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A STUDY OF THE RELATIONSHIP BETWEEN ALCOHOL CONSUMPTION
AND ACCULTURATION FOR AFRICAN AMERICAN WOMEN

DISSERTATION

Presented in Partial Fulfillment of the Requirements for
the Degree of Doctor of Philosophy in the Graduate
School of The Ohio State University

By

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******

The Ohio State University

1998

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The purpose of this study was to explore the relationship between drinking patterns and acculturation for African American women. A questionnaire consisting of drinking and acculturation features was administered to 240 African American women residing in Franklin County, Ohio.

Results from the t-test, means, and standard deviations indicated that African American female non-drinkers (n = 100) were more traditional and drinkers (n = 140) were more acculturated. There is a moderate significant correlation between drinking patterns and acculturation for African American women.

Logistic regression was used to ascertain whether age, income, marital status, education, employment status and acculturation were influenced by drinking patterns among African American women. Acculturation and income variables were found to be statistically significant in the regression model. As traditional orientation increased, there was evidence that the probability of one being a non-drinker increased, holding all other variables constant. Evidence also suggested that the probability of one being a non-drinker increased as income increased, holding all other variables constant. There was no
statistical significance found among age, marital status, education, and employment variables.

One strong predictor of women's drinking patterns, that is valid across ethnic categories is the level of acculturation. The effect of acculturation on drinking patterns was independent of the effects of attributes, such as age, marital status, education, and employment status among African American women. However, income impacted the relationship between drinking and acculturation for this population. Apparently, this was due to the fact that the sample's median family income (30K) was more reflective of middle class.

This research is a pioneering effort in the study of drinking patterns and acculturation for African American women. Therefore, the findings of this research should be viewed with caution. In an area where there is a paucity of research, much more remains to be accomplished before more conclusive patterns can be depicted. Future studies should include a National sample which would provide a more representative sampling distribution.
Dedication

This work is dedicated to my husband Larry Cain. Larry, you are my soulmate and it is your love, support and understanding that sustain me through all of lifes’ endeavors.

To my sons, Nathan, Andre, and Robert, for the joy you bring to my life and the blessings you have bestowed on me by choosing me as your mother.

To Robert and Annis Carr, my loving parents who have transitioned to the ethereal realm. They were and remain my role models and instilled in me at an early age, the value of education, humanity, and service. Their love and inspiration will always be honored through my life and my achievements.
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I am grateful to my all of my friends and colleagues for their support and collaboration. I am especially thankful to the 240 volunteers who gave their precious time to provide me information for this project.

One strives for perfection. Human reality includes error. Any unintentional omissions rest with this Human Author.
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TABLE OF CONTENTS

Abstract ......................................................................................................................................... ii

Dedication .................................................................................................................................... iv

Acknowledgment ............................................................................. v

Vita ................................................................................................................................................ vii

List of Tables ............................................................................................. xii

List of Figures ............................................................................................................................ xiv

Chapters:

1. Introduction and Background................................................................................................... 1
   1.1 Drinking Patterns Among African American Women ......................................................... 2
   1.2 Background to the Problem ............................................................................................. 3
   1.3 Statement of Problem ....................................................................................................... 4
   1.4 Purpose .......................................................................................................................... 5
   1.5 Research Objectives ....................................................................................................... 5
   1.6 Acculturation ................................................................................................................. 6
   1.7 Acculturation and Drinking Patterns .............................................................................. 6
   1.8 General Demographic Variable and Drinking ............................................................... 8
      1.8.1 Sex....................................................................................................................... 8
      1.8.2 Age..................................................................................................................... 9
      1.8.3 Ethnicity............................................................................................................... 10
      1.8.4 Socio-Economics Status ...................................................................................... 11
      1.8.5 Education............................................................................................................ 12
      1.8.6 Employment Status ......................................................................................... 12
      1.8.7 Income............................................................................................................... 13
      1.8.8 Marital Status ................................................................................................. 14
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.8.9 Status as Head of Household</td>
<td>16</td>
</tr>
<tr>
<td>1.8.10 Religion</td>
<td>17</td>
</tr>
<tr>
<td>1.8.11 Geographical variation</td>
<td>18</td>
</tr>
<tr>
<td>1.8.12 Attitudes Toward Drinking</td>
<td>19</td>
</tr>
<tr>
<td>1.9 Glossary of Terms</td>
<td>19</td>
</tr>
<tr>
<td>1.10 Justification and Significance of the Study</td>
<td>27</td>
</tr>
<tr>
<td>2. Review of Relevant Literature</td>
<td>31</td>
</tr>
<tr>
<td>2.1 Introduction</td>
<td>31</td>
</tr>
<tr>
<td>2.2 The Study Population</td>
<td>31</td>
</tr>
<tr>
<td>2.3 History</td>
<td>33</td>
</tr>
<tr>
<td>2.4 Drinking and Culture</td>
<td>35</td>
</tr>
<tr>
<td>2.5 Definition of Acculturation</td>
<td>37</td>
</tr>
<tr>
<td>2.6 Acculturation Process</td>
<td>39</td>
</tr>
<tr>
<td>2.7 Models of Acculturation</td>
<td>41</td>
</tr>
<tr>
<td>2.7.1 Marginal Acculturation Model</td>
<td>41</td>
</tr>
<tr>
<td>2.7.2 Linear Acculturation Model</td>
<td>41</td>
</tr>
<tr>
<td>2.7.3 Acculturation Stress Model</td>
<td>41</td>
</tr>
<tr>
<td>2.7.4 Biculturalism Model</td>
<td>42</td>
</tr>
<tr>
<td>2.7.5 Continuum Model</td>
<td>43</td>
</tr>
<tr>
<td>2.7.6 African American Acculturation Model</td>
<td>43</td>
</tr>
<tr>
<td>2.7.6.1 Concepts</td>
<td>43</td>
</tr>
<tr>
<td>2.7.6.2 Principles</td>
<td>44</td>
</tr>
<tr>
<td>2.7.6.3 Process</td>
<td>46</td>
</tr>
<tr>
<td>2.8 Measuring Acculturation</td>
<td>48</td>
</tr>
<tr>
<td>2.9 Acculturation and Alcohol Consumption</td>
<td>50</td>
</tr>
<tr>
<td>3. Methodology</td>
<td>58</td>
</tr>
<tr>
<td>3.1 Introduction</td>
<td>58</td>
</tr>
<tr>
<td>3.2 Research Design</td>
<td>58</td>
</tr>
<tr>
<td>3.3 Research Hypotheses</td>
<td>61</td>
</tr>
<tr>
<td>3.4 Sample Population</td>
<td>62</td>
</tr>
<tr>
<td>3.5 Sample Size</td>
<td>63</td>
</tr>
<tr>
<td>3.6 Sample Procedure</td>
<td>64</td>
</tr>
<tr>
<td>3.7 Instrumentation</td>
<td>64</td>
</tr>
<tr>
<td>3.8 Explanation of Variables</td>
<td>68</td>
</tr>
<tr>
<td>3.9 Data Protocol</td>
<td>73</td>
</tr>
<tr>
<td>3.10 Data Collection</td>
<td>74</td>
</tr>
<tr>
<td>3.11 Nonresponse Error</td>
<td>75</td>
</tr>
<tr>
<td>3.12 Data Analysis</td>
<td>76</td>
</tr>
</tbody>
</table>
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Descriptive Characteristics and Statistics</td>
<td>69</td>
</tr>
<tr>
<td>2. Demographic Characteristic of Respondents: Age</td>
<td>84</td>
</tr>
<tr>
<td>3. Demographic Characteristics of respondents: Education</td>
<td>85</td>
</tr>
<tr>
<td>4. Demographic Characteristics of Respondents: Living Status</td>
<td>86</td>
</tr>
<tr>
<td>5. Demographic Characteristics of Respondents: Marital Status</td>
<td>86</td>
</tr>
<tr>
<td>6. Demographic Characteristics of Respondents: Religion</td>
<td>87</td>
</tr>
<tr>
<td>7. Demographic Characteristics of Respondents: Employment Status</td>
<td>88</td>
</tr>
<tr>
<td>8. Demographic Characteristics of Respondents: Income</td>
<td>89</td>
</tr>
<tr>
<td>9. Demographic Characteristics of Respondents: Geographical Location</td>
<td>90</td>
</tr>
<tr>
<td>10. Demographic Characteristics of Respondents: Attitude Toward Drinking</td>
<td>91</td>
</tr>
<tr>
<td>11. Demographic Characteristics of Respondents: Head of Household Status</td>
<td>91</td>
</tr>
<tr>
<td>12. Bivariate Statistic Between Descriptive and Mast</td>
<td>93</td>
</tr>
<tr>
<td>13. Correctional Coefficients of Demographic Characteristics</td>
<td>94</td>
</tr>
<tr>
<td>14. T-test By Drinking Variable</td>
<td>95</td>
</tr>
<tr>
<td>15. Dependent Variable: Dependent Variable</td>
<td>98</td>
</tr>
<tr>
<td>16. Logistic Regression: Predicting Drinking or Nondrinkers</td>
<td>100</td>
</tr>
</tbody>
</table>
# LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Acculturation Orientations</td>
<td>38</td>
</tr>
<tr>
<td>2.</td>
<td>African American Acculturation Model</td>
<td>47</td>
</tr>
<tr>
<td>3.</td>
<td>Sample From General Population</td>
<td>63</td>
</tr>
<tr>
<td>4.</td>
<td>Drinking Patterns Prediction From Factors</td>
<td>71</td>
</tr>
<tr>
<td>5.</td>
<td>Conventions for Describing Measured Associations</td>
<td>77</td>
</tr>
</tbody>
</table>
CHAPTER I
INTRODUCTION AND BACKGROUND

Introduction

Alcohol consumption has been around for at least 7,000 years, (McGovern et al., 1996). Today, alcohol is still the most widely used drug among women. The phenomenon of alcohol consumption is on a continuum that ranges from abstinence to alcoholism. These patterns of drinking vary among ethnic groups and are influenced by many factors. This study looked at a group of African American women in a Midwestern town in Ohio and explored relationships among drinking patterns and acculturation for this group.

In the United States, there are 15.8 million African American females. The National Household Survey (1995) reported that 50 percent of the African American female population consumed alcohol during the year of 1991. Without question some African American females choose to drink alcohol and have little or no trouble limiting their intake to amounts that produce no serious health or social consequences. Others, however, experience a number of adverse consequences from drinking and these outcomes are costly in human and monetary terms.
Drinking patterns among African American women tend to be concentrated at the extremes of either abstinence or heavy drinking (CASA, 1996). The reported rates of abstention in national surveys since 1965 range between 49-59 percent for African American females and 39-42 percent for White females. Those who participate actively in religion are more likely to abstain from alcohol (Humphrey, et al., 1989).

Numerous studies have shown that African American women are less likely to drink than White women, but their rates of heavy drinking differ slightly from other females (CASA, 1996; NHS, 1995; and Caetano, 1984). African American women display higher rates of heavier drinking and alcohol related problems than do White women. Unlike White women, heavy drinking by African American women does not drop as their income rises (National Household Survey, 1993). However, African American women report fewer alcohol-related personal and social problems than do White women, yet a greater proportion of African American women experience alcohol-related health problems (Herd, 1989).

Problem drinking patterns among African-American women represent a health problem of significant proportion. Alcoholism was cited as a factor in the declining health status of African Americans in the Task Force on Black and Minority Health Report on the Health Status of Minority and low income populations (U. S. Dept. of Health & Human Services, 1991). African American women suffer disproportionately from health consequences of alcoholism, including but not limited to
cancer, obstructive pulmonary disease, severe malnutrition, hypertension, and birth defects (Taha-Cisse, 1991). Death rates from chronic liver disease and cirrhosis are twice as high for African Americans of both sexes as for Whites. Among women aged 15 to 34, cirrhosis rates for African American women are six times higher than those for White women and the risk of fetal alcohol syndrome (FAS) is seven times higher for African American infants than for White infants (SHHS, 1991).

Background to the Problem

The dependency on alcohol for all individuals as well as for African American women is complex. As with other populations, alcohol is the most commonly abused substance among African American women. An understanding of variable drinking patterns among African American women is sketchy because of the paucity of research. A challenge facing us is to decrease this gap in research that is lagging behind the research into drinking among men (Piazza, Vroka, and Yeager, 1989). Harper (1976 ) stipulated that alcohol abuse is the number one health problem and the number one social problem in Black America. However, insufficient knowledge exists about the predictors of drinking among African American women. Due to different social, economic and cultural experiences it becomes more problematic for African American women. Recent data suggested that, while alcohol use begins later among African Americans than among Caucasians, the onset of alcohol-related problems appears earlier among African Americans (Leland, 1994).
Statement of the Problem

The incidence of problem drinking and its health-related concerns within the African American female population is disproportionate to their representation in the general population. This growing problem challenges researchers and clinicians to identify factors contributing to the prevalence of this social malady. In the last decade, research has begun to look at the emerging role that culture plays in drinking patterns. This research project has been conducted in an effort to explore culture correlates of drinking patterns among African American females.

As alcohol use and abuse have been on the rise, the helping professionals are faced with myriad challenges. The study of alcohol consumption among African American females has comprised a relatively small body of literature and only recently has research included women in studies on the consumption of alcohol.

The fact that there is a paucity of research in the area of alcohol consumption among African American women combined with the fact that this population suffers disproportionate rates of health-related problems due to drinking, directed the focus of the problem that was investigated. The problem of this research was to help bridge the gender gap in alcohol research by exploring the relationship between drinking patterns and acculturation for African American women. Therefore, this study investigated the hypothesis that more acculturated women will tend to consume alcohol and the non-drinkers will tend to be traditionally oriented, that is more tied to traditional cognitive, behavioral and social modalities of Africa American culture.
Drinking patterns of African American women were predicted by the (1) Michigan Alcoholism Screening Test (MAST) and acculturation was determined by the (2) African American Acculturation Scale (AAAS).

**Purpose**

The purpose of this study was to explore the relationship of drinking to cultural differences for African American women. This study was conducted to determine (1) whether one drinks or not is related to acculturation and its components, and (2) to predict the probability of acculturation and the potential extraneous variables (age, income, marital status, education, and employment) falling into the category of drinking or non drinking. Information generated from the aforementioned will enhance one’s understanding about the overall pattern of drinking for this population, identify at-risk groups and heighten one's awareness of within group differences. The exploration of drinking patterns that are related to acculturation characteristics also is important to researchers because the resulting data can provide implications for a wide variety of related concerns such as playing an important role in the development of effective alcohol prevention programs, treatment strategies, outcome and further theoretical research in a multicultural society.

**Research Objectives**

The objectives of this study were as follows:

1. to describe the general demographics and MAST
2. to identify the relationship between drinking and acculturation
to predict the probability of the main independent variable and the potential extraneous variables falling into one of the categories of the dichotomous dependent variable (drinker or nondrinker) and
to identify the patterns of relationship(s) between drinking and the eight subscales of AAAS.

Acculturation

Research results demonstrated that acculturation is a powerful force shaping women’s drinking patterns. Acculturation is a complex term that can broadly be understood as the extent to which persons of color participate in the cultural traditions, values, beliefs, and practices of their own culture versus those of the dominant culture. It is viewed as a continuum from traditional to acculturated (Landrine and Klonoff, 1994). Since drinking norms vary greatly for women among different cultures, acculturation is studied to determine how women’s drinking habits may change as they adapt to a new culture. The National Alcohol Survey (1991) showed that women who are highly acculturated are more likely to drink than those who are less acculturated. The African American Acculturation Scale (AAAS) was utilized to measure acculturation in this study. (Refer to Appendix A).

Acculturation and Drinking Patterns

The causes of differences in drinking patterns among African American women are unknown. However, in the United States there have been only a few attempts to explain why some African American women can avoid liquor and even detest any type of alcohol altogether, while another large proportion indulge to the point of alcoholism.
Influences on drinking patterns among African American women are complex and must be viewed as an interaction of cultural, psychological and social factors (Caetano, 1994). Similarly, problem drinking is not a unidimensional condition consisting of a simple cause-and-effect relationship. Rather, it is an extremely complex phenomenon composed of a multiplicity of socio-cultural, psychological, and physiological variables.

In their pursuit of answers to questions concerning the nature of human behavior, the paradigm sociologists generally subscribe to is a situational-based interpretation of alcohol-seeking behavior and, accordingly, tend to see the social milieu as of vital significance in the development of different forms of behavior. Sociological theorists take the position that conditions in society facilitate the alcoholic's heavy drinking. Included among the sociological factors are significant cultural influences.

The variability of drinking patterns among African American women is both the result and the cause of a plethora of problems. An exhaustive discussion of all variables associated with drinking patterns and problem drinking among African-American women is beyond the scope of this study. This research consists primarily of an exploration of cultural factors that are generally considered to be important correlates of drinking and alcohol-related problems among African American women. Cultural influences were viewed as acculturation and its components in this study.

Theoretical positions regarding the relationship between acculturation and drinking patterns among African American women have yet to be adequately researched. Therefore, the main focus of this research is on the exploration of drinking patterns and acculturation for African American women. Researchers reported acculturation as having
significant statistical correlations with drinking (USDHHS, 1997, Wilsnack et al. 1994; Caetano, 1994; and Black and Markides, 1993). Drinking patterns and how it is related to acculturation was viewed from the theoretical perspectives of Landrine and Klonoff (1995, 1994).

**General Demographic Variables and Drinking**

While the specific focus of this study is acculturation, there are tangential demographic variables associated with drinking patterns of African American women. Relationships have been established between a number of socio-demographic factors and various patterns of alcohol consumption among African American women but those linkages have not been sufficiently identified. These factors while not the main focus of this study may nonetheless act as confounding variables in relationship to drinking and acculturation.

Demographic factors that are associated with drinking patterns among African American women include sex, age, ethnicity, education, income, marital status, employment status, status as head of household, religion, and geographical location (Cahalan and Room, 1972). These demographic variables of interest are outlined below:

**Sex**

Studies on drinking patterns and problems in the United States suggested that sex in tandem with age, act as two powerful organizers vis-à-vis the expectations and norms that govern drinking in the United States. For instance, men are more inclined to drink and are much more inclined to get in trouble with their drinking than are women. According to the results of the 1984 National Alcohol Survey, 76% men and 64% women were frequent drinkers. The frequency of drinking on daily or weekly basis is higher with males
than with females. However, drinking on a monthly and yearly basis was higher with females than with males. Fillmore (1987) analyzed drinking patterns and problems among women and found that women drink less than men and have relatively lower rates of heavy drinking and alcohol use problems. The lower rates on females are perhaps due to social norms about female conduct. Notions regarding sex role differences in drinking may include differential social power, emancipation, different role responsibilities, economic relationships between the sexes, and perceived differences in relationships (Fillmore, 1987). Recent evidence suggested that lower levels and shorter durations of somewhat excessive alcohol consumption have far greater health implications for women than for men (Hill and Wolin, 1980). This would suggest that women are more likely to be at risk, even at lower levels of drinking patterns for serious health problems than are men, from heavy drinking.

**Age**

Demographics in regard to age suggested that there is a substantial increase in the numbers of middle aged people, as members of the baby boom (46-60) generation continues to enter middle age (Williams, et al, 1987). This analysis also suggested that the most critical age group projected for increased alcohol abuse and alcoholism will be the 35 through 49 year old category, as related to drinking among black women (King, 1985; Harper, 1983).

