	44	.13
18. Taking care of his/her health	0	80	20	.06
19. Not getting involved in illegal business	12	68	20	-.05
20. Recognize that all races are EQUAL	10	44	46	.16
21. Never trying drugs like dope or crack	10	84	6	-

* $p \leq .05$

Note: Correlations not calculated for item which all parents rated as very important.

Table V. Frequencies of Children's Ratings of Health Issues and Bivariate Correlations with Mothers' Ratings

	No Harm (1)	A Little Harm (2)	Moderate Harm (3)	Great Harm (4)	Don't Know (5)	Correlation
1. Trying cigarettes once or twice	2	56	10	24	8	-.07
2. Smoking one or more packs of cigarettes every day	0	4	15	67	14	.03
3. Trying marijuana (pot, grass) once or twice	0	24	21	35	20	-.09
4. Smoking marijuana occasionally (once or twice a month)	2	8	8	76	6	-.04
5. Smoking marijuana regularly (at least once a week)	0	10	19	55	16	-
6. Trying cocaine in powdered form once or twice	2	18	25	43	12	-.03
7. Using cocaine powder occasionally (once or twice a month)	0	8	9	65	18	-
8. Using cocaine powder regularly (at least once a week)	4	14	17	51	14	-.01
9. Trying "crack" cocaine once or twice	2	20	21	39	18	-
10. Trying "crack" cocaine occasionally (once or twice a month)	2	10	12	66	10	.01

Table V. (continued)

11. Taking "crack" cocaine regularly (or at least once a week)	4	14	18	58	6	-
12. Trying alcoholic beverages once or twice	6	48	5	31	10	.24*
13. Drinking alcoholic beverages occasionally (once or twice a month)	4	30	10	46	10	.05
14. Drinking alcoholic beverages regularly (at least once a week)	4	16	12	58	10	-.01
15. Having five or more drinks once or twice each weekend	2	8	7	73	10	-.02
16. Trying inhalants (glue, gases, sprays) once or twice	4	24	21	23	28	.13
17. Using inhalants occasionally (once or twice a month)	2	14	13	55	16	.01
18. Using inhalants regularly (at least once a week)	0	12	19	47	22	-.02
19. Not exercising	12	42	11	25	10	-
20. Not eating regularly	8	30	14	38	10	-.22*
21. Not getting a medical check-up	0	20	13	57	10	-.07
22. Having sex as a teenager	4	14	16	42	24	.01
23. Drinking and driving	0	2	5	84	8	-
24. Eating too much	8	50	6	14	22	-.24*

Table V. (continued)

25. Taking other people's medicine	0	6	9	79	6	.29*
26. Doing something illegal	0	8	14	62	16	-
27. Having unprotected sex with someone with AIDS	4	14	8	42	24	-
28. Not being able to talk to anyone when you're really upset about something	10	28	11	25	26	-.01
29. Becoming an adolescent parent	16	22	7	15	18	.03

* $p \leq .05$
** $p \leq .01$

Table VI. Summary of Mother-Child Dialogues About Health

Topic	Percent of Total Statements for Individual Topic					
	Statement of Value	Question	Response	Response Agree	Response Disagree	Request
Drugs	47	31	11	3	2	1
Nutrition	51	26	12	9	2	1
Exercise	51	28	10	9	1	-