African American women in all age categories except those aged 30-39 are considerably more likely to abstain from alcohol use than White women. These two groups of women also differ in patterns of abstaining across different age groups. A sharp
increase in rates of abstaining occurs in African American women 40 years and older, but this increase only occurs among White women 60 years old and older (King, 1985). The prevalence of heavier drinking is significantly lower in African American women aged 18-39 than it is for White women of this age group. After age 49, the proportion of heavier drinkers is low and very similar for both groups of women. Caetano (1984) in his multiethnic analysis identified similar findings. African American women were more likely to be abstainers than White women, particularly in the younger and older age groups. In the youngest age group, a noticeably higher percentage of White women reported drinking larger quantities per occasion than did African Americans (Caetano, 1984).

Ethnicity

Ethnicity, independent of other social factors, is the strongest predictor for being a drinker versus an abstainer and for being a heavier drinker. The overall prevalence of drinking is higher among Whites than among African Americans in the general population. According to Ward (1986), there are higher rates of abstinence among African Americans than Whites, especially among females. A study conducted by Johnson et al. (1988), found that the incidents of heavier drinking among African Americans was one-third that of Whites. Each ethnic group as a whole exhibits characteristic pattern of alcohol use or abuse and each has specific vulnerabilities.

Among Whites, being single, employed, and of high income status are significant determinants of drinking versus abstaining (Johnson et al., 1988). With this group (Johnson et al., 1988) reported that age (youthfulness) is the only variable needed to account for heavier drinking. In the African American female sample, youthfulness,
employment, and the interaction of employment and income predict drinking; while the interaction between marital status, age, and employment status is necessary to explain heavier drinking (Johnson et al., 1988).

The differences in black-white causal models illustrated the need to adopt a bi-cultural perspective to understand African American women’s drinking behavior (Johnson et al., 1988). Winbush (1981) suggested that ethnicity and racism are important intervening variables in drinking among African Americans, but noted a lack of research dealing with such variables.

**Socio-economic Status**

There is a direct relationship between socioeconomic forces that most often negatively impact African American communities, and the resultant intrapsychic processes of its residents (Darrow and et. al, 1992). A higher prevalence of problematic alcohol usage is expected among minority populations, given the fact that a disproportionate number of minority people are classified within the lower social-economic status (SES) groups (Clifford and Jones, 1988). The other social economic levels are the middle-class and upper-middle class African Americans, which are more attuned to the traditional White American attitudes about success and failure. Many available studies tend to focus on the drinking behaviors of lower class African Americans and not on the middle and upper classes (Watts and Wright, 1983).

Heavy drinking women were more inclined to display an expressive life style readily available in the lower class sub-culture in which beverage alcohol is a significant social object. Socioeconomic status factors associated with alcoholism among African American
female include education, occupation, employment status, nontraditional employment, and family income.

**Education**

Education was related to drinking among African American women. African American women who were less educated, tended to be heavier drinkers.

**Employment Status**

Studies have also shown that employment status has an important effect on women's drinking behavior. Women who work are less likely to be abstainers and more likely to be moderate or heavier drinkers (Wilsnack and et al., 1987). Basically, Herd (1987) confirmed these findings in her study. She found that women who work full- or part-time are more prone to be drinkers than women who are unemployed, housewives, or retired. This relationship holds for both African American and White women. This survey also showed that heavier drinking appears strongly related to employment status among white women, but not African American women. White women in the work force report noticeably higher rates of heavier drinking than housewives. For example, White women with full-time jobs exhibit rates twice as high (18%) as homemakers (9%). Conversely, rates of heavier drinking are different (lower) for African American women with full-time jobs (8%) and for those who identify themselves as homemakers (8%). Among African American women, the unemployed exhibits the highest rates of heavier drinking (14%).

Differences in drinking behavior were observed for African American and White employed women. African American employed women include a considerably higher proportion of abstainers (40% versus 23%), but a smaller percentage of heavier drinkers
(8% versus 18%) than whites. There is a significantly higher proportion of abstainers among African American homemakers and retired women than among White women in similar roles. Wilsnack and Cheloha (1987) questioned the assumption that employment outside of the home or the combination of employment with child rearing and marital roles leads to higher rates of heavier drinking or alcohol-related problems. They posit that the loss of stable marriage and work roles are more closely associated with adverse drinking behaviors and the consequences of performing multiple family and work roles.

Wilsnack and Wilsnack, (1991) reported that the beneficial or adverse effects of employment on women’s drinking may depend in part on the type of job a woman holds. Employment in nontraditional occupations was associated with women’s drinking in a 1987 community survey of adult women (Wilsnack and Wilsnack, 1991). The most common interpretations of relationships between nontraditional employment and more drinking by women, involve peer influence and women’s imitation of higher-status male drinking models, increased drinking opportunities in nontraditional settings, and specific stresses experienced by women in male-dominated work environments.

Income

Higher family income is associated with increasing rates of drinking. African American women however, showed significant differences in terms of the relationship between income and heavier drinking. Among African American women, the highest income groups exhibit the lowest rates of heavier drinking. Herd (1984) reported that African American women with incomes between 10,001 and 15,000 and over 30,001 were considerable more likely to be nondrinkers than White American women in these income
groups. Therefore, African American women with annual family incomes of over $30,001 are less likely to be heavier drinkers. Available data concerning the relationship between alcohol consumption and disposable income are at odds with the common stereotype of the skid-row alcoholic, since the data that exist demonstrate a positive correlation between disposable income and the amount of alcohol consumed (Jacobson and Lindsay, 1980).

There is a higher percentage of social drinkers and a lower percentage of abstainers among members of upper socioeconomic status groups. Kidane (1981) also linked fluctuations in the economy to the rate of alcohol problems in the African American community, noting that African Americans are proportionately more severely affected by economic downturns.

**Marital Status**

Hilton (1987) found that marital status is related to drinking problems. He found that among females, marital status does not seem to make much difference in the prevalence of daily drinking. Even though some studies reported that married people tend to drink less heavily and have fewer alcohol problems than single people or unmarried, divorced or separated; widows tend to have the lowest rates of alcohol abuse and related problems (Hilton, 1987). The proportion of abstainers is substantially higher for African Americans than White women, regardless of marital status. There is a striking difference between single women (separated-divorced and never-married) and widowed women. Twice as many African Americans, as White women, who never-married or divorced-separated are abstainers. These rates for abstention among widowed women, are at least a fourth higher among African American women. These ethnic differences reflect the fact that there is a
major split in drinking rates for married versus single women for White, but not African American women. Both married and separated-divorced White women are significantly more likely than African American women to be classified as heavier drinkers. However, ethnic differences are strong among separated-divorced women. More than twice as many Whites as African American women in this group are heavier drinkers. A higher rate of heavier drinking also occurs among White never-married, but the difference is not statistically different (Cahalan et al., 1969; Clark & Midanik, 1982; and Wilsnack et al., 1984). General population surveys have shown that married and widowed women are more likely to be abstainers and light or moderate drinkers, while single and divorced people are often heavier drinkers. These findings are more applicable to White than African American women.

Studies of African American respondents offered conflicting views on the relationship between marital status and drinking behavior. Sterne and Pittman's (1972) study showed that African American separated-divorced women, are no more likely to drink at all or to be heavy drinkers than married women. The proportion of abstainer is much higher, while the rate of heavier drinking is much lower, among separated-divorced women than for married women. The authors contributed these findings to the possibility that women with broken marriages were no longer living with heavier drinking spouses. However, Caetano (1984) studied the drinking behavior of a large California sample of African American women, and they found much higher rates of drinking and heavier drinking among single African American women as compared with married and widowed African American women.
Status as Head of Household

Bailey et al. (1965) argued that a “permissive drinking culture for African American women, in addition to combining a major “bread winning” role with household responsibilities, might produce an environment that is conducive to the development of alcohol problems.” Also, Kail (1983) conducted a study based upon secondary analysis of data collected by L. Harris in 1974. He compared 65 African American females and 652 White females who were measured on demographics information on highest grade of school completed; age; household position and presence of children under age one. The results indicated that about one-third African American females were heads of household. This finding contradicts other data that indicated African American women are more likely to head a household than are White women (Levitan and Belows, 1981).

On the other hand, others explained heavier drinking among African American women as the outcome of their greater economic independence and tendency to function as the head of household. Cahalan et al. (1969), stated that the higher proportion of heavy drinkers among African American women may stem from the “frequent filling of the more ‘man-like’ role of head of the household among African American women, which entails more stress, or less imposition of certain types of familial constraints against heavy drinking. Strayer (1961) suggested that the matriarchal position of African American women (as economic providers and central caretakers and authority figures), both predisposes them to alcoholism and also spurs them on to be more successful patients in alcoholism treatment. He pointed out that the African American women in his treatment sample, were more likely to have careers outside of the home and to be divorced or
separated, than white women. Sterne and Pittman (1972) challenged these assumptions by showing that within their sample of African American low-income housing project residents, female heavy drinkers were not significantly more likely than other women to be household heads, workers, or relatively more impoverished. They argued instead, that factors including urbanization, attitudes towards respectability, tolerance for heavy drinking among men, exposure to heavy drinking, and reasons for drinking, differentiated heavy drinking women from other women.

Religion

Religious groups hold to an abstinent attitude at one end of the continuum and utilitarianism at the other end. Also, clusters adhering to ritualistic attitudes, provide clear prescriptions for when and where alcohol use is appropriate (Walters, 1984). According to Herd (1996), religious denominations affect the drinking behavior of their members. Studies have linked religious attitudes and Church attendance to drinking among African American women (Harper, 1983; Cahalan and Cinsin, 1968). Other researchers have supported these findings (King, 1985). African American women who participate actively in religion are more likely to abstain (Humphrey, et al., 1989). Kail (1983) reported that the relatively religiously active African American women in his sample were most likely to abstain from drinking. According to Corrigan and Anderson’s (1982) study of female alcoholics, from fourteen treatment agencies and several Alcoholics Anonymous groups, African American women were more prone to be Protestant rather than Catholic.
Geographical Variation

In most areas of the world, the prevalence of alcoholism in urban areas is higher than in rural areas. Alcohol abuses in urban environment have reported more alcohol related social and personal problems. The amount of difference between urban and rural rates depends on the culture and values of the particular area being studied (Sterne and Pittman 1972). In 1910, just before African Americans began to move in large numbers to northern cities, 73 percent lived in rural areas; that is, they lived on farms or in small communities with fewer than 2500 people, predominately in the southern parts of the United States (Davis, 1993). By 1970, sixty years later, 73 percent of African Americans lived in urban areas. This percentage has since increased. Within the space of two and one half generations, most African Americans, who once lived in the country were now living in both Northern and Southern cities. The change from rural to urban life by African Americans has been manifested by marked changes in the African American’s behavior pattern.

Heavy drinking African American women are more likely to have been reared outside the South (Little-John Associates, 1974). According to Strayer (1961), in his clinical study, 41% of all African American patients admitted to a Connecticut Mental Hospital over a 9 ¼ year period were female. He found that four out of five African Americans, had been born and reared in the South. For a large number of African Americans, the consumption of cheap wine, beers and bathtub gin became a way of coping with changes in their environments. Davis reported (1983) that among impoverished African American alcoholics, in both urban and rural communities, the use of alcoholic beverages eased
personal tension in a society, which has many insulting experiences for them. However, for many, it is a short-lived ego-booster and manifest in acts of defiance to family and community. Also, the middle class African American female alcoholic suffers the same experiences, however, she is less impetuous in her reaction to these experiences (Davis, 1983).

Attitudes Toward Drinking

Sterne and Pittman (1972) reported that heavy drinking women are ultra-permissive regarding males drinking and are as likely as men to acknowledge their own enjoyment of intoxication. Kail reported (1983) that African American women were more inclined to perceive alcohol as a drug compared to white respondents. There were no differences in the perception of alcohol or perception of alcohol use as a national problem among respondents. Minimizing the problem alcohol may hold for this country is also predictive of problematic drinking practices. African American females who perceive alcoholics as different are more likely to report problems. (Kail, 1983).

The complex interplay of general demographic factors in the development of drinking behavior was discussed. Demographic factors appear to have a major effect not only on individuals’ alcohol use patterns, but also on their behavior while under the influence of alcohol.

Glossary of Terms

For the purpose of this study, the following definition of key variables have been formulated to assist in clarification. Variables are defined in terms of both their constitutive and operational definitions. The constitutive definition is a generally agreed
upon definition which appears in the drinking literature or the dictionary. The operational
definition concerns how the variable is used in this particular study. Key variables
explored in this research are defined as follow:

ACCULTURATED

Constitutive definition- Acculturated is defined as an individual who has rejected
the beliefs and practices of their culture of origin in favor of
those of the dominant society or have never learned their
own culture's traditions (Landrine and Klonoff, 1994).

Operational definition - For the purpose of this study, acculturated is operationally
defined as the lower scores by the AAAS
(Landrine and Klonoff, 1994).

ACCULTURATION

Constitutive definition- Refers to the extent to which ethnic-cultural minorities
participate in the cultural traditions, values, beliefs, and
practices of their own culture versus those of the dominant
culture. It is viewed as a continuum from traditional to
acculturated (Landrine and Klonoff, 1994).

Operational definition- For the purpose of this study acculturation is operationally
defined as the higher or lower score of the scales 74 to 518
on the AAAS (Landrine and Klonoff, 1994).
AAAS EIGHT SUBSCALES:

TRADITIONAL FAMILY PRACTICES & VALUES SUBSCALE 1

Constitutive Definition - Family Subscale 1 has 19 items that were designed to assess aspects of the traditional African American family and traditional practices regarding the family (Lozoff, et al., 1984). Many items assessed child taking, child-keeping, or informal adoption, extended family, familism (the belief that the family's needs take priority over those of the individual), co-bathing and co-sleeping.

Operational Definition - Family Subscale 1 is operationally defined by the AAAS scores on a continuum of 12 to 84 (Landrine and Klonoff, 1994).

PREFERENCES FOR THINGS AFRICAN AMERICAN SUBSCALE 2

Constitutive Definition - Preferences for Things African American Subscale 2 has 24 items that were meant to assess preference for African American newspapers, magazines, music, games, and for African American people as well (Landrine and Klonoff, 1994).

Operational Definition - Preferences for Things African American Subscale 2 is operationally defined by the AAAS scores on a continuum of 12 to 84 (Landrine and Klonoff, 1994).
TRADITIONAL FOODS & FOOD PRACTICES SUBSCALE 3

Constitutive Definition - Foods Subscale 3 has 17 items that represent the consumption and preparation of traditional cultural foods (i.e., collard greens) Landrine and Klonoff (1994).

Operational Definition - Foods Subscale 3 is operationally defined by the AAAS scores ranging from 10 to 70 (Landrine and Klonoff, 1994)

INTERRACIAL ATTITUDES SUBSCALE 4

Constructive Definition - Interracial Attitudes Subscale 4 has 33 items that were designed to assess attitudes about European Americans and their institutions that are somewhat common among African Americans; such attitudes have been assessed empirically in previous studies, where they were called cultural mistrust (Terrell and Terrell, 1981). Items included, I don't trust most White people and IQ tests were set up purposefully to discriminate against African American people (Landrine and Klonoff, 1994).

Operational Definition - Interracial Attitudes Subscale 4 is operationally defined by the AAAS-II scores on a continuum from 7 to 84 (Landrine and Klonoff, 1994).
TRADITIONAL HEALTH BELIEFS AND PRACTICES SUBSCALE 5

Constitutive Definition - Health Beliefs Subscale 5 has 36 items that were designed to assess contemporary African American health beliefs and practices that stem from the West African cultures of the slaves and persisted through slavery to the present (Mbiti, 1975). These include the belief that minor illness has natural causes and cures, whereas major illness has supernatural (or “unnatural”) causes and cures (Landrine and Klonoff, 1994).

Operational Definition - Traditional Health Beliefs, Practices Subscale 5 is operationally defined by the AAAS scores on a continuum of 12 to 84 (Landrine and Klonoff, 1994).

RELIGIOUS SUBSCALE 6

Constitutive Definition - Religious Subscale 6 includes 12 items that assessed the deep spirituality that permeated all aspects of African life (Nobles, 1980) and remains a major part of African American personality, culture, and community (McAdoo, 1981). Spirituality may entail extensive involvement in African American church or may reflect deep convictions (Frazier, 1963).
Operational Definition - Religious Beliefs and Practices Subscale 6 is operationally defined by the AAAS scores on a continuum of 6 to 42 (Landrine and Klonoff, 1994).

TRADITIONAL SOCIALIZATION SUBSCALE 7

Constitutive Definition - Socialization Subscale 7 has 17 items that were meant to assess the most common experiences of African American children, including playing African American games such as tonk and jumping double-dutch; growing up in an African American community; and singing in the church choir as a child (Landrine and Klonoff, 1994).

Operational Definition - Traditional Socialization Subscale 7 is operationally defined by the AAAS scores on a continuum of 11 to 77 (Landrine and Klonoff, 1994).

SUPERSTITUTIONS SUBSCALE 8

Constitutive Definition - Superstitions Subscale 8 has 31 items that were designed to assess old superstitious beliefs that many African Americans were taught by their grandparents and whose historical origins appear to be ancient cultural practices. Items included: I eat Black-eyed peas on New Year's Eve - for luck (Landrine and Klonoff, 1994).
Operational Definition - Superstitions Subscale 8 is operationally defined by the AAAS scores ranging from 5 to 35 (Landrine and Klonoff, 1994).

AFRICAN AMERICAN WOMAN

Constitutive definition - African American woman is defined as a female person having origins in any Black racial groups of Africa (RSA, 1995).

Operational definition - For the purpose of this study, African American woman is self-reported.

ALCOHOL ABUSE

Constitutive Definition - Alcohol abuse is defined as the harmful use of alcohol (CSAT, 1994).

Operational definition - For the purpose of this study alcohol abuse is operationally defined as the score of 4 on the MAST (Selzer, 1971).

ALCOHOLISM

Constitutive definition - American Psychological Association (1980) defines alcoholism as a state when an individual’s alcohol intake is great enough to damage their physical health, impair their personal or social functioning, or when it becomes a prerequisite in normal functioning.
Operational definition - For the purpose of this study, alcoholism is operationally
defined as the clinical cut-off score of 10 and above on the
Michigan Alcoholism Screening Test.

DRINKING PATTERNS

Constitutive definition – Drinking pattern are the levels that individuals partake of
alcoholic beverages (Merriman Webster. 1997).

Operational definition - For the purpose of this study, drinking pattern is defined as
drinking and non drinking. Drinking is the clinical cutoff
score of 1 and above on the MAST while the non drinking
are those with a cutoff score of below 1.

HEAVY DRinker

Constitutive definition - Heavy drinker, drinks for a least 1 year, drank daily and had
6 or more drinks at least 2 or 3 times a month; or drank 6 or
more drinks at least once a week for > 1 year. but reported
no problems (Goodwin, et al., 1974).

Operational Definition – For the purpose of this study heavy drinker is operationally
defined as the MAST score of 4 on the MAST
(Selzer, 1971).

NON DRINKER

Constitutive definition – Non Drinker is defined as an individual who abstains from
any and all recreational alcohol use (Valiant, 1983).
Operational definition – For the purpose of this study, abstainer is defined by the MAST (Selzer, 1971) as the clinical score of less than one.

SOCIAL DRINKER

Constitutive definition - Social drinker is defined as a person who drinks alcoholic beverages in moderation, at social gatherings, especially as distinguished from one who drinks habitually or to excess (Merriman Webster, 1997).

Operational definition – For the purpose of this study, social drinker is operationally defined as the scores 1 to 3 on the MAST (Selzer, 1971).

TRADITIONAL

Constitutive definition - Refers to people who remain immersed in many of the beliefs, practices, and values of their own culture (Landrine and Klonoff, 1994).

Operational definition - Traditional is operationally defined by the scores on AAAS (Landrine & Klonoff, 1994).

Justification and Significance of the Study

Aside from the obvious importance of the prevention of drinking related problems, this dissertation has significance in the following areas: research, policy and practice.

Alcohol abuse is both a health problem and a social problem in ethnic communities (Corrigan & Anderson, 1992) and especially among African American women. The problems related to alcohol use and abuse and the absence of research issues and
treatment methods sensitive to the plight of the African American female alcoholic, dictate a need to know more about correlates of alcoholism for African American women.

The research literature is often incomplete and inconsistent relative to the African American female and alcohol, failing to address factors that contribute to an already obscure profile. Corrigan and Anderson (1992) concurred that there continues to be a paucity of data regarding African American drinking patterns in American society. Current research has remained sketchy about the understanding of female alcoholism (Piazza et al., 1992). Babcock and Connor, (1991) maintained that most of the literature on alcohol abuse has focused primarily on white males, although there have been some attempts to identify the differences in drinking patterns and problems between men and women alcoholics. However, only a few studies have compared African American and White female alcoholics (Carrol, et al., 1982; and Corrigan and Anderson, 1982). There remains very little known about the unique problems experienced by the African American female alcoholic (Babcock and Conner, 1991).

Presently, the factors used in predicting alcoholism have been those defined by Jellinek in his 1946 study of male alcoholics. Prevailing theories on correlates of alcoholism among African American women employ the psycho-social approach to research (Beverly, 1981). The basic principle of the psycho-social model rests on the assumption that performance in social functioning is fundamentally tied to intra-psychic processes and is therefore minimally influenced by culture. However, behavioral performances in the African American community can rarely be understood without including into one's
analysis the direct relationship of culture and its impact upon the African American community and the resultant intra-psychic processes of its residents.

This paper calls for a cultural model under the assumption that it holds greater promise in the fight against alcoholism among African American women. Early identification of alcohol related problems will increase the chance of positive outcome. It is feasible that the data generated, could clarify future directions for improving prevention, treatment and rehabilitation services for African American women. Aggressive educational efforts are needed in order to make changes in health problems related to alcohol abuse among African American women. The findings of this study will be useful in many areas that deal with health related issues of women. This study also will contribute to the existing research in the much needed area of alcoholism among African American women.

Summary

Findings of this study, although limited to the accessible population, will be applicable to many arenas. Health educators, psychologists, chemical dependency counselors and those in the medical professions will benefit from further knowledge and understanding of cultural correlates of drinking patterns among African American women.

Chapter I contains a background of the problem that’s related to drinking patterns among African American women, an explication of the need for and the purpose of this study, the research objectives and definitions. Chapter II provides a review of the literature and research related to the variables selected for this study. A description of the
research methodology appears in Chapter III. Chapter IV contains a description of the results of the study, and Chapter V offers a summary as well as conclusions, implications and recommendations.
CHAPTER 2
REVIEW OF RELEVANT LITERATURE

Introduction

This chapter reviews literature pertinent to the understanding of issues addressed in this research. From an organizational perspective, general concepts and background theory will transition the reader to more specific topics including areas of acculturation that are the subject of measurable variables. Specifically, this review will provide: (a) an overview of the study population; (b) history (c) drinking and culture; (d) definition of acculturation; (e) acculturation process; (f) models of acculturation; (g) measurements of acculturation; (h) acculturation and alcohol consumption; and (i) a summary reflecting the relevance of this literature to this study.

The Study Population

African American women constitute a part of the nation's largest ethnic group. Currently numbering close to 18 million (Census Bureau, 1997), African American women represent a portion of the 12.1 percent of the total U. S. population. Further, the African American population is growing at a faster pace than the White with an annual growth rate
of 1.8 percent, as compared to only a 0.06 percent growth rate for Whites (Malgady, Rogler, and Constantine, 1987). African American women are found living and working throughout the entire United States.

African American women are a very heterogeneous group. As a part of the Black racial group, they are represented by numerous diverse ethnic and cultural groups, including Spanish-speaking Blacks from Cuba, Puerto Rico, and Panama, among others; Blacks from the various Caribbean Islands, from Northern Europe, and American Indian Blacks (Baker, 1988).

Ponterotto, Casas and Sue (1991) reported that, “despite many within-group (intracultural) differences among the African American female population, the group as a whole, because of their darker skin, has been subjected to continuing majority-group oppression. In no case has the sheer brutality and evil of racism, prejudice, and penetrating hate been so evident and salient as in the White’s majority’s treatment of Blacks throughout U.S. history” (p. 16). The long-term effects of historical oppression coupled with present life circumstances which generally include lower educational and economic achievement, predispose many African American women to high levels of psychological stress, and alcohol abuse. Prevention, intervention and treatment strategies must be devoted to the understanding of cultural aspects and alcohol usage which evolved from the historical and social experiences of African American women in the United States.
History

Several authors have reviewed the role of alcohol in the history of African Americans in the United States (Bourne and Light, 1979; and Harper, 1976). These works emphasized the importance of historical factors in shaping contemporary drinking practices. Antecedent factors mentioned include former slave status, discriminatory prohibition, racial prejudice, poverty, inferior education, segregation, unemployment, and unstable family life.

The African American female's experience in America is unique. This group first arrived in the United States in the 1600s, and of course, unlike immigrant groups who followed, they came involuntarily as slaves. When Africans were brought to the shores of the United States they were familiar with alcohol and beer (Stuckey, 1987). However, in Africa there were no moral or immoral implications to drinking. It was an integral part of African life with customs built in to control its use (Christmon, 1995).

As African Americans migrated to the North from the South, faced with conditions of urban living, the drinking patterns started to shift. According to Christmon (1995), taverns, as social outlets, began to take on greater significance in northern African American communities than in the South. Since the late 1950s, there has been a rapid annual increase in the frequency of cirrhosis of the liver as a cause of death in African Americans (Herd, 1985). Cirrhosis of the liver is not always caused by excessive use of alcohol, yet it does provide a crude measure of alcoholism (Christmon, 1995). Between 1950 and 1973, liver cirrhosis among Caucasians increased by 60% and the rate among
African Americans rose 242% (Herd, 1985). Liver cirrhosis rates have leveled off since 1973, but the rate among African Americans is still disproportionately high (Herd, 1996). In the United States, alcohol was used in the enslavement of Africans.

According to Bennett (1988), the history of the African American women and alcohol dates back to one year prior to the arrival of the Mayflower to our shores, and 244 years before the signing of the Emancipation of Proclamation, when an African American woman might be exchanged for a gallon of brandy and six beads. A “Dutch Man of War” dropped anchor in Jamestown, Virginia, and its captain traded Anthony, Isabella, Pedro and 17 other Africans for food (Bennett, 1988).

Alcohol also was used during slavery as a way to subdue and control African Americans while being stripped of their land, families, languages, and cultural heritages. American women of African descent have shown remarkable strength and resiliency in their striving to become fully valued, appreciated, and accepted Americans. Christmon, (1995) reported that slaves were not allowed to practice their religion, cultural traditions, or speak their natural language. Also, legal marriages were denied and men were stripped of their tradition as heads of the family. This in effect demanded that the woman become the “backbone” of the family (Christmon, 1995). Without going into great details about the slave culture, it is clear that the slave woman was forced to take on many of the duties and responsibilities that were attributed to the man in the dominated society (Staples, 1970). However, these responsibilities were taken in without the power and status that normally accompany them. Thus, one sees the beginning of the myth of the “Black Matriarch.” According to Monynihan (1965), not only does the Black Matriarch exist,
but also it is responsible for a host of “pathologies” attributed to the black community.

Included among these is alcoholism among women.

Both the roles of the African American women as a matriarch and her historical inferior status could put her at risk of alcoholism. In addition to being African American and female, when she is an alcoholic, she is placed in a triple bind. Hence, her oppression becomes triple fold; namely, she is an African American woman in a male dominated world who is an alcoholic. There is a connection between the way she feels and functions today and with the events that have happened to her historically. Excessive negative feelings deriving from these historical events may be taken into treatment by African American women. The efficacy of prevention and treatment programs for African American women may be enhanced if there is an awareness of the impact that the degradation she might possibly feel and the fact that it might serve as a contributing factor to the maintenance of her alcoholism.

Drinking and Culture

It is important for the helping professionals to acknowledge and understand the tremendous diversity within the African American population in the United States. One’s views of his or her ethnicity and one’s cultural perspective are important variables to be considered in prevention, treatment and rehabilitation policy.

Culture has been shown to be an important analytic framework when studying alcohol. Culture can be defined as patterns of cognition, behaviors and social norms of a community or a population transmitted over time (Heath, 1981). Alcohol consumption and the standards that govern normal and pathological levels of drinking vary markedly
across cultures (Bennett et al., 1993 and Fillmore et al., 1993). Cultural standards can become manifest in "formal" and "informal" responses to drinking (i.e., normative influences), and such responses in turn can influence drinking behavior (Room, 1991). Formal responses include the establishment of laws and sanctions that regulate access to and use of alcohol and the provision of treatment options aimed at remediating drinking problems. Informal responses include actions taken by family, friends, and acquaintances in attempting to control a drinker's behavior.

Investigating acculturation patterns among immigrant populations is an approach for determining normative influences on drinking behavior (Heath, 1993). It is therefore important, especially in a multicultural society such as United States to take the interplay of the dominant and ethnic minority cultures into consideration when studying drinking patterns. Interest in alcohol consumption and culture has increased in recent years (Caetano, 1987), particularly in studies exploring the changes in drinking behavior as a result of changes in culture (Caetano, 1993 and Markides, 1987). Knowledge about culture and alcohol use can be vital for informing social policy regarding ways in which to enhance the culture through education and necessary treatment.

African American women are a cultural group that comprises the largest ethnic population in the United States. This study on African American female's pattern of drinking as it relates to culture is expected to be helpful to the community and those serving this community such as prevention, treatment and intervention specialists. In fact, the Department of Health and Human Services (1996), in its Healthy People 2000 National Health Promotion and Disease Prevention Objectives recommended that research
be increased on alcohol use with the objective of reducing its associated hazards. In this study, culture is operationalized as acculturation.

**Definition of Acculturation**

Acculturation can be viewed from an individual level and a larger sociological level of analyzing the extent to and the process through which an entire ethnic group acculturates. At the larger sociological level, scholars debate the nature and stages of acculturation (assimilation in their terms) and whether assimilation is beneficial to ethnic minority groups, as well as to society (Postiglione, 1983 and Gordon, 1964). This is not the interest of this researcher. Rather, the focus of this research is the fact that, whatever the general degree of acculturation of the African American ethnic group of females, some members within this group remain traditional (e.g., can speak only their native language), whereas others are highly acculturated (can speak only English and never learned the language of their culture). It has been shown that a strong relationship exists between these individual differences within an ethnic group in level of acculturation and behaviors such as smoking, experiencing psychiatric disorders, and seeking psychotherapy, as well as to health problems such as hypertension (Landrine and Klonoff, 1994). Any behavior can be substituted into this general prediction for any ethnic minority group. This research explored the relationship between drinking behavior among African American women and individual differences in acculturation orientations.

For the purpose of this study, acculturation was defined from the perspective of Landrine and Klonoff (1994). Landrine and Klonoff defines acculturation as the extent to which ethnic-cultural minorities participate in the culture traditions, values, beliefs, and
practices of their own culture versus those of the dominant "White" society.

Acculturation can be thought of as a continuum from traditional to acculturated. Traditional people are those who remain immerse in many of the beliefs and practices of their own culture. Bicultural people are in the middle, and they have retained the beliefs and practices of their own culture (their culture of origin) but also have assimilated the beliefs and practices of the dominant society and so participate in two very different cultural traditions simultaneously. At the other end of the continuum are highly acculturated people, who have rejected the beliefs and practices of their own culture of origin in favor of those of the dominant society or have never learned their own culture's traditions. Members of the ethnic minority groups are highly traditional, while some are bicultural and others are highly acculturated. Figure 1 displays acculturation orientations.

<table>
<thead>
<tr>
<th>Acculturation</th>
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<tbody>
<tr>
<td>Traditional</td>
</tr>
<tr>
<td>Immersed in culture of origin</td>
</tr>
<tr>
<td>Usually cannot Speak much English</td>
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Figure 1: Acculturation Orientations
According to Dana (1993), highly traditional ethnic minorities differ significantly from Whites on a variety of scales and behaviors but that highly acculturated minorities typically do not. The highly acculturated ethnic minorities, in many ways behave like the dominant culture because, by definition, the beliefs, values, and cognitive styles that characterize highly acculturated minorities are by and large those of the dominant society’s culture. Therefore, ethnic differences can be understood as a manifestation of an individual’s level of acculturation: as a simple reflection of the extent to which ethnic minority people participate – or not – in the beliefs, values, and cognitive styles of the dominant society. These differences between ethnic groups and the dominant culture do not reflect deficits or deviance on the part of the minority group but are reflections of familiarity with and immersion in one culture versus another.

**Acculturation Process**

Results of research demonstrate that acculturation is a powerful force shaping women’s drinking patterns rather than men (Caetano, 1989) and this study explored this tendency. The effect of acculturation on drinking and heavier drinking among Hispanic women is independent of being born in the United States. For instance, Caetano found a strong association between the effect of other attributes, such as age, income, education, and acculturation by American culture and an increase in drinking by Mexican Americans (Caetano, 1988). Evidence suggested that acculturation was more consistently related to the alcohol consumption of females than males (Caetano, 1989).

Acculturation is considered to be the process by which a minority group adjusts to the culture of the broader group. It is a complex term that involves a combination of many
cultural, cognitive, and behavioral dimensions (Cuellar, Harris, and Jasso, 1980). The process of acculturation has the potential of affecting social and personal situations, contributing to stress and problems, and increasing vulnerability to an increase in alcohol and other drug use (Padilla, 1980). Such adjustment to another culture may result, for example, in a more acculturated individual becoming socially distanced from a less acculturated family or social group, with accompanying feelings of isolation. At the less an acculturated individual may experience a sense of isolation and respond maladaptively if he or she views others close to him or her as adopting the behaviors and values of the dominant culture. For instance, young Mexican Americans who were not acculturated were found to be at a greater risk of heavy and problem drinking (Neff, Hoppe, and Perea, 1987) than those who were acculturated are.

Drinking norms vary greatly for women among different cultures, therefore acculturation is studied to determine how women’s drinking habits may change as they adapt to a new culture (Caetano, 1994). The National Alcohol Survey (1984) showed that women who are highly acculturated are more likely to drink than those who are less acculturated. The abstention rate among less acculturated women was 70%, whereas in the highly acculturated group, it was 32 percent. In contrast, the proportion of women drinking at least once a week was 22 percent among the highly acculturated but only 3 percent among the highly acculturated. According to Caetano (1994), the effect of acculturation among the women in his sample is independent of the effect of other attributes, such as age, income, education, and being born in the United States. These findings can be related to African American females because Wilsnack et al. (1994)
indicated that one strong predicator of women drinking, that is valid across ethnic
categories is the level of acculturation.

Models of Acculturation

Marginal Acculturation Model

Models of acculturation have been applied to the investigation of drinking practices. The marginality stress model of acculturation (Sodowsky, Lai, and Plake, 1991) suggested that individuals who are marginal, or distanced from their original cultural life-style and not personally accepting of or accepted into the dominant cultural life-style, are apt to experience the greatest amount of stress in the acculturation process.

Linear Acculturation Model

The linear acculturation model suggests that drinking practices will begin to resemble those of the dominant culture as individuals acculturate and become more similar to the majority population in attitudes, values, and behaviors. For instance, as Hispanic women, who typically drink with lower frequency and in smaller amounts than White women, become more acculturated in the United States, their drinking frequency increases (Caetano, 1989). For Hispanic men, acculturation is associated with more frequent but less heavy drinking, which is similar to the drinking pattern of men in the dominant population, as previously mentioned.

Acculturative Stress Model

The acculturative stress model (Berry, 1980) maintains that when the values, customs, behaviors, and psychological characteristics of the dominant and minority groups come into conflict, crisis occurs in the acculturation process. Stress may arise from the
difficulties encountered in fitting into a new culture and leaving behind the old cultural lifestyle (Galan, 1978). Stress associated with acculturation, according to this model, is assumed to contribute to drinking aimed at reducing stress (Gilbert and Cervantes, 1986). The acculturation process is thought to cause stress which leads to an increase in alcohol use for more acculturated individuals (Trotter, 1986). Within families, different levels of acculturation may diminish the stabilizing impact that the family environment generates, disrupting the traditional closely knit family (Szapocznik, Kurtines, and Fernandez, 1980). Younger people acculturate at a rate faster than their parents, which results in disruption of the family structures (Szapocznik and Kurtines, 1980). The acculturative stress model is reflected in the results of Hispanic heavy drinkers, in which more heavy drinkers were found in an urban area considered acculturated than in an urban area considered less acculturated (Alcoer, 1977).

**Biculturalism Model**

The fourth major theory is one of “biculturalism,” which holds that the acculturation of American ethnic minorities can be characterized on two theoretically independent scales: “ethnicism” and “Americanism”. This theory accounts for the existence of “bicultural” individuals (who maintain aspects of their own ethnic culture as well as the dominant culture) and “marginal” individuals (who are theoretically unattached to both ethnic and American culture). According to this model, measurement of acculturation would require defining and assessing an individual’s participation in both traditional ethnic culture and mainstream culture.
Continuum Model

Wells, and et. al (1989) described the main theory of acculturation used among investigators of Hispanic Americans, and the two approaches to measurement of acculturation that reflect those theories. This theory regards acculturation as a continuum from exclusive ethnic cultural status on one end to exclusive American cultural status on the other.

Following theory, the measurement of acculturation requires assessing the level at which the ethnic individual participates in his or her traditional culture (i.e., questions of "how much is the individual like members of their own ethnic group?"). Most published measures of acculturation use the continuum model approach (Landrine and Klonoff, 1994, 1995; Marin, Sabogal, Marin, Otero-Sabogal, and Perez-Stable, 1987; Padilla, 1980; and Cuellar, Harris, and Jassso, 1980).

African American Acculturation Model

The theoretical foundation of this study rests in the African American Acculturation Model which was developed by Landrine and Klonoff (1994). The African American Acculturation Model is a type of continuum model that consists of four basic concepts, three principles and a process. Components of the African American Acculturation Model (Landrine and Klonoff, 1994) are: duplicate institutions, ethnic enclaves, ethnic parent-group, ethnic socialization, and social comparison (p. 45-61).

Concepts

Duplicate Institutions – all ethnic minority cultures function as semiautonomous entities or subcultures within the larger common culture in that each possess its own
analogous, parallel, noncomplementary (yet duplicate) institutions (van den Berghe, 1978). These duplicate institutions include the ethnic group's own newspapers, magazines, churches, schools, clinics or hospitals, social and political clubs and organizations, leaders, and the like.

Ethnic Enclaves – voluntary or involuntary physical and spatial segregation and concentration (i.e., territorial propinquity; van den Berghe, 1978) of members of an ethnic group in geographically distinct, more or less ethnically homogenous neighborhoods or communities.

Parent Groups – are a special group of the highly traditional, who live their entire lives within ethnic enclaves and never leave, and whose parents and also grandparents. They are the guardians, the sentinels of the culture. According to Portes (1984), members of parent groups constitute the power circles within ethnic minorities communities.

Ethnic Socialization refers to socialization that focuses on the nature and meaning of being a member of an ethnic minority group; the relative status of one's ethnic minority group vis-à-vis the dominant culture; the discrimination and unfair, hostile treatment that the individual can expect to experience as a consequence of being a member of an ethnic minority group; and explanations of the dominant group's discrimination and hostility – casual attributions regarding racism.

Principles

Principle of Return implies that acculturation is a dynamic, dialectical, and or circular process in that it is inevitable that all members return to the values.
traditions, and practices of their culture of origin, and many may return to live in an ethnic enclave, as well. The principle of return is due to age, children, racism, and discrimination faced in the dominant group local environments.

**Principle of Fractionization and Allopatricity** – acculturation proceeds by fractionization, the splitting off of an individual or a family from the values and traditions represented by the parent group and other traditional members of the culture. It occurs through allopatricity (in another place). Individuals who are most likely to acculturate are culturally and perhaps (but not necessarily) also geographically in another place. They differ somewhat from the traditional person, and everyone knows that they are different. They do not participate in many of the culture’s practices or language use or social activities; they are on the margins of the culture.

**Principle of Quality of Contact** – in order to acculturate, individuals must have extended contact with the dominant culture. Whether this contact starts out as primarily positive or primarily negative in part predicts the nature, speed, and path of the acculturative process.

**Principle of Ethnic Socialization** – the content of the message that individuals have learned about the dominant group (described earlier) also predicts the nature, speed and path of the acculturative process.

**Process**

Notwithstanding the above principles, acculturation is a function of Festinger (1954) social comparison processes. Social comparison is a process in which people compare
themselves to others in a situation to evaluate the extent to which their behaviors and responses are acceptable, where acceptable means that responses and behaviors will be reinforced with (smiles, praises, liking, money, job offers) or punished through (ignoring, distancing, excluding). African Americans become acculturated or bicultural by comparing themselves to the dominant group in a dominant local environment to appraise the extent to which their behavior repertoire is acceptable within the dominant local environment.

Researchers hypothesized that marginal African Americans are those who are most likely to become drug abusers and criminals, because they have not internalized the values of any culture (Landrine and Klonoff, 1994; Oetting and Beauvais, 1990, 1991; Oetting, Edwards, and Beauvais, 1989). Other researchers hypothesized that the more acculturated individual will tend to be a drinker rather than a nondrinker (Black and Markides, 1993). Because the African American Acculturation Scale only measures degrees of immersion in African American culture, this study can only compare the highly acculturated to the highly traditional and cannot address marginalism, biculturalism, multiculturalism, or the meaning of midrange scores on the scale. Figure 2 components of Landrine and Klonoff (1994) African American Acculturation Model.
Variables that Play a Role in Acculturation

- Duplicate Institutions
- Ethnic Enclaves
- Ethnic Parent Groups
- Ethnic Socialization

Predictors of Acculturation

- Principle of Return
- Fractionization
- Allopatricity
- Quality of Contact
- With Dominate Group
- Ethnic Socialization

Acculturation Process

Social Process

Stages of Acculturation

- Traditional
- Bicultural
- Acculturated

Acculturation Outcome

- Low Stress
- High Stress

Behavior

- Non drinking
- Drinking

Figure 2: African American Model of Acculturation (Landrine and Klonoff, 1996)
Measuring Acculturation

In accordance with existing theories, Well et al. (1989) noted that existing measures of acculturation assesses both behavioral (e.g., language, customs, social interaction) and attitudinal (e.g., ethnic pride, perception of discrimination, traditional beliefs) variables. Some investigators include variables such as generational status, age, education, gender, and economic status within the definition of acculturation; as a result, the socio-demographic correlates of acculturation seem to vary depending on the ethnic group being measured and the method of measurement (Wells, et al., 1989).

Since it is isolation from dominant culture which should impede the acculturative process, some researchers (Dillard, 1972; Negy and Woods, 1992) maintained that acculturation occurs more slowly for older, less educated, and poorer individuals. However, some studies (Landrine and Klonoff, 1994, 1995; Marin et al., 1987) have found little or no association between acculturation and socio-demographic variables such as age, income, and education.

Researchers have also warned users of acculturation scales about the dangers of using the self-report paradigm. Negy and Woods (1992) cautioned that self-reports of acculturation could potentially be unreliable for two reasons: 1) under- or over-reporting of certain characteristics for which strong culturally-specific conventions exist (as compared to non-Hispanic Whites), and 2) inability to objectively represent one's own acculturation level.

Kochman (1986) outlined the problem of requiring subjects to have a meta-analytic understanding of their own level of acculturation, emphasizing that unless researchers
could operationally define dimensions of "American" or "ethnic" character, subjects should not be asked to analyze the extent or nature of their own degree of fit into those cultures. These authors suggested that because it is impossible for any individual to objectively rate their own degree of acculturation, values and attitudes should be analyzed separately from behaviors (e.g., language use, presence of specific ethnic customs) that more objectively reflect degree of integration into mainstream culture.

Notwithstanding the previous cautions, scores on acculturation scales have been used to predict a number of psychological variables among ethnic group members. For example, Hispanic acculturation has been found to be related to a person's mental health status (e.g., depression, psychological distress, adjustment), levels of social support, deviancy, use of health services, alcoholism, drug use and other health behaviors, political and social attitudes, risk of coronary heart disease and suicide (Neff and Hoppe, 1993; Nyamathi, et al., 1993; Moyerman and Forman, 1992; Wells et al., 1989; and Marin et al., 1987).

Researchers have found that the assessment of the use of Spanish is one of the most effective and sensitive ways to measure Hispanic acculturation. For example, a language factor derived from questions assessing proficiency and preferences for speaking Spanish in a number of settings (e.g., as a child, at home, with friends, at school/work, and while thinking) accounted for almost 55% of the variance of the Marin et al. (1987) Hispanic acculturation scale, 65% of the variance in the Cuellar et al. (1980) scale of Mexican American Acculturation, and 74% of the variance of the Padilla (1980) acculturation scale for Hispanics.
Recently, Landrine and Klonoff (1995, 1994) reported the development of a reliable and valid self-report African American Acculturation Scale. Thus far, the developers of the African American Acculturation Scale have found that score on their measure has significant relationships to smoking behavior, substance abuse and safer-sex behavior among African Americans (Landrine, 1994).

**Acculturation and Alcohol Consumption**

Many studies have found that a group's characteristic use of alcohol and other drugs begins to resemble the usage of the larger and dominant population. Early studies of the relationship between alcohol use and acculturation focused on Jewish, Irish, and Italian populations. In the past decade, though, emphasis has shifted to examining the relationship primarily among Mexican Americans. Notwithstanding the aforementioned, there still remains a paucity of research in the area of acculturation and drinking. Hence, this review includes research that reflects the past decade as well as the earlier studies.

Diaz (1995) conducted a study of Acculturation, Stress and Alcohol Drinking Among Puerto Ricans on a sample of 100 male (66) and female (34), adult Puerto Rican alcohol drinkers residing in the State of Massachusetts. Seventy-four of these were born in Puerto Rico and 26 were born in the United States. Analysis of variance and multivariate analysis of variance were conducted to discover significant differences among the subsamples' means. Findings suggested that the experience of highly acculturated Puerto Ricans differs from the experiences of Puerto Ricans in the partial and low acculturation categories in several ways. Family/cultural conflict was found to be the main source of
stress only for highly acculturated Puerto Ricans. Furthermore, only highly acculturated Puerto Ricans consumed alcohol more often as their levels of stress increased.

James (1995) conducted a study on the function of acculturation to understand substance use among Hispanic adolescents. A sample of 758 ninth grade students from four high schools making up the District 60 Pueblo, Colorado served as the sample for his study. A latent variable structural equation model of several social constructs related to adolescent substance use was proposed and tested with Proc Calis. The latent variables of acculturation and negative consequences were included in the proposed structural equations model. The data were also subjected to a 4x3x2 ANOVA in order to provide information of the main effects of acculturation. The final model produced a goodness of fit of .92 with a range of .83 to .89 for other measures of model fit. The model explained 49% of the variance of adolescence substance abuse. Acculturation had a small and indirect effect on substance use (.045).

Vellani (1994) conducted a study with a random sample of 196 Sikh females who were 18 years or older. Analyses involved multivariate logistic regression and odds ratios to explore the data. From her logistic regression model, she concluded that there existed a relationship between acculturation, being born in India, education levels and alcohol consumption. Acculturation was significant in that Sikh females who tended to be more acculturated were more likely to consume alcohol. The odds ratios indicated that females who consumed alcohol had higher acculturation scores (OR=1.58), more acculturated females were 1.58 times more likely to consume alcohol, than those who were not.
Black and Markides (1993) found through regression analysis that acculturation among three groups of Hispanic women, namely Mexican-American (1,861), Puerto-American (775), and Cuban-American (488) was positively associated with both the frequency of alcohol consumption and the probability of being a drinker. Higher levels of acculturation were consistently related to higher proportions of drinkers and greater frequency of consumption among women in all three groups.

Based on data from a collaborative Japan-U.S. study, Tsunoda et al. (1992) noted that the rate of heavy drinking among Japanese men was nearly three times greater than the rates among either Japanese Americans or white men. Among Japanese women, the rate of abstention was nearly two times higher. Chi Square tests were used to test statistical significance for univariate analyses; factor analysis was conducted to examine the differences in drinking norms. The subjects were persons of 18 year and older; 1225 Japanese in Japan, 514 Japanese Americans in Hawaiian, 516 Japanese Americans in California, and 525 whites in California.

Neff and Hoppe (1992) conducted a study on acculturation and drinking patterns among U.S. Whites (412), African Americans (239), and Mexican Americans (635) living in San Antonio, Texas. Multistage probability sampling and mean scores and standard deviations were utilized. Overall, the analyses indicated little evidence to support an "acculturation stress" model of alcohol use, wherein the stresses of acculturation produced higher levels of alcohol consumption among moderately or higher acculturation groups.
Gilbert (1991), in his ethnographic study reported that among successive generations of Mexicans in California, the proportion of abstainers fell with each generation; that is, the longer the Mexican-Americans had lived in the country of their origin, the more they drank. Changes in drinking patterns are thought to be a part of an acculturative process in which these women adopt the behaviors and attitudes of women in the general population (Gilbert, 1991).

Grossman (1990) in her study, reported on the effects of immigration and acculturation on the alcoholism problems of Hispanics. The subjects were 102 Hispanic immigrants who were admitted to an alcoholism treatment program during a seven month period. Data were collected through face to face interviews and analyzed with correlation coefficients. The hypothesis was supported that a significant correlation was demonstrated between several aspects of the immigration-acculturation experience and exacerbation of alcohol problems after immigration. The most significant finding was that those subjects who had the highest levels of acculturation also had the highest levels of exacerbation of alcohol related problems. The findings indicated that the age of immigration and length of residence of the subjects in the United States had the strongest impact on acculturation.

Caetano and Mora (1988) explored the drinking patterns and alcohol problems found in two groups of individuals of Mexican descent. The groups consisted of representative sample of 949 Mexican Americans residing in the U. S. and a sample of 1200 residents from the Michoacan region in Mexico who were selected through a stratified multistage sampling procedure. This analysis used logistic regression to investigate the predictors of
drinking. Findings indicated that the frequency of drinking among males was associated with their level of acculturation and that subjects who were more acculturated had more liberal drinking norms. Mexican Americans (all acculturation levels together) have a higher rate than those from Mexico for salience of drinking behavior, impaired control over drinking and belligerence. Mexican American women in the medium and high acculturation group report relatively high rates of impaired control and belligerence.

In a study by Caetano, (1987) on acculturation and drinking patterns among 1,453 United States Hispanics, acculturation was associated with an increased amount of drinking for women who were highly acculturated. More acculturated women have five times more chance of being drinkers than women in the low acculturated group. Women in the high acculturation group have 9 times more chances of being frequent high maximum or frequent heavy drinkers than women in the low acculturation. Acculturation is associated with decreased abstention among older men, and with a higher rate of frequent heavy drinking among younger men. Overall, the association between drinking patterns and acculturation is stronger and more consistent for women than for men. The method of analysis was logistic regression.

Neff, Hoppe, and Perea (1987) found in a sample of 164 non-Hispanic Whites and 149 Mexican-American male drinkers that the quantity of alcohol use was significantly higher among less assimilated Mexican Americans; “escape” drinking motives were higher for this group too. These authors pointed out, as did Blane, that a straightforward acculturation model is not sufficient to explain alcohol use among ethnic minorities. They recommend the use of a cultural/marginality stress model.
Weisner, et al. (1984) discussed acculturation and alcohol abuse among Native Americans. He reported that Native Americans have higher rates of alcohol consumption than any other ethnic group in the United States (Weisner, et al., 1984). Other researchers have reported on the effects of acculturation and alcohol for the Native Americans. According to Berlin, et al. (1987), attempts to alleviate the sense of hopelessness and loss of identity engendered by acculturative stress and other problems, alcohol has become a primary and destructive coping mechanism for Indian people.

Kitano and Chi’s conducted a study of alcohol consumption in Asians in the U. S. Subjects included Chinese Americans (298), Japanese Americans (295), Korean Americans (280) and Filipino Americans (230). Kitano and Chi (1986-87) found a direct relation between degree of acculturation variables and increase in drinking. A “snowball” sampling technique was used to obtain a sample size of 1103. Chi square and analysis of variance were used to test for statistical significance of differences among groups.

Simboli’s (1985) observation on Italian-American drinking described increases in drinking from the first generation through succeeding generations. He also observed a decrease in the traditional patterns of wine drinking corresponding to increases in the consumption of other alcoholic beverages commonly used in the host society.

The National Alcohol Survey (1984) showed that Hispanic women who are highly acculturated are more likely to drink than are those who are less acculturated. The abstention rate among less acculturated women was 70 percent, whereas in the highly acculturated group, it was 32 percent. In contrast, the proportion of women drinking at
least once a week was 22 percent among the highly acculturated but only 3 percent among
the less acculturated. The test of statistical significance was the z test.

Hughes and Doddler (1984) in their study on American Indian college students
drinking patterns suggested that their patterns are quite similar to those of their White
peers, although Indian students are more likely to have been arrested because of their
drinking.

In an investigation of urban Indian styles, Weisner et al. (1984) found that family
drinking models and psychological stress were the greatest predictors of drinking level.
Their study also found that Indians considered to be “teetotalers” and “moderate drinkers”
were those who were committed to Christian beliefs or to the preservation of
traditionalism, ancestry, and culture.

Hughes Galan (1981) in his study of Chicano’s alcohol consumption and the effect of
acculturation on their attitude toward alcohol use and alcoholism. A probability sample of
153 males was drawn from the general population of the Rio Grande Valley of Texas
utilizing a multistage sampling design. The findings of this study suggested that Chicanas
in the sample were acculturated with a strong sense of traditionalism. Acculturation
impacted drinking patterns in that subjects drank less frequently and in greater amounts
with family or peers, but drank more frequently and in smaller amounts with fellow
employees.

In a study of over 1,400 Italian-American adults, Blane (1977) found “that a drinking
style emerged that was a blend of their home country patterns and those characteristics of
a typical American.” (p. 1339). He stated that “the phenomenon of relatively high
frequent drinking rates appears to be an instance where a recently learned cultural element combines with a declining but still powerful old cultural form to result in the acceleration of a drinking pattern to levels greater than usual in the host country." Blane’s position was that extensive variation exists in the motives and patterns for alcohol and other drug use and acculturation, contributes in some differential way to the outcome. Chi square and covariance analyses were utilized in this study.

Summary

A preponderance of studies suggested that there is an influence of acculturation on drinking patterns and habits. From all appearances, the research literature of the past decade or so suggested that researchers believe that acculturative status contributes to a wide range of socio-cultural and behavioral problems.
CHAPTER 3
METHODOLOGY

Introduction

The purpose of this study was to describe drinking patterns, i.e. (nondrinker and drinker) as defined by the MAST. The study also described acculturation as it was related to drinking patterns of African American women. The intent was to explain to what extent the dependent (drinking pattern) variable relates to the independent (acculturation) variable.

This chapter is comprised of five sections. The first section describes the research design. The second section discusses the population, while the third section describes the instrumentation employed. The fourth section describes the procedures. The final section presents the limitations of this study.

Research Design

Educational research has many aims and purposes, including describing, explaining, exploring, and proposing action. Campbell and Stanley (1963) stated that ex post facto research is performed with the intent to explain and predict a phenomena (p. 12). This research endeavor was designed with that goal in mind. The researcher sought to explain the relationship of drinking and acculturation for African American women.
In this design, drinking patterns were the naturally occurring event. Randomization of subjects to treatment levels can not occur nor are the independent variables maniputable. Thus, this study began with the measurement of the dependent variable, drinking, and the independent variable was examined to determine if it explains or account for the variability in the dependent variable.

African American female drinkers and non-drinkers were compared in terms of acculturation as measured by acculturation level on the AAAS. An attempt was made to explore the differences that exist, if any, between drinkers and nondrinkers. It is hypothesized that the two groups will differ significantly from one another. The nature of these differences was studied with respect to the independent variable. The overall research hypothesis is: African American women who are acculturated will tend to be drinkers and those who are traditional will tend to be non-drinkers. An explanation of the dependent, or group variable and independent, or discriminating variable will be presented in the next section.

Following the advice of Kerlinger (1973), alternative or control hypotheses were formulated to describe the anticipated relationships between drinking, acculturation and the five potentially extraneous variables (age, education, income, marital status, and employment status). The potentially extraneous variables are consistent with the descriptive predictors that the (1995) National Alcohol Study used in describing its African American female subsample.
Internal Validity

Fraenkel and Wallen (1993) reported, "The major threat to the internal validity of a causal-comparative (ex post facto) study is the possibility of a subject-characteristics" (p. 322). For example, the age of a subject may influence drinking patterns. The researcher minimized the internal threat by testing alternative hypotheses (Kerlinger, 1993). Testing alternative hypotheses aids the researcher in making appropriate qualifications concerning the relationships between the dependent variable and the major independent variable. The relationship between identified potential extraneous variables were hypothesized and tested to rule out plausible rival explanations for variability in the dependent variable. If the analysis indicates that the rival (extraneous) variables are not related to the dependent variable, findings concerning the relationship between the major independent variable and the dependent variable are strengthened in terms of internal validity. On the other hand, if the analysis indicates that some or all of the extraneous variables are related to the dependent variable, interpretation of the findings pertaining to the major hypothesis must be qualified by the findings concerning the variables specified in the alternative hypotheses.

Analysis of Relationships

The procedure described by Warmbrod and Miller, (1974) was followed in analyzing the relationships among variables. Three sets of relationships were examined: (1) those between the extraneous variables and dependent variable, (2) those between the extraneous variables and the major independent variables, and (3) between the major independent variable and the dependent variable. The idea was to find the unique variance
contributed by the independent variable of interest after the variance contributed by the extraneous variables had been accounted for.

Hypotheses

Research Hypothesis 1

H1: There is a positive relationship between drinking patterns and acculturation for African American women (Wilsnack et al., 1994).

H0: There is no relationship between drinking patterns and acculturation for African American women.

Alternative Hypothesis 2

H1: There is a relationship between drinking patterns and age for African American women.

H0: There is no relationship between drinking patterns and age for African American women.

Alternative Hypothesis 3

H1: There is a relationship between drinking patterns and marital status for African American women.

H0: There is no relationship between drinking patterns and marital status for African American women.
Alternative Hypothesis 4

H1: There is a relationship between drinking patterns and education for African American women.

H0: There is no relationship between drinking patterns and education for African American women.

Alternative Hypothesis 5

H1: There is a relationship between drinking patterns and income for African American women.

H0: There is no relationship between drinking patterns and income for African American women.

Alternative Hypothesis 6

H1: There is a relationship among drinking patterns and age, marital status, income, employment status, education and the eight AAAS subscales.

H0: There is no relationship among drinking patterns and age, marital status, income, employment status, education and the eight AAAS subscales.

Population

Sample Population

It was not feasible to obtain the target population (African American females in the national general population) due to time, economics and accessibility. The accessible population consisted of African American females who reside in the general population of
Franklin County. Franklin is a county located in Columbus, Ohio. Columbus is a metropolitan area of one million people, a Midwestern city, the state capitol, and the home of The Ohio State University.

Sample Size

Fraenkel (1993) recommended a minimum number of 30 subjects in each group for an ex post facto study. The 240 respondents that made up the accessible population meet the aforementioned requirement for this research design. In this study, the sample consisted of a treatment group of drinkers and a comparison group of nondrinkers. Individuals self-selected themselves into the drinking and non-drinking groups. Figure 3 denotes the sample distribution by drinking patterns.

<table>
<thead>
<tr>
<th>Drinkers</th>
<th>Nondrinkers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Group</td>
<td>Comparison Group</td>
</tr>
<tr>
<td>140</td>
<td>100</td>
</tr>
</tbody>
</table>

n = 240

Figure 3. Sample from general population
Sampling Procedure

The sampling method utilized in this study was the purposive method. The purposive sampling also referred to sample elements judged to be typical or representative are chosen from the population (Ary, Jacobs, and Razavieh, 1990). Whether an individual was included into the sample was based on gender (female) and ethnicity (African American).

Instrumentation

In this investigation, the data were collected by the administration of a questionnaire via mailings. The questionnaire consisted of demographic information, a drinking measure, and an acculturation inventory. The completion of the questionnaire took no longer than 45 minutes. The questionnaire was divided into three sections. Section one consisted of demographic variables (age, marital status, education, occupation, income, religion, geographical location, head of household status, and drinking attitudes). Section two consisted of alcohol features that were measured by the Michigan Alcoholism Screening Test (MAST). Section three was an instrument developed by Landrine and Klonoff (1994) which measures African American acculturation via the African American Acculturation Scale (AAAS). (Refer to appendix for illustration of instruments).

The Michigan Alcoholism Screening Test (MAST) is probably the best known and most utilized screening instrument for alcohol disorders. It taps various problems associated with drinking. Developed on an all male population, it has always been used with both genders. The MAST, in questionnaire form, is considered to be a quite reliable and valid screening measure for alcoholism. It has been used with many different subject groups including male and female alcoholics, including African American women.
(Hedlund and Vieweg, 1984). The MAST was chosen because it is rated as a consistent, quantifiable instrument for the differentiation of drinking patterns as well as the detection of alcoholism. The 25-items (Selzer, 1971) test is self-administered and typically completed in 10 minutes. The MAST was designed to provide a rapid and effective screening for alcohol related problems and alcoholism. The questionnaire included a range of questions assessing drinking behavior, negative consequences of drinking (e.g., physical, psychological, legal, interpersonal) and efforts to seek help for one’s drinking behavior. Because of its wide use and brief format, the MAST (Selzer, 1971) provides an important reference instrument.

Validity and Reliability

During the MAST’s 23 year history of wide use, consistent face validity and test-retest reliability has been established. The MAST has internal consistency with an \( \alpha \) coefficient of .95. Similar conclusions (.95) were found for the MAST reliability for this study’s sample by using Crombrach Alpha (see Appendix for reliability coefficients for the MAST). In a sample from the Clinical Institute of the Addiction Research Foundation in Toronto, Skinner (1979) found that the MAST yielded a highly reliable score, was only moderately influenced by carelessness, denial and the desire for social acceptance, and correlated with indices of psychopathology. Also, Skinner identified five categories of the MAST items that may be scored separately to give specific indices. An estimate of .93 for the internal-consistency reliability of the 25-item MAST in a sample.

The long and short forms of the MAST have excellent internal consistencies, with alphas of .95 and .93, respectively. No data on stability were reported. The MAST has
excellent known-groups validity, being able to classify most respondents as alcoholic or nonalcoholic. In 1979, Skinner found that when respondents were instructed in advance to lie about their drinking problems, the MAST correctly identified 92% of 99 hospitalized alcoholics as having severe alcoholic problems.

**Scoring**

The MAST is presented with yes/no response choices and is often scored with unitary weighing of the items (Skinner, 1979). Also, the MAST items focus on symptoms of problematic drinking and negative consequences of alcohol use. The MAST scoring system, as designed by Selzer in 1971, was utilized. Out of a total score of 56, less than one indicates non-drinking, 3 points or less indicate a non-problem drinking, 4 to 9 indicates problem drinking and a score of 10 points or greater indicate alcoholism. Scores were collapsed for the logistic regression equation because drinking patterns among African American women tend to be concentrated at the extremes of either abstinence or heavy drinking (CASA, 1996). In this study non-drinking (41.7%) were scores less than one and drinking (58.3%) were scores one and above. See Appendix for scoring on individual items.

The African American Acculturation Scale (AAAS) developed by Landrine (1994) consists of 74 items. The statements are grouped into eight subscales as well as a total AAAS score. The subscales are (1) traditional family practices and values; (2) preference for Things African American; (3) traditional foods and food practices; (4) interracial attitudes; (5) traditional health beliefs, practices, and folk disorders; (6) religious beliefs and practices; (7) traditional socialization; and (8) superstitions.
Validity and Reliability

According to Landrine and Klonoff (1994), the AAAS eight subscales have sufficient validity (group differences criterion-related validity, concurrent validity) and reliability (with alphas ranging from .71 to .90) to be used by researchers. Their analysis suggested that the AAAS has excellent internal consistency and split-half reliability ($r = .93, p = .001$) as well as group-differences and concurrent validity. Cronbach Alpha found that the reliability of the AAAS and this sample is .96 (see Appendix for reliability analysis).

The scale was normed on a community sample of African American adults across a range of ages, social classes, and education levels and from a variety of geographical regions. The diversity of the sample matches the diversity of the African American community and suggests that the scale may have broad utility, can be read and understood by people with limited education, and the standardization sample was mostly women. Studies have found strong relationships between level of acculturation and drug and alcohol abuse (e.g., Landrine, Klonoff, and Richardson, 1993; Szapocznik and Kurtines, 1980). In clinical psychology, studies of the relationship between levels of African American acculturation and substance abuse are needed (Landrine and Klonoff, 1994).

Scoring

Subjects indicated their agreement with these items on scales ranging from 1 (totally disagree) to 7 (totally agree). Higher scores (higher agreement with the statement) indicate a more traditional cultural orientation, and lower scores indicate a more acculturated orientation (see Appendix for scoring of the scale).
Explanation of Variables

1. **General demographic characteristics.** Demographics were explored to describe the sample as completely as possible. Table 1 displays this sample's general characteristics, level of measurement and appropriate central tendency statistic.
Table 1: Descriptive characteristics and statistics

<table>
<thead>
<tr>
<th>CHARACTERISTICS</th>
<th>LEVEL OF MEASUREMENT</th>
<th>MEASURES OF CENTRAL TENDENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>interval</td>
<td>means</td>
</tr>
<tr>
<td>Education</td>
<td>ordinal</td>
<td>median</td>
</tr>
<tr>
<td>Socioeconomic status (income)</td>
<td>ordinal</td>
<td>median</td>
</tr>
<tr>
<td>Marital status</td>
<td>nominal</td>
<td>mode</td>
</tr>
<tr>
<td>Employment status</td>
<td>nominal</td>
<td>mode</td>
</tr>
<tr>
<td>Religion</td>
<td>nominal</td>
<td>mode</td>
</tr>
<tr>
<td>Geographical location</td>
<td>nominal</td>
<td>mode</td>
</tr>
<tr>
<td>Attitude toward drinking</td>
<td>ordinal</td>
<td>mean</td>
</tr>
<tr>
<td>Head of household status</td>
<td>nominal</td>
<td>mode</td>
</tr>
</tbody>
</table>

(2) Dependent Variable. The dependent variable in this study is drinking patterns. The outcome variable is grouped according to drinking patterns (non-drinking and drinking). Drinking and non drinking are differentiated into each respective category by the clinical cut off score on the MAST (Selzer, 1971). Conceptualizing the drinking outcome variable
in this manner provides more valuable information relative to differential drinking outcomes for this study. Whereas grouping the drinking outcome variable in to a single global category (i.e., alcoholism) may lead to overgeneralizations. Figure 4 outlines drinking patterns predictions from the selected variables.
Figure 4. Drinking patterns prediction from factors
(3) **Independent Variables.** The main independent variable was (a) acculturation. The secondary independent variables included the (b) AAAS eight subscales and (c) the potential extraneous variables.

(a) **Acculturation.** The independent variable acculturation was examined to determine the degree to which this variable alone or in combination with the potential extraneous variables is able to significantly predict beyond chance whether one drinks or not for the sample. Acculturation features were measured by the AAAS which provided an overall acculturation score and eight individual subscale scores. The overall acculturation score is on a continuum that ranged from 74 to 518. High scores on the AAAS indicate a traditional orientation and low scores indicate an acculturated orientation.

(b) **Eight AAAS Subscales.** The eight acculturation subscales are Family Beliefs and Values Subscale 1; Preferences for Things African American Subscale 2; Foods Subscale 3; Interracial Attitudes Subscale 4; Health Beliefs Subscale 5; Religious Subscale 6; Socialization Subscale 7; and Superstitions Subscale 8. These eight subscales yield continuous scores on each respective subscale. High scores indicate a traditional cultural orientation and low scores indicate an acculturated cultural orientation. An explanation of the eight AAAS Subscales are found in the glossary section of this study.

(c) **Extraneous Variables.** The potential extraneous variables consisted of age, income, education, marital status, and employment status.
Procedures

Data Protocol

According to Skinner and Sheu, (1982), self-report questionnaires are often used as a means of collecting information on drinking behavior for diagnosis of alcohol use or misuse for making treatment decisions and for evaluating treatment outcome. The data collected for this study consisted of a 3-part self-report questionnaire: (1) demographic characteristics; (2) drinking patterns; and (3) acculturation. The questionnaire was printed as a booklet on off-white, high-bond paper by high quality printing methods.

Instruments were mailed to volunteers who agreed to participate in the study. Initial contact was made in person and by telephone. Whether an individual would be a part of the sample was determined on the basis of cultural membership (must be African-American); and gender (must be female). Respondents were sent a packet containing a stamped, self-addressed return envelop, cover letter, summary sheet, instructions, and instrument. The researcher contacted each respondent by telephone to confirmed volunteers who agreed to participate in this research. Subsequently, a packet of materials was mailed outlining specific procedures for data collection. The packet contained a cover letter detailing the purpose of the study and stipulating confidentiality, an information summary form, a participant consent form, and a copy of the questionnaire. The researcher also, obtained permission to gather data for this study from The Ohio State University Social and Behavioral Sciences Human Subject Review Committee for Research Involving Human Subjects.
Data Collection

Data were collected by a questionnaire administered by mailings. Respondents actually filled out the instruments on their own. With regard to administration of the instruments, separate instructions were given orally and in writing; and questions regarding answer format were answered as instruments were introduced.

The questionnaires were disseminated via mailings. Should any subject want to talk with someone relative to any of the material from the questionnaire, the researcher was available via phone, or e-mail to confer with the subject during or after instrument administration. In addition, the researcher was available to talk with subjects beyond the actual date of administration should subjects recognize any lingering distress. If warranted, a referral for further assessment or counseling will be made to the subject depending on the constraints and limits of confidentiality.

To ensure confidentiality related to privacy, individual subjects were not identified by name on the actual questionnaire, but were assigned a coded number. The original list of names was discarded once the coded numbers and data had been entered and analyzed. Returned questionnaires were screened and incentives were given for completed questionnaires.

A schedule to administer the questionnaire was prepared. The mailing of the instrument and its various follow-ups were done according to the following schedule:

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial contacts</td>
<td>September 10, 1997</td>
</tr>
<tr>
<td>First Mailing of Instruments</td>
<td>September 20, 1997</td>
</tr>
<tr>
<td>Reminder Postcard</td>
<td>September 27, 1997</td>
</tr>
</tbody>
</table>
By December 28, 1997, 240 of the 315 mailed questionnaires were received from the respondents. The "actual" sample size of 240 resulted in a 74% return rate. This rate is considered "good" (Dillman, 1994).

Several factors might have contributed to the lower return in raw numbers: (1) the content of the questionnaire might have been perceived by some as intrusive; (2) individuals might not have had the leisure time to respond to a survey; and (3) the handling of the mail and subsequent delays. The instrument touched at least five points before its eventual return for processing. The five points were as follows: initial mailing from the researcher's mail box and mail center, respondent's return mail box and return mail center, and finally researchers post office box.

Nonresponse Error

Dillman's (1994) recommended steps for survey and schedule were utilized. There are three recommended conditions which should be met to maximize survey response: (1) minimize costs for respondents; (2) maximize rewards; and (3) establish trust that the rewards will be delivered. The researcher followed these three recommendations. However, it was anticipated that some individuals would not respond. Miller and Smith (1983) recommended three techniques for dealing with nonresponse error: (1) compare respondents to nonrespondents by taking a random sample of both (10-20%) and
comparing them on demographic data by computing at to ascertain whether there is a
difference between those who answer and those who do not; (2) compare late
respondents with early respondents because late respondents are believed to be most like
nonrespondents; and (3) call late respondents using a technique described as “double-
dipping,” which is a process whereby a random sample of nonrespondents is taken (10-
15%) and the respondents are phoned in order to complete the questionnaire.

The first technique was utilized to examine nonresponse error in this study. Early
respondents were classified as those who returned their surveys between September 20,
1997 to November 27, 1997. Late respondents were those who surveys were received
between November 28, 1997 to December 28, 1997. The t-test showed that no
significance difference existed between the means of early and late respondents on
demographics and the results were generalized to the entire sample of 240.

Data Analysis

The collected data for this study underwent a variety of statistical procedures, each
with a different purpose. The following tests were utilized for analyzing the data:

Cronbach Alpha. Cronbach Alpha was used to ascertain the reliability scores of the
MAST and AAAS.

Descriptive Statistics. Descriptive statistics were used to address the overall
composition of the sample. Additionally, general demographics were helpful in discussing
future research directions on issues of drinking and acculturation among African American
women. These data were reported in terms of means and/or percentages in table and chart
formats.

76
Correlation matrices were used to indicate the bivariate correlations among several variables. Specifically, correlations were executed to determine whether a relationship exists among the measure of drinking (i.e., drinking and non-drinking) and potentially extraneous variables (age, income, education, marital status, and employment status). Figure 5 outlines the conventions for describing measured associations (relationships).

<table>
<thead>
<tr>
<th>Coefficient</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>.70 or higher</td>
<td>Very strong association (relationship)</td>
</tr>
<tr>
<td>.50 to .69</td>
<td>Substantial association</td>
</tr>
<tr>
<td>.30 to .49</td>
<td>Moderate association</td>
</tr>
<tr>
<td>.10 to .29</td>
<td>Low association</td>
</tr>
<tr>
<td>.01 to .09</td>
<td>Negligible association</td>
</tr>
</tbody>
</table>

Figure 5: Source: Davis, Elementary Survey Analysis, 1971.

T-test was utilized to measure the mean differences in the explanatory variable and the outcome variable.

Logistic Regression. Logistic regression was used to investigate the predictors of drinking patterns. Hypothesis testing was at a predetermined alpha level of .05. The
statistical procedures described above ran on the computer at the Ohio State University. The statistical package, (SPSS ), provided the programs for the procedures used.

Limitations

This study contains the following threats to external validity. External validity as reported by Campbell and Stanley (1963), “always turns out to involve extrapolation into a realm not presented in one’s sample” (p.17). The nature of the sample utilized in this study limits the generalizability of the results to the target population. Therefore, any conclusions concerning personal characteristics and performance and participation can only be applied to the accessible sample.

The data generated from this study will be limited to a specific time frame. The study was guided by information collected during September 1997 - December 1997. Drinkers and non drinkers who may have moved out of the Franklin County area group before the questionnaire could be administered may not be included in the sample, which may also limits generalizability.

A second limitation is that the results of the study can only be generalized to the population in which the sample was drawn and not to other ethnic groups (external validity). Individuals self-reported their ethnicity at application. No statements are made about female drinkers or non-drinkers of other ethnicities because only African-American female drinkers and nondrinkers make up the sample.

Self-reporting is another limitation. A third limitation of the study is the self-report nature of part of the data. When such reports pertain to socially sensitive behaviors, such as drinking, they are subject to biases that may result in underreporting of alcohol use or
problems (Moskowitz, 1989a). Thorndike (1971) identified three inherent weaknesses of self-report instruments which are: the reliance upon the subject’s ability to read the questions with understanding, and his or her willingness to reveal information frankly. Self-report biases are consistent over time, thus allowing unbiased estimates of trend data (Johnston et al., 1992). When the individual is the unit of analysis, however, self-report is often the only feasible method of collecting data on alcohol use and related problems.

Summary

This chapter described the elements of the methodology that were employed in this research study. Chapter IV reports the findings as they relate to the purpose of the study and the major hypotheses of the study.
CHAPTER 4
FINDINGS

Introduction

This chapter presents the results derived after analyzing the data. The purpose of this study was to explore the relationship between drinking and acculturation. In other words, to investigate alcohol consumption in African American females, in order to see if it was influenced by acculturation and its components. A second aim was to assess the impact that the potentially extraneous variables had on the outcome variable.

Major or Relevant Assumption

This research was conducted based on the following premises or assumptions:

1. Acculturated status for African American females living in the continental United States results as a function of social comparison processes (Festinger, 1954).

2. The acculturated status of African American women may lead to problem drinking patterns.

3. Subjects who participated in this study provided information that was true to the best of their knowledge. Subjects’ perceptions were within normal range.

4. African American women’s level of acculturation depends on their extended
contact with the dominant cultural group.

5. Whatever the general degree of an entire group, some members within that
group remain traditional, whereas others are highly acculturated.

6. That African American females consist of an ethnic group and not a race.

   Ethnicity tells us to look at how people differ culturally as the explanation for
   behavior variance.

Drinking and acculturation features were measured by the Michigan Alcoholism
Screening Test (MAST) and African American Acculturation Scale (AAAS) respectively.
The purpose of this chapter is to present the results of this study in tabular and narrative
formats. To accomplish this purpose, the following methods were employed.

   The research design is an ex-post facto to explore predictors of drinking in African
American women. The population for this study was 240 African American women
residing in Franklin County during autumn 1997 and winter 1997. Data were collected via
mailings using the MAST, AAAS and a demographic questionnaire. Non-response error
control was managed by comparing late respondents to early respondents (Miller and
Smith, 1983). The statistical analysis is outlined in four stages: (1) Descriptive statistics
for all demographic items were included in the data analysis; (2) correlation coefficients
were used to determine the magnitude and direction of relationships for the descriptive
variables; (3) t-test of independent means was utilized to explore significant differences
among sub-samples’ means and (4) logistic regression was used to examine the
relationships between groupings of the data and the category of drinking. An a priori
alpha (α) level of .05 was established. The Statistical Program for Social Sciences (SPSS-PC) was utilized.

Findings 1: Demographic Variables

The following section contains a description of the respondents in the study. Two hundred and forty subjects in this study were from the general population of Franklin County, Ohio. The sample consisted of drinkers (58%) and nondrinkers (42%) as differentiated by the MAST. Demographic variables include age, marital status, income, education, and employment status, head of household status, living status, religion, geographical location, and attitudes about drinking. Within this group of subjects, cultural membership and gender were constant. All subjects were African Americans and females.

Respondents Age. The total sample consisted of 240 African American women. The range of age was 18 to 50+. The mean age was 37 years old and the median age was 35 years old.

Respondents Highest Level of Education. The range of education was less than high school to graduate school. The median education was partial college (at least one year).

Living Status. In the area of living status (27.1%) lived alone, (8.3%) lived with a roommate, and (64.2%) lived with their family. The modal category is living with family.

Respondents Marital Status. Regarding marital status, (40.8%) had never married, (32.9%) were married, (2.5%) identified themselves as living as married, (4.6%) were married but separated, (13.8%) were divorced, and (5.4%) were widowed.

Respondents Religious Affiliation. Religion included (89.6 %) was Protestant and (10.4%) was Non-protestant. The modal category was Protestant.
Respondents Employment Status. Employment status consisted of (74.2%) employed, (9.69%) unemployed, (2.9%) retired, (18.8%) unemployed, (1.7%) disabled, (0.8%) housewife, and (1.7%) in the student categories. The modal category was employed.

Respondents Total Family Income. The respondents total family income ranged from less than 10,000 to 40,000 plus. The total family median income was 30,000.

Respondents Geographical Location. Geographical location made up of (37.5%) suburbs, (47.9%) urban and (14.6%) rural. The modal category was urban.

Respondents Drinking Attitudes. Respondents attitudes about drinking consisted of (64.6%) with a more positive attitude toward drinking and (35.4%) had a less positive attitude about drinking.

Respondents Head of Household Status. Head of household consisted of (59.2%) as head of household and (40.8%) was not head of household. The modal category was head of household.

Ethnicity. The sample consisted of all African Americans.

Gender. The sample consisted of all females.

Demographic data containing 10 items are displayed in Tables 2 to 12.
<table>
<thead>
<tr>
<th>Age (in years)</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-20</td>
<td>9</td>
<td>3.2</td>
</tr>
<tr>
<td>21-25</td>
<td>22</td>
<td>9.2</td>
</tr>
<tr>
<td>26-30</td>
<td>49</td>
<td>20.4</td>
</tr>
<tr>
<td>31-35</td>
<td>43</td>
<td>17.9</td>
</tr>
<tr>
<td>36-40</td>
<td>34</td>
<td>14.2</td>
</tr>
<tr>
<td>41-45</td>
<td>27</td>
<td>11.3</td>
</tr>
<tr>
<td>46-49</td>
<td>25</td>
<td>10.4</td>
</tr>
<tr>
<td>50+</td>
<td>32</td>
<td>3.2</td>
</tr>
<tr>
<td>Total</td>
<td>240</td>
<td>100</td>
</tr>
</tbody>
</table>

Mean = 37
Coded: 1 = 18 - 20, 2 = 21-25, 3 = 26 - 30, 4 = 31 - 35,
5 = 36 - 40, 6 = 41 - 45, 7 = 46-49, 8 = 50+

Table 2: Demographic Characteristics of Respondents: Age
<table>
<thead>
<tr>
<th>Education</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than High School</td>
<td>21</td>
<td>8.8</td>
</tr>
<tr>
<td>High School/GED</td>
<td>75</td>
<td>31.2</td>
</tr>
<tr>
<td>College</td>
<td>121</td>
<td>50.3</td>
</tr>
<tr>
<td>Graduate School</td>
<td>23</td>
<td>9.6</td>
</tr>
<tr>
<td>Total</td>
<td>240</td>
<td>100</td>
</tr>
</tbody>
</table>

Median: College
Coded: 1 = <High School, 2 = High School Graduate, 3 = College, 4 = Graduate School

Table 3: Demographic Characteristics of Respondents: Education
<table>
<thead>
<tr>
<th>Living Status</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alone</td>
<td>86</td>
<td>27.1</td>
</tr>
<tr>
<td>With Family</td>
<td>154</td>
<td>72.5</td>
</tr>
<tr>
<td>Total</td>
<td>240</td>
<td>100</td>
</tr>
</tbody>
</table>

Modal – living with family
Coded: 0 = Alone 1 = Family

Table 4: Demographic Characteristics of Respondents: Living Status

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never married</td>
<td>128</td>
<td>53.3</td>
</tr>
<tr>
<td>Married</td>
<td>79</td>
<td>32.9</td>
</tr>
<tr>
<td>Unmarried</td>
<td>33</td>
<td>13.8</td>
</tr>
<tr>
<td>Total</td>
<td>240</td>
<td>100</td>
</tr>
</tbody>
</table>

Modal – never married
Coded: 1 = never married, 2 = married, 3 = unmarried (separated, divorced, & widowed)

Table 5: Demographic Characteristics of Respondents: Marital Status
<table>
<thead>
<tr>
<th>Religion</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonprotestant</td>
<td>215</td>
<td>86.6</td>
</tr>
<tr>
<td>Protestant</td>
<td>25</td>
<td>10.4</td>
</tr>
<tr>
<td>Total</td>
<td>240</td>
<td>100</td>
</tr>
</tbody>
</table>

Modal: Protestant

Coded: 0 = Nonprotestant
       1 = Protestant

Table 6: Demographic Characteristics of Respondents: Religion
<table>
<thead>
<tr>
<th>Employment Status</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>155</td>
<td>64.6%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>85</td>
<td>35.5%</td>
</tr>
<tr>
<td>Total</td>
<td>240</td>
<td>100</td>
</tr>
</tbody>
</table>

Modal – Employed

Coded: 0 = unemployed 1 = employed

Table 7: Demographic Characteristics of Respondents: Employment Status
<table>
<thead>
<tr>
<th>Income</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-10K</td>
<td>53</td>
<td>22.1</td>
</tr>
<tr>
<td>10-20K</td>
<td>44</td>
<td>18.3</td>
</tr>
<tr>
<td>20-30K</td>
<td>60</td>
<td>25.0</td>
</tr>
<tr>
<td>30-40K</td>
<td>24</td>
<td>10.0</td>
</tr>
<tr>
<td>40+</td>
<td>64</td>
<td>14.7</td>
</tr>
<tr>
<td>Total</td>
<td>240</td>
<td>100</td>
</tr>
</tbody>
</table>

Median: 20-30K

Coded: 1 = 0 – 10K, 2 = 10-20K, 3 = 20 – 30K, 4 = 30 – 40K, 5 = 40K+

Table 8: **Demographic Characteristics of Respondents: Income**
<table>
<thead>
<tr>
<th>Geographical Location</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suburbs</td>
<td>90</td>
<td>37.5</td>
</tr>
<tr>
<td>Urban</td>
<td>115</td>
<td>47.9</td>
</tr>
<tr>
<td>Rural</td>
<td>35</td>
<td>14.6</td>
</tr>
<tr>
<td>Total</td>
<td>240</td>
<td>100</td>
</tr>
</tbody>
</table>

Modal Category – Urban
Coded: 1 = suburbs, 2 = urban, 3 = rural

Table 9: **Demographic Characteristics of Respondents: Geographical Location**
### Table 10: Demographic Characteristics of Respondents: Attitude Toward Drinking

<table>
<thead>
<tr>
<th>Attitudes Toward Drinking</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Positive Attitude Toward Drinking</td>
<td>85</td>
<td>35.4</td>
</tr>
<tr>
<td>More Positive Attitude Toward Drinking</td>
<td>155</td>
<td>64.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>240</td>
<td>100</td>
</tr>
</tbody>
</table>

Mean: 10.10  
Coded: 0 = Less Positive Attitude  
Coded: 1 = More Positive Attitude

### Table 11: Demographic Characteristics of Respondents: Head of Household Status

<table>
<thead>
<tr>
<th>Household Status</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of Household</td>
<td>142</td>
<td>59.2</td>
</tr>
<tr>
<td>Not Head of Household</td>
<td>98</td>
<td>40.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>240</td>
<td>100</td>
</tr>
</tbody>
</table>

Modal: Head of Household  
Coded: 0 = Not head of Household  
Coded: 1 = Head of Household

Table 10: Demographic Characteristics of Respondents: Attitude Toward Drinking  
Table 11: Demographic Characteristics of Respondents: Head of Household Status
Findings 2: Results of General Characteristics and Correlation to Drinking

Correlational coefficients were used to determine the direction and magnitude of the relationships between drinking and the above demographic characteristics (Tables 14 and 15). The Pearson r, Kendall’s tau C, and eta coefficients were calculated based upon the level of measurement of the variables. The dependent variable, drinking, was considered at the (categorical) ordinal scale of measurement. Correlational results found income to be moderately significant (Kendall’s tau - C, - .31) and drinking attitudes to be highly significant (Kendall’s tau-B, .98). The attributes of age, education, living status, marital status, employment status, religion, geographical location, drinking attitudes, and head of household status were found to be of low or negligible significance. The following tables 12 and 13 presents the correlational coefficients for the demographic characteristics and outcome variable on a bivariate level.
<table>
<thead>
<tr>
<th>DESCRIPTIVE CHARACTERISTICS</th>
<th>LEVEL OF MEASUREMENT</th>
<th>CORRELATIONAL COEFFICIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>interval</td>
<td>Pearson r</td>
</tr>
<tr>
<td>Education</td>
<td>ordinal</td>
<td>Kendall's tau C</td>
</tr>
<tr>
<td>Income</td>
<td>ordinal</td>
<td>Kendall's tau C</td>
</tr>
<tr>
<td>Living Status</td>
<td>nominal</td>
<td>Eta</td>
</tr>
<tr>
<td>Marital status</td>
<td>nominal</td>
<td>Eta</td>
</tr>
<tr>
<td>Employment status</td>
<td>nominal</td>
<td>Eta</td>
</tr>
<tr>
<td>Religion</td>
<td>nominal</td>
<td>Eta</td>
</tr>
<tr>
<td>Geographical location</td>
<td>nominal</td>
<td>Eta</td>
</tr>
<tr>
<td>Attitude toward drinking</td>
<td>ordinal</td>
<td>Kendall's tau B</td>
</tr>
<tr>
<td>Head of household status</td>
<td>nominal</td>
<td>Eta</td>
</tr>
</tbody>
</table>

Table 12: Bivariate Statistics Between Descriptive characteristics and MAST
Table 13: Correlational Coefficients of Demographic Characteristics

Findings 3: The following research and alternative hypotheses are answered in this study:

Research Hypothesis 1: There is a positive relationship between drinking patterns and acculturation for African American females.

Variables

The explanatory variable is acculturation and the criterion variable is drinking.

Drinking is a categorical variable with two levels (nondrinkers and drinkers).

Acculturation is a continuous variable with scores from 74 to 518. Low scores indicate acculturated and high scores indicate traditional.

Sample Test Statistic

The t test is a parametric statistical test used to see if difference exists between the means of two samples, and if so, is it significant (Fraenkel - Wollen, 1993, p. 199). The t-test was utilized to analyze whether there is a mean difference between drinking patterns.
and acculturation level. With the t-test, the general assumption is both groups are normally distributed in the population (Hopkins, Glass, & Hopkins, 1996).

Method of Sampling

All drinkers (n = 140) and nondrinkers (n = 100) were examined. The results are as follows: drinkers (n = 140, 58%) and nondrinkers (n = 100, 42%).

Table 14 presents the means, standard deviations and t-test results of drinking patterns by acculturation. The results revealed there were statistically significant differences in drinking patterns and acculturation level for African American females.

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>Drinker</th>
<th>n</th>
<th>Nondrinker</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mean</td>
<td></td>
<td>Mean</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SD</td>
<td></td>
<td>SD</td>
<td></td>
</tr>
<tr>
<td>Acculturation</td>
<td>140</td>
<td>359</td>
<td>100</td>
<td>421</td>
<td>82.61</td>
</tr>
<tr>
<td></td>
<td></td>
<td>55.69</td>
<td></td>
<td>82.61</td>
<td></td>
</tr>
</tbody>
</table>

p = .05

Table 14: T-test By Drinking Variable
Findings 4:

Alternative Hypotheses 1 - 5: There is a relationship between drinking and acculturation, age, marital status, divorce, education, income, and employment status for African American women.

Variables

The explanatory variables are acculturation, age, marital status, divorce status, education, income, and employment. The dichotomous criterion variable is drinking patterns (non-drinking and drinking). Acculturation is a continuous variable that indicates scores 74 to 518. Age is a metric variable denoting years in age. Marital status is a category variable with two levels (unmarried and married). Divorce status is a category variable with two levels (divorce and not divorced). Education is a category variable with two levels (high school or less and college +). Income is a metric variable that indicates total family income with a range (10K and 40K+). Employment is a category variable with two levels (unemployed and employed).

Sample Test Statistic

Logistic regression is used to predict whether an event will or will not occur and to identify the independent variables that are useful in making the prediction. Hopkins, et al. (1996) recommends logistic regression when the dependent variable is a dichotomous categorical variable: something happens or does not happen (drinking compared to non drinking). The independent variables are numeric and/or categorical variables which should dummy coded (Fraenkel and Wallen, 1993). For the purpose of
this analysis, categorical variables (marital status, divorce status, education, and employment status) were dummy coded.

Method of Sampling

African American females (\(n = 240\)) with values on the following variables: (a) age; (b) income; (c) education; (d) employment status; (e) marital status; (f) divorce status; and (g) acculturation were selected for the logistic regression sample. Being a drinker or a nondrinker was the criterion variable in the regression equation.

All drinkers (\(n = 140\)) and nondrinkers (\(n = 100\)) were examined. The results are as follows: drinkers (\(n = 140, 58\%\)) nondrinkers (\(n = 100, 42\%\)).

Strategy

The simultaneous method of entry was chosen in this question because of its iterative nature. The simultaneous method includes entering all independent variables into the regression equation on a single step. The simultaneous method is most appropriately used: (a) the research goal is primarily predictive rather than explanatory and (b) when there is no logical or theoretical basis for considering any independent variable prior to any other independent variable. The alpha level chosen for the entry strategy was .05.

All classifications were measured relative to the 42% baseline of drinking patterns.

Table 15 outlines the baseline percentages.
<table>
<thead>
<tr>
<th>Pattern</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drinker</td>
<td>140</td>
<td>58.3%</td>
</tr>
<tr>
<td>*Nondrinker</td>
<td>100</td>
<td>41.7%</td>
</tr>
<tr>
<td>Total</td>
<td>240</td>
<td>100</td>
</tr>
</tbody>
</table>

*Baseline: 42%

Table 15: Dependent Variable: Drinking Patterns

Summary of Logistic Regression

The predictor variables age, income, education, employment status, marital status, divorce status and acculturation level were entered into the equation simultaneously. Acculturation and income variables were found to be statistically significant. While age, education, employment status, marital status and divorce status variables were found not to be statistically significant.

The overall prediction rate changed from the baseline of 42%. Given the observed number of African American females in the sample, the goodness-of-fit test displayed the observed and expected numbers of drinkers and nondrinkers. Observed and expected numbers of the good-of-fit statistic indicated the model fit the data. The partial correlation coefficient (r) indicated that the category of acculturation level accounted for 31% of the variance explained in the criterion variable of drinking patterns. While income
accounted for 18% of the variance explained in the criterion variable of drinking patterns. The total regression model explained moderate variance in drinking patterns (Nagelkerke statistic is .349: explaining the total variance in the model). The use of the Nagelkerke statistic, which is analogous to $R^2$ in multiple linear regression, is used to describe the outcome of the logistic regression equation. The outcome, according to the Nagelkerke statistic is analogous to the $R^2$ of .349 in multiple regression. The confidence interval indicated that acculturation may be a predictor of drinking, and the more one moves toward acculturation, the more likely one will be a drinker. The logistic regression summary is presented in Table16.
95% CI for Exp (B)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Logistic Regression Coefficient</th>
<th>Wald Statistic</th>
<th>p</th>
<th>Exp(B) (^1)</th>
<th>Lower</th>
<th>Upper</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
<td>.0142</td>
<td>.88</td>
<td>.35</td>
<td>1.04</td>
<td>.9847</td>
<td>1.0448</td>
</tr>
<tr>
<td>INCOME</td>
<td>.3441</td>
<td>12.87</td>
<td>.03</td>
<td>1.70</td>
<td>1.1690</td>
<td>1.7025</td>
</tr>
<tr>
<td>EDUCATION</td>
<td>-.3586</td>
<td>1.05</td>
<td>.30</td>
<td>1.38</td>
<td>.3529</td>
<td>1.3832</td>
</tr>
<tr>
<td>EMPLOYMENT</td>
<td>.3205</td>
<td>.60</td>
<td>.44</td>
<td>3.10</td>
<td>.6110</td>
<td>3.1070</td>
</tr>
<tr>
<td>MARITAL</td>
<td>.0694</td>
<td>.03</td>
<td>.87</td>
<td>2.48</td>
<td>.4628</td>
<td>2.4825</td>
</tr>
<tr>
<td>DIVORCE</td>
<td>-.1089</td>
<td>.06</td>
<td>.81</td>
<td>2.20</td>
<td>.3663</td>
<td>2.1959</td>
</tr>
<tr>
<td>ACCULTURATION</td>
<td>.0150</td>
<td>33.48</td>
<td>.00</td>
<td>1.02</td>
<td>1.0099</td>
<td>1.0202</td>
</tr>
</tbody>
</table>

(Constat) - 7.879

\(^1\) Factor by which the odds of drinking increase or decrease for a one-unit change in the independent variable.

Model Chi-Square = 72.03; \(df = 7\); \(p = .05\)

Table 16: Logistic Regression: Predicting Drinking or Nondrinking
<table>
<thead>
<tr>
<th></th>
<th>Predicted</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Observed</td>
<td>Non-drinking</td>
</tr>
<tr>
<td>Non-drinking</td>
<td>42</td>
<td>58</td>
</tr>
<tr>
<td>Drinking</td>
<td>123</td>
<td>17</td>
</tr>
<tr>
<td>Overall % Correct</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 17: Classification Table: Predicting Drinking Patterns

Discussion. A logistic regression model including the independent variables age in years, total family income, employment status (unemployed compared to employed), highest level of education completed, marital status (married compared to unmarried), divorce status (divorce compared to not divorce) and acculturation (on a continuum ranging from tradition to acculturated) is statistically significant (alpha = .05) in predicting whether African American females are drinkers or nondrinkers. The statistically significant logistic regression model correctly classified 75% of the cases – an improvement in the overall percent of cases correctly classified of 42% over a baseline prediction, without the use of the regression model, that all observed cases do not drink. The logistic regression model is somewhat powerful in predicting whether an African American female does drink.
Acculturation (p = <.001) and income (p = .03) are statistically significant (at alpha = .05) independent variables in the logistic regression equation. When all other independent variables are held constant the odds increased by a factor of 1.02 for each 1 unit increase in the acculturation score of a traditional individual being a nondrinker. Likewise, when all other independent variables are held constant, the odds increased by a factor of 1.70 for each 1 unit increase in income level, the odds of being a traditional person being a nondrinker. Age, education, employment status, divorce status and marital status are not significant independent variables. The statistically significant independent variable of acculturation and income contribute moderately to the increase in the odds that African American females will be nondrinkers. It is reasonably to expect that the more traditional oriented African American female who has more resources (income), have more of a possibility of being a nondrinker. However, results should be interpreted with caution.

Findings 5:

Alternative Hypothesis 6: There is a relationship among drinking and age, income education, marital status, divorce status, education status.

eight AAAS Subscales (family, preferences, food, interracial attitudes, health beliefs, religion, socialization, and superstitions) for African American women.

Variables

The explanatory variables are age, marital status, divorce status, education, income, employment, and the eight AAAS Subscales. The dichotomous criterion variable is drinking (non-drinking and drinking). Age is a metric variable denoting years in age.
Marital status is a category variable with two levels (unmarried and married). Divorce status is a category variable with two levels (divorced and not divorced). Education is a category variable with two levels (high school or less and college +). Income is a metric variable that indicates total family income with a range (10K and 40K+). Employment is a category variable with two levels (unemployed and employed). The eight acculturation subscales are continuous variables that indicate scores on each respective subscales (high scores indicate traditional and low scores indicate acculturated). The eight acculturation subscales are:

1. Family Subscale has 19 items (scores 12 to 84).
2. Preferences for Things African American Subscale has 24 items (scores 12 to 84).
3. Foods Subscale has 17 items (scores 10 to 70).
4. Interracial Attitudes Subscale has 33 items (scores 7 to 84).
5. Health Beliefs Subscale has 36 items (scores 12 to 84).
6. Religious Subscale includes 12 items (scores 6 to 42).
7. Socialization Subscale has 17 items (scores 11 to 77).
8. Superstitions Subscale has 31 items (scores 5 to 35).

Detailed definitions of the aforementioned eight AAAS Subscales are located in the glossary.

**Sample Test Statistic**

Logistic regression is used to predict whether an event will or will not occur and to identify the independent variables that are useful in making the prediction. Hopkins, et al. (1996) recommend logistic regression when the dependent variable is a
dichotomous categorical variable; something happens or does not happen (drinking compared to non-drinking). The independent variables are numeric and/or categorical variables which should dummy coded (Fraenkel and Wallen, 1993). For the purpose of this analysis, categorical variables (marital status, education, and employment status) were dummy coded.

**Method of Sampling**

African American females ($n = 240$) with values on the following variables: (a) age; (b) income; (c) education; (d) employment status; (e) marital status; (f) divorce status; and (f) the eight AAAS Subscales were selected for the logistic regression sample. Being a drinker or a nondrinker was the criterion variable in the regression equation. All drinkers ($n = 140$) and nondrinkers ($n = 100$) were examined. The results are as follows: drinkers ($n = 140, 58\%$) nondrinkers ($n = 100, 42\%$).

**Strategy**

The simultaneous method of entry was chosen in this question because of its iterative nature. The simultaneous method includes entering all independent variables into the regression equation on a single step. The simultaneous method is most appropriately used: (a) the research goal is primarily predictive rather than explanatory and (b) when there is no logical or theoretical basis for considering any independent variable prior to any other independent variable. The alpha level chosen for the entry strategy was .05. All classifications were measured relative to the 42% baseline of drinking patterns. Table 18 displays the dependent variable by drinking patterns and percentages.
<table>
<thead>
<tr>
<th>Pattern</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drinking</td>
<td>140</td>
<td>58.3%</td>
</tr>
<tr>
<td>*Non-drinking</td>
<td>100</td>
<td>41.7%</td>
</tr>
<tr>
<td>Total</td>
<td>240</td>
<td>100</td>
</tr>
</tbody>
</table>

*Baseline: 42%

Table 18: Dependent Variable: Drinking Patterns

Summary of Logistic Regression Results

The variables age, income, education, employment status, marital status, divorce status, and the eight AAAS Subscales (family, preference, food, interracial attitudes, health beliefs, religion, socialization, and superstitions) were entered into the equation simultaneously. Income and AAAS Socialization Subscale (.05) variables were found to be statistically significant. While the variables age, education, employment status, marital status, divorce status and AAAS Subscales family values, preference, food, interracial attitudes, health beliefs, religion, and superstitions were found not to be statistically significant.

The overall prediction rate changed from the baseline of 42%. Given the observed number of African American females in the sample, the goodness-of-fit test displayed the observed and expected numbers of drinkers and nondrinkers.

Observed and expected numbers of the good-of-fit statistic indicated the model fit the data. The partial correlation coefficient (R) indicated that the category of income
accounted for 18% of the variance and AAAS Socialization Subscale accounts for 8% of the variance explained in the criterion variable of drinking patterns. The total regression model explained 38% of variance in drinking patterns (Nagelkerke statistic is .375: explaining the total variance in the model). The use of the Nagelkerke statistic, which is analogous to $R^2$ in multiple linear regression equation, is being used to describe the outcome of the logistic regression equation. The outcome, according to the Nagelkerke statistic is analogous to the $R^2$ of .349 in multiple regression. The confidence interval indicated that income and AAAS Socialization Subscale may be predictors of drinking patterns. This suggests that the more family income, and traditional socialization orientation, the more likely an African American female will be a nondrinker, and less family income, and more acculturated socialization, the more likely an African American female will be a drinker.

The logistic regression summary is presented in Tables 19-20
95% CI for Exp (B)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Logistic Regression Coefficient</th>
<th>Wald Statistic</th>
<th>p</th>
<th>Exp(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
<td>.0124</td>
<td>.59</td>
<td>.44</td>
<td>1.01</td>
</tr>
<tr>
<td>INCOME</td>
<td>.3871</td>
<td>13.54</td>
<td>.00</td>
<td>1.47</td>
</tr>
<tr>
<td>EDUCATION</td>
<td>-.3330</td>
<td>.83</td>
<td>.36</td>
<td>.72</td>
</tr>
<tr>
<td>EMPLOYMENT</td>
<td>.2988</td>
<td>.49</td>
<td>.49</td>
<td>1.35</td>
</tr>
<tr>
<td>MARITAL</td>
<td>-.1405</td>
<td>.09</td>
<td>.76</td>
<td>.87</td>
</tr>
<tr>
<td>DIVORCE</td>
<td>-.0823</td>
<td>.03</td>
<td>.86</td>
<td>.92</td>
</tr>
<tr>
<td>FAMILY</td>
<td>.0303</td>
<td>3.37</td>
<td>.06</td>
<td>1.03</td>
</tr>
<tr>
<td>PREFERENCES</td>
<td>-.0179</td>
<td>.87</td>
<td>.35</td>
<td>.98</td>
</tr>
<tr>
<td>FOODS</td>
<td>.0067</td>
<td>.16</td>
<td>.68</td>
<td>1.01</td>
</tr>
<tr>
<td>INTERRACIAL</td>
<td>.0073</td>
<td>.11</td>
<td>.74</td>
<td>1.01</td>
</tr>
<tr>
<td>ATTITUDES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEALTH BELIEFS</td>
<td>.0003</td>
<td>.00</td>
<td>.98</td>
<td>1.00</td>
</tr>
<tr>
<td>RELIGIOUS</td>
<td>.0317</td>
<td>1.01</td>
<td>.31</td>
<td>1.03</td>
</tr>
<tr>
<td>SOCIALIZATION</td>
<td>.0410</td>
<td>3.94</td>
<td>.05</td>
<td>1.04</td>
</tr>
<tr>
<td>SUPERSTITION</td>
<td>.0395</td>
<td>1.39</td>
<td>.24</td>
<td>1.04</td>
</tr>
<tr>
<td>(Constant)</td>
<td>-8.1078</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 Factor by which the odds of drinking increase or decrease for a one-unit change in the independent variable.

Model Chi-Square = 78.33; df = 14; p = .05

Table 19: Logistic Regression: Predicting Drinking or Nondrinking
<table>
<thead>
<tr>
<th>Observed</th>
<th>Non-drinking</th>
<th>Drinking</th>
<th>Correct</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-drinking</td>
<td>37</td>
<td>63</td>
<td>63</td>
</tr>
<tr>
<td>Drinking</td>
<td>120</td>
<td>20</td>
<td>86</td>
</tr>
</tbody>
</table>

Overall % Correct 76%

Table 20: Classification Table: Predicting Drinking Patterns

**Discussion.** A logistic regression model including the independent variables: age in years, total family income, employment status (unemployed vs. employed), education (high school and less vs. college graduate +), marital status (married vs. unmarried) and the eight AAAS Subscales (family, preferences, foods, interracial attitudes, health beliefs, religious, socialization and superstitions) ranging from (acculturated vs. traditional) is statistically significant (alpha = .05) in predicting whether African American females are drinkers or nondrinkers. The statistically significant logistic regression model correctly classifies 76% of the cases – an improvement in the overall percent of cases correctly classified of 34% over a baseline prediction, without the use of the regression model, that all observed cases do not drink. The logistic regression model is somewhat powerful in predicting whether an African American female does drink.

Income and AAAS Socialization Subscale are statistically significant (alpha = .05) independent variables in the logistic regression equation. Age, education, employment
status, marital status, divorce status and AAAS Subscales family values, preference, food, interracial attitudes, health beliefs, religion, and superstitions variables were found not to be statistically significant. When all other independent variables are held constant the odds increased by a factor of 1.04 for each 1 unit increase in AAAS Socialization Subscale that an African American female will be a nondrinker. Likewise, when all other independent variables are held constant the odds increased by a factor of 1.47 for each 1 unit increase in income, that an African American female will be a nondrinker.

The statistically significant independent variable of income and AAAS Subscale Socialization contribute moderately to the increase in the odds that traditionally oriented African American females will be nondrinkers. However, the findings of this study should be interpreted with caution and future studies should include a national sample which would provide a representative sample distribution.
CHAPTER 5
SUMMARY AND RECOMMENDATIONS

Introduction

The importance of considering acculturation as a factor in drinking patterns of African American women cannot be overstated. Many researchers have reported the significance of acculturation and drinking (Diaz, 1995; Vellani, 1994; Black and Markies, 1993; Cahalan and Room, 1992; and Caetaneo, 1987).

The purpose of this study was to explore the relationship between drinking patterns and acculturation orientations for African American women. Drinking features were predicted by the use of the (1) Michigan Alcoholism Screening Test (MAST), and acculturation measured by (2) African American Acculturation Scale (AAAS) and (3) demographic characteristics were collected on the sample. To accomplish this purpose the following methods were employed.

The research design was an ex post factor study to explore the relationships existing between drinking patterns and selected variables in African American females. The sample for this study was 240 African American females residing in Franklin County, Ohio during autumn 1997 and winter 1997. Data were collected by mailing of a questionnaire that
consisted of the MAST, AAAS and demographic features. Non-response follow-up was managed by comparing late respondents to early respondents.

Descriptive statistics for all items were included in the data analysis. The statistical program for Social Science (SPSS-PC) was utilized. Correlational coefficients were used to determine the magnitude and direction of relationships among the demographic characteristics and drinking patterns. *T*-test of means was used to analyze the overall research hypothesis.

Logistic regression was used to predict groupings of the predictive data and drinking patterns. An a priori alpha level $\alpha$ of .05 was established.

The overall research hypothesis that this study sought to answer was: there is a relationship between drinking and acculturation for African American women. In order to arrive at a definitive assessment, the study’s analysis explored the research hypotheses as follows:

**Overall Research Hypothesis 1:** There is a positive relationship between drinking and acculturation for African American women.

**Alternative Hypotheses 1-5:** There is a relationship among drinking and acculturation, age, income, education, divorce status, marital status, and education level for African American women.
Alternative Hypothesis 6: There is a relationship among drinking and age, income, education, marital status, education and the eight African American subscales (family values, preferences for things African American, food practices, interracial attitudes, health beliefs, religion, socialization, and superstitions) for African American women.

In the following section, each research finding is considered separately. The discussion of this study’s findings addresses: a) summary of theoretical models; b) summary of general characteristics; c) summary of bivariate relationship between drinking and demographics; d) summary by hypotheses; e) conclusions; f) implications; and g) recommendations.

Summary of Theoretical Findings

The theoretical foundation of this study rests in the work of Landrine and Klonoff (1994). Based on Landrine and Klonoff’s continuum African American Acculturation Model, the researcher expected that the more acculturated individual would exhibit the pattern of drinking while the more traditionally oriented individual would tend to be a non-drinker. The findings of this study supported Wells et al., (1989) Continuum Model and Landrine’s and Klonoff’s (1994) Continuum Model of African American Acculturation. The continuum models of acculturation regard acculturation as a continuum from exclusive ethnic cultural status on one end to exclusive American cultural status on the other.
The researcher expected the findings to reflect the continuum model of acculturation because the African American Acculturation Scale (interval scores) was utilized to measure acculturation features of the sample in this study. The sample’s (n = 240) scores ranged on a continuum from dominant cultural status (161) to the cultural status (518). The mean score was 385, median score was 383 and standard deviation was 74.54. Results indicated that the more one’s score moved toward the high end of the AAAS, the more likely that person would be a non-drinker and the more one moved toward the low end of the AAAS, the more likely one would be a drinker. High scores on the AAAS represent the traditional orientation and low scores on the AAAS indicate an acculturated orientation. The sample consisted of (49.6%) non-drinkers and (50.4%) drinkers as differentiated by the MAST.

The findings of this research seem to provide partial support for the Acculturative Stress Model (Berry, 1980 and Galan, 1978). This model suggests that when the values, customs, behaviors, and psychological characteristics of the dominant and minority groups come into conflict, crisis occurs in the acculturation process. Stress may arise from the difficulties encountered in fitting into a new culture and leaving behind the old cultural lifestyle.

Features of the Acculturative Stress Model are an integral part of the African American Model of Acculturation that was utilized in this study. The African American Model of Acculturation suggested that acculturative stress occurs for those for whom the ethnic socialization message does not match their initial experiences (Landrine and Klonoff, 1994). Ethnic socialization consists of the message that individuals have learned
about the dominant culture and it predicts the nature, speed, and path of the acculturative process. Acculturative stress occurs when the acculturated individual encounters experiences that are in conflict with initial messages received from the dominant culture. It is expected that drinking serves as a coping mechanism to offset acculturative stress. However, these findings should be taken with caution because features of stress were indirectly implied through the use of the AAAS and were not directly measured in this study.

Findings of this study, however, did not support the proposition of Sodowsky, Lai and Plake's Marginal Acculturation Model which suggested that individuals who are marginal, or distanced from their original cultural life-style and not personally accepting of or accepted into the dominant cultural life-style, are apt to experience the greatest amount of stress in the acculturation process.

Furthermore, findings did not support the Biculturalism Model, which holds that the acculturation of American ethnic cultures can be characterized on two theoretically independent scales: "ethnicism" and "Americanism". This theory accounts for the existence of "bicultural" individuals (who maintain aspects of their own ethnic culture as well as the dominant culture) and "marginal" individuals (who are theoretically unattached to both ethnic and American culture). According to this model, measurement of acculturation would require defining and assessing an individual's participation in both traditional ethnic culture and mainstream culture.

The researcher did not anticipate the study's findings to support the aforementioned Marginal Acculturation Model or the Bicultural Model because the acculturation measure
used (AAAS) only measures the extent to which an individual is immersed in African American culture or not. This was supported by Landrine and Klonoff (1994). They indicated that the AAAS only measures degrees of immersion in African American culture; therefore a comparison can only be made between the highly acculturated to the highly traditional and cannot address biculturalism, marginality, or the meaning of the midrange scores on the scale.

Study findings did not provide full support for the Linear Acculturation Model that suggested that drinking practices will begin to resemble those of the dominant culture as individuals acculturate and become more similar to the majority population in attitudes, values, and behaviors. For instance, as Hispanic women, who typically drink with lower frequency and in smaller amounts than White women, become more acculturated in the United States, their drinking frequency increases (Caetano, 1989). However, in this research, the African American Acculturation theory points to a curvilinear effect rather than linear in the drinking and acculturation relationship. For the aforementioned theory, the process of acculturation and resulting acculturative stress (may lead to drinking behaviors) are somewhat indirect rather than direct.

Summary of General Characteristics

This study described the African American female sample as 37 years old, unmarried, employed, annual family income 20-30K, from an urban environment, partial college, living with family, and claims religious affiliation of Protestant.

Income and education are often viewed as indicators of social economic status. The median income was 30K and education level was partial college for this sample. Most
studies pertaining to drinking and the African American community were conducted on samples that reflected the lower social economic status. However, the findings from this study are important to research and clinicians because they add to the limited existing body of literature on drinking practices among African American community. These findings were generated from a sample that was more reflected of the middle to upper class African American female.

Summary of Bivariate Relationship Between Drinking and Demographics

The relationship among demographic characteristics, such as income, marital status, and education drinking is complex across ethnic groups. Among African American women, demographic characteristics seem to have a weaker association with drinking than those do among White American women (Caetano and Herd, 1984; Herd, 1988). It has been suggested that this may be because ethnic minority status or cultural characteristics play a larger role in determining drinking by African American women, thereby weakening the role of income, education, marital status, and other demographic characteristics (Caetano and Herd, 1989; Herd, 1988). Ethnicity was constant in this study therefore it did not serve as a confounding variable. However, in this study, income and attitude toward drinking was found to be significant but age, education, marital status, and education were found not to be significant.

The findings of this study concurred with the overall premise that for African American women demographic characteristics seem to have a weak association with drinking with the exception of income and attitude toward drinking, when acculturation effects are present. The majority of the sample was employed (74.2%) with total family income
ranging from 10K to 40K plus. The high rate of employment and the fact that the median income for the study's sample was 30K, may account for the fact that income had a significant impact on drinking for this sample.

Summary By Research Hypotheses

**Overall Research Hypothesis 1**: There is a positive relationship between drinking patterns and acculturation.

The t-test was used to ascertain the association between the explanatory and criterion variable. Drinking (n = 140) was found to be significantly related to the highly acculturated orientation while non-drinking (n = 100) was found to be related to the more traditional orientation. These findings can be related to African American females because Wilsnack et al. (1994) indicated that one strong predictor of women drinking, that is valid across ethnic categories is the level of acculturation.

The findings were also in accordance with the researcher’s expectations that acculturation to the dominant society leads to a lower rate of abstention among African American women. Acculturation may lead to drinking among African American women by several mechanisms: a) opportunity, b) altering drinking norms, c) attitude toward drinking, and d) urbanization.

Acculturation is associated with more opportunities to drink. Caetano (1984) reported that his sample of Hispanic women in the highly acculturated group reported a higher frequency of attendance in settings in which alcohol was consumed (e.g., bars and restaurants).
Acculturation may also lead to drinking by altering norms and attitudes that regulate alcohol consumption by women. Highly acculturated women have more liberal norms and attitudes toward alcohol consumption than do less acculturated women. Initially, most African Americans practiced moderation (Koren, 1899) and the drinking of alcoholic beverages in any amount by African Americans was generally resented in most communities. It was believed that liquor gave African Americans a false sense of equality, which was intolerable in the South (Larkin, 1965). Thus at the turn of the century, occasions for alcohol consumption among African Americans was low when compared to other groups and drunken behavior was rare. African Americans used alcohol for ceremonial celebrations (Christmon, 1995). On the other hand, Gilbert (1993) found that U. S. born Mexican-American women are more likely to see positive effects of alcohol use (e.g., they find it helps them to relax in social situations and helps them to relax in social situations).

Acculturation via the process of urbanization of African Americans may lead to drinking. African Americans migrated in mass from the South to the North urban areas to escape from economic and political exploitation. However, they encountered hostility and discrimination. African Americans were crammed into inadequate living quarters and unable to find work. According to Christmon (1995), taverns, as social outlets began to take on greater significance in Northern communities and the patterns of alcohol use among African Americans began to shift.

In general, the combine influence of changes in opportunities to drink, attitudes, norms regulating alcohol consumption, and urbanization may create an environment that is much
more accepting to an increased rate of alcohol consumption among African American women. The aforementioned position is supported by Caetano (1994) findings. He found that among Hispanic women that drinking opportunities, attitudes, and norms regulating alcohol consumption probably created an environment that was more accepting of women’s drinking and thus led to an increased rate of alcohol consumption among those who were acculturated.

**Alternative Hypotheses 1 - 5:** There is a relationship among drinking, acculturation, age, education, income, divorce status, marital status, and employment status for African American women.

The logistic regression equation was used to predict association between the criterion variable and the explanatory variable. Acculturation and income were positively related to drinking patterns and statistically significant. The highly acculturated individuals were more likely to be drinkers while the highly traditional individuals were more likely to be nondrinkers. The more income one has, the more likely, one would be a nondrinker and the less income one has, the more likely, one would be a drinker. African American females who were more traditional and had higher incomes were more likely to be nondrinkers. On the other hand, African American females who were more acculturated and had lower incomes were more likely to be drinkers.

These findings were consistent with the findings of Black & Markides (1993). Through regression analysis, they found that acculturation among three groups of Hispanic women, namely Mexican-American (1,861), Puerto-American (775), and Cuban-American (488) was positively associated with both the frequency of alcohol consumption
and the probability of being a drinker. Higher levels of acculturation were consistently related to higher proportions of drinkers and greater frequency of consumption among women in all three groups.

Results from the t-test and logistic regression equation indicated that the more acculturated African American female had a higher probability of being a drinker while the more traditional orientation African American female had a higher probability of being a non-drinker.

Findings of this study also indicated that level of income impacted drinking patterns of this sample. Individuals with high family income had a higher probability of being a non-drinker while the low income individuals had a probability of being a drinker. Among African American women, the highest income groups exhibit the lowest rates of heavier drinking. Herd (1984) reported that African American women with incomes between 30,000 were considerably more likely to be nondrinkers than White women in this income group. However, these findings are at odds with the available data concerning the relationship between alcohol consumption and disposable income. Jacobson and Lindsay (1980) reported a positive correlation between disposable income and the amount of alcohol consumed. There is a higher percentage of social drinkers and a lower percentage of abstainers among members of upper socioeconomic status groups.

Age, education, employment status, divorce status and marital status, were not statistically significant in the regression equation. This supports Caetano (1994), findings that the effect of acculturation among the women in his sample was independent of the effects of other attributes, such as age, income, education, and being born in the United
States. Other studies (Landrine and Klonoff, 1994, 1995; Marin et al., 1987) have found little or no association between acculturation and socio-demographic variables such as age, income, and education.

**Alternative Hypothesis 6:** There is a relationship among drinking and age, education, income, employment, divorce status, marital status and the eight acculturation subscales (Family, Preferences for things African American, Foods, Interracial Attitudes, Health beliefs, Religious, Socialization, and Superstition).

The logistic regression equation was used to predict association between the criterion variable (drinking patterns), potentially extraneous variables and the eight AAAS Subscales. The Socialization AAAS Subscale 7 and income variables were statistically significant at $\alpha = .05$. Individuals with higher income and highly traditional orientation in terms of socialization indicate a higher probability of a non-drinking pattern. Conversely, individuals with lower income level and more acculturated socialization indicate a higher probability of a drinking pattern.

African American females with higher incomes and socialization were more likely to be non-drinkers. African American females with lower incomes and acculturated socialization were more likely to be drinkers.

Age, employment, education, marital status, Family Subscale 1, Preferences Subscale 2, Foods Subscale 3, Interracial Attitudes Subscale 4, Health Beliefs Subscale 5, Religious
Subscale 6, and Superstitions Subscale 8 were not statistically significant in the logistic equation.

Conclusions

Based on the findings of this study the following conclusions for this sample were drawn:

1. There are correlates of drinking patterns for African American women.

2. Overall, acculturation is the most important variable in relationship to drinking patterns for African American women

3. The majority of African American female drinkers were between ages 18 and 37.

4. A highly acculturated African American female with annual income of 10K or less showed a higher probability of being a drinker.

5. A highly traditional African American female with an annual income of 40K+ showed the lowest correlation for being a drinker.

6. Highly traditional socialization correlated with being a nondrinker.

7. Age, education, employment status, marital status, and divorce status were not correlated with drinking patterns.

8. Alcohol consumption decreases with high levels of income.
Implications

The following section contains implications based on the study's findings. Implications are pertinent to treatment prevention, practice, and research. The conclusions discussed in the previous section imply some importance of acculturation to drinking to be considered in treatment, policy, prevention, practice and research.

Treatment

Although many researchers advocate the importance of acculturation and drinking; there appears to be a gap between theory and practice. The crucial step is to move from advocacy to endorsement – by actually including the knowledge of differential patterns of drinking and acculturation as one basis for treatment. Clinicians also would be better able to plan for the treatment of alcohol related problems of African American women with the examination of cultural factors which may lead to various life styles and resulting drinking patterns among Black women. One's awareness should be heightened to the fact that alcohol related problems among African American women may be different for them than for the African American community at large.

Policy

Attention should focus on the role of various infrastructures within the African American community and their ability in combating problems related to alcohol abuse. For instance, economic institutions in the African American community which have fostered alcohol consumption (alcohol advertisements), should be examined for community activities. They also should be examined in terms of the extent to which they may contribute to alcohol related problems, and their potential for taking the lead in
alcoholism prevention through sponsoring culturally-based alcohol education and other activities.

Self help groups and other social organizations should be examined in terms of their potential for reducing problem drinking among the African American community. Few organizations have experienced success in preventing and treating African American females' alcohol problems. For instance, Alcoholic Anonymous (AA) self-help groups could include culturally-based (treatment) policies to address the needs of African American women.

Policy makers, elected officials, and their roles should be examined, especially in communities where their potential for mobilizing resources to combat alcohol abuse among African American women is the greatest. The officials and policy maker's responsiveness and level of awareness should be heightened pertinent to alcohol related-problems among African American women. They also should be encouraged to utilize their potential for lobbying national alcohol agendas that have not given African American's alcohol abuse the priority it deserves in terms of expending resources for its prevention programs.

Prevention

Given the patterns of drinking among this sample, that the majority of drinkers were between ages 18 and 37, the thrust of prevention programs should be focus at early ages to offset this trend among this group. Existing prevention programs should be evaluated to determine if they include educational and life skill components that are sensitive to the
unique needs of African American women. Program deficits should be addressed in order to meet the special needs of African American women with alcohol related issues.

**Implications for Clinical Practice**

Findings of this study suggest that African American women who are more acculturated tend to be drinkers. It would be advisable for helping professionals to measure levels of acculturation for members of the ethnic group of African American females they are working with to discover where they fall on the acculturation continuum. Practitioners also should be aware of cultural factors or conditions creating culture conflict or stress for the clients they are working with. This would facilitate not violating their clients' cultural norms, avoiding misunderstandings and not creating additional stress.

Findings from this study also suggest that alcohol consumption decreases as the level of income increases. This should serve as an additional motivation for practitioners to encourage African American women to become financial stability. The aforementioned population also should be motivated and assisted in the process of creating appropriate training, education and skills to enhance their total family income.

Findings of this study also suggest that African American women who were found to have significantly higher levels of acculturated socialization patterns were also non-drinkers. Practitioners should be aware of these patterns and include in their treatment agenda the promotion of traditional socialization for African Americans. The more traditional in socialization values of the African American female sample, the stronger the relationship was between non-drinking. This may also point to a need for clinicians to encourage and assist in the process of creating a supportive home atmosphere which
would facilitate the traditional socialization learning process. Hopefully, this would serve to enhance the overall efficacy of treatment strategies for this ethnic group.

Recommendations

Based on the results of this study, the following suggestions for further study are offered:

1. Replication of this study is needed with a larger number of respondents from the general population to further confirm and define the predictors of drinking patterns for African American females.

2. Given the limited accessible population of this research, replication of this study on a national level is needed. The population needs to be expanded to include a random sample of the national general population to validate the findings to the national population.

3. Replication of this study at other geographical locations is needed to increase generalizability of the findings. This would allow the respondents to come from different regions of the country, rural, urban settings and large and small cities.

4. Research is needed to determine whether a personal interview would define further correlates of drinking patterns in African American females. Clarification of questions and answers from the questionnaire would be accomplished in this interview to most accurately predict drinking patterns.

5. Research is needed to explore the relationship between drinking using the interval level of measurement; to explore the relationship of one's position on the continuum of drinking and acculturation patterns.
6. Research is needed to develop an acculturation scale that includes the bicultural level of acculturation.

7. Research is needed to explore the relationship between drinking patterns and the middle level of acculturation – bicultural for African American women.

Summary

Chapter five contains the following four sections: (1) summary of the study, (2) conclusions and (3) implications and (4) recommendations for future research.


131


APPENDIX A

INSTRUCTIONS FOR QUESTIONNAIRE
1. This is **not** a test. Please read each statement carefully. There are no right or wrong answers, only the best answer in terms of how you elect to describe yourself.

2. If a question asks you to fill in information, please write the information in the space provided.

**IMPORTANT DIRECTIONS FOR MARKING ANSWERS**

*Do not write your name on any of the forms.*

Find pencil in packet.

Make heavy black marks that fill the circle or block completely.

Erase cleanly any answer you wish to change.

Make no stray marks on the answer sheet.

3. You are to make only one mark per item. Be sure to mark your answers to correspond with the proper item number.

4. If you have any questions, please contact the researcher.

5. Please check to see that all questions you answer are marked in the correct place.

6. Upon the completion, return the questionnaire booklet, and pencil in the return envelop.
A. YOUR BACKGROUND

DIRECTIONS: CIRCLE THE NUMBER THAT CORRESPONDS TO YOUR RESPONSE.

A-1. Gender: (circle number)
   1  MALE
   2  FEMALE

A-2. When were you born?

   Month  Day  Year

A-3. Race / Ethnicity: (circle number)
   1  BLACK/AFRICAN-AMERICAN
   2  HISPANIC
   3  WHITE
   4  ASIAN AMERICAN or PACIFIC ISLANDER
   5  OTHER (specify) ____________

A-4. Please check the highest level of education completed: (circle number)
   1  LESS THAN SEVENTH GRADE
   2  JUNIOR HIGH SCHOOL (9th GRADE)
   3  PARTIAL HIGH SCHOOL (10th or 11th GRADE)
   4  GED
   5  HIGH SCHOOL GRADUATE (WHETHER PRIVATE PREPARATORY, PAROCHIAL, TRADE, OR PUBLIC SCHOOL)
   6  PARTIAL COLLEGE (AT LEAST ONE YEAR) OR SPECIALIZED TRAINING
   7  STANDARD COLLEGE OR UNIVERSITY GRADUATION (circle number)
      1  BA
      2  BS
      3  OTHER ____________
   8  GRADUATE PROFESSIONAL TRAINING (GRADUATE DEGREE) (circle number)
      1  MA
      2  MS
      3  Ph.D.
      4  OTHER ____________
   9  POST COLLEGE TRAINING
A-5. Living Status: (circle number)

1 ALONE
2 WITH A ROOMMATE
3 WITH FAMILY
4 OTHER Specify) ___________

A-6. Number of children you have in each age group.

Number of Children

___ UNDER 5 YEARS OF AGE
___ 14 to 18
___ 19 to 24
___ 25 and OVER
___ None

A-7. Current Marital Status: (circle number)

1 UNMARRIED
2 PARTNERED
3 MARRIED
4 DIVORCED
5 SEPERATED
6 WIDOWED

A-8. Your employment Status: (circle number).

1 FULL-TIME (30 HRS. OR MORE PER WEEK)
2 PART-TIME (LESS THAN 30 HRS. PER WEEK)
3 RETIRED
4 NOT EMPLOYED
5 DISABLED
6 HOUSEWIFE
7 STUDENT
8 OTHER __________

A-9. If employed, specify occupation______________________________

A-10. If unemployed, specify income source _______________________

A-11. If married or partnered what is your spouse's/partner employment status?

1 FULL-TIME (30 HRS. OR MORE PER WEEK)
2 PART-TIME (LESS THAN 30 HRS. PER WEEK)
3 RETIRED
4 NOT EMPLOYED
5 DISABLED
6 HOUSEWIFE
7 STUDENT
8 OTHER __________

A-12. If your spouse/partner is employed, specify occupation______________________________

A-13. If your spouse/partner is unemployed, specify income source ________________________
A-14. If single, divorced, widow(er), or partnered, are you the head of your household? (circle number)

1  YES
2  NO

If response is no, specify who is head of household __________________________

A-15. Religious preference:

1  PROTESTANT (BAPTIST, METHODIST, etc.) (specify denomination) _____________
2  CATHOLIC
3  JEWISH
4  OTHER (specify) _____________________
5  NONE

A-16. Geographical Location (circle number)

1  SUBURBS
2  URBAN
3  RURAL

Where were you born? ____________________________
City State Country

Where do you presently live? ____________________________
City State Country

A-17. Income Level: (circle number that best describes your family's annual income).

1  LESS THAN $9,999
2  $10,000 - $19,999
3  $20,000 - $29,999
4  $30,000 - $39,999
5  $40,000 - $49,999
6  $50,000 - $59,999
7  $60,000 - $69,999
8  $70,000 - $79,999
9  $80,000 - $89,999
10  $90,000 - $99,000
11  $100,000 OR MORE
APPENDIX C

MICHIGAN ALCOHOLISM SCREENING TEST

(DRINKING ATTITUDES)
## B. DRINKING ATTITUDES (MAST)

**INSTRUCTIONS:** PLEASE PUT AN (X) FOR EITHER YES OR NO

**ANSWER TO EACH OF THE FOLLOWING QUESTIONS.**

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>B-1. Do you feel you are a normal drinker? (By normal we mean you drink</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>less than or as much as most other people and you have not gotten into</td>
<td></td>
<td></td>
</tr>
<tr>
<td>any recurring trouble while drinking.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-2. Have you ever awakened the morning after some drinking the night</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>before and found that you could not remember a part of the evening?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-3. Does either of your parents, or any other near relative, or your</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>spouse, or any girlfriend or boyfriend ever worry or complain about</td>
<td></td>
<td></td>
</tr>
<tr>
<td>your drinking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-4. Can you stop drinking without a struggle after one or two drinks?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>B-5. Do you feel bad about your drinking?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>B-6. Do friends or relatives think you are a normal drinker?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>B-7. Do you ever try to limit your drinking to certain times of the day</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>or certain places?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-8. Are you always able to stop drinking when you want to?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>B-9. Have you ever attended a meeting of Alcoholics Anonymous (AA)?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>B-10. Have you gotten into physical fights when you have been drinking?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>B-11. Has your drinking ever created problems between you and either</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>of your parents, or another relative, your spouse, or any girlfriend</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or boyfriend?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-12. Has any family member of yours ever gone to anyone for help</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>about your drinking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-13. Have you ever lost friends because of your drinking?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>B-14. Have you ever gotten into trouble at work or at school because</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>of drinking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-15. Have you ever lost a job because of drinking?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>B-16. Have you ever neglected your obligations, your school work, your</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>family, or your job for two or more days in a row because you were</td>
<td></td>
<td></td>
</tr>
<tr>
<td>drinking?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
B-17. Do you drink before noon?  
YES__ NO__

B-18. Have you ever been told you have liver trouble?  
(i.e. Cirrhosis?)  
YES__ NO__

B-19. Have you ever had delirium tremens (DTs), severe shaking, heard voices, or seen things that weren't there after heavy drinking?  
YES__ NO__

B-20. Have you ever gone to anyone for help about your drinking?  
YES__ NO__

B-21. Have you ever been in a hospital because of drinking?  
YES__ NO__

B-22. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking was part of the problem that resulted in hospitalization?  
YES__ NO__

B-23. Have you ever been seen at a psychiatric or mental health clinic or gone to any doctor, social worker, or clergy for help with any emotional problem, where drinking was a part of the problem?  
YES__ NO__

B-24. Have you ever been arrested for drunk driving, driving while intoxicated, or driving under the influence of alcoholic beverages or any other drug?  
(IF Yes, How many times? _____)  
YES__ NO__

B-25. Have you ever been arrested, or taken into custody, even for a few hours, because of other drunk behavior, whether due to alcohol or another drug?  
(IF YES, How many times? _____)  
YES__ NO__

B-26. Do you drink?  
YES__ NO__

B-27. Do you enjoy having a drink now and then?  
YES__ NO__

B-28. It's all right to get drunk once in a while as long as it doesn't get to be a habit.  
YES__ NO__

B-29. It's all right to drink as often as you want as long as it's in moderation.  
YES__ NO__

B-30. It's all right to take a drink occasionally, as long as you don't have more than one or two  
YES__ NO__

B-31. I think people should never drink  
YES__ NO__

B-32. I think it is okay that people drink  
YES__ NO__

B-33. Have you ever felt you should Cut down on your drinking?  
YES__ NO__

B-34. Have people Annoyed you by criticizing your drinking?  
YES__ NO__

B-35. Have you ever felt bad or Guilty about your drinking?  
YES__ NO__
B-36. Have you ever had a drink first thing in the morning ("Eye-opener") to steady your nerves or get rid of a hangover? YES ___ NO ___

B-37. If you have entered treatment circle why did you enter treatment. (CIRCLE NUMBER)

1 COURT MADE ME
2 FAMILY WANTED ME
3 I WANTED TO
4 DOCTOR TOLD ME
5 FRIEND WANTED ME TO
6 OTHER: Specify __________________
7 NA

B-38. Frequency: Please circle the answer that tells how often you usually have (wine) (beer) (drinks containing whiskey or liquor)? (circle number)

1 Three or more times a day
2 Two times a day
3 Once a day
4 Nearly every day
5 Three or four times a week
6 Once or twice a week
7 About once a month
8 Less than once a year
9 Other _______________
10 NA

B-39. Think of all the times you have had a drink recently (in the past). When you drink, how often do you have five or more glasses. (Circle number)

1 Nearly every time
2 More than half the time
3 Less than half the time
4 Once in a while
5 Other _______________
6 NA

B-40. When you drink, how often do you have four glasses or bottles? (circle number)

1 Nearly every time
2 More than half the time
3 Less than half the time
4 Once in a while
5 Other _______________
6 NA
B-41. How often do you have three glasses or bottles of alcoholic beverages? (circle number)

1  Nearly every time
2  More than half the time
3  Less than half the
4  Once in a while
5  Other __________________
6  NA

B-42. How often do you have one or two glasses or bottles of alcoholic beverages? (circle number)

1  Nearly every time
2  More than half the time
3  Less than half the time
4  Once in a while
5  Other __________________
6  NA

B-43. Do you have an active or recovering alcoholic in your family? (circle number)

1  NO
2  YES (if yes, check all that apply)
   ___ MOTHER
   ___ FATHER
   ___ SIBLING
   ___ GRANDPARENT
   ___ OTHER (specify) ________________
MICHIGAN ALCOHOLISM SCREENING TEST
SCORING SYSTEM

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</table>

Total possible score = 56

0 = Non drinker

1 or greater = Drinker
APPENDIX E

RELIABILITY

OF

MICHIGAN ALCOHOLISM SCREENING TEST (MAST)
### Michigan Alcoholism Screening Test (MAST)

#### Reliability Analysis - Scale (Alpha)

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Reliability Coefficients

N of Cases = 240.0  
N of Items = 25  
Alpha = 9453

**Reliability**

****** Method 1 (space saver) will be used for this analysis ******
APPENDIX F

AFRICAN AMERICAN ACCULTURATION SCALE (AAAS)

(Beliefs and Attitudes)
## C. BELIEFS AND ATTITUDES

**INSTRUCTIONS:** Please tell us how much you personally agree or disagree with the beliefs and attitudes listed below by **CIRCLING A NUMBER**. There are no right or wrong answers. We want your honest opinion.

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<tr>
<th></th>
<th>I Totally Disagree</th>
<th>I sort of Agree</th>
<th>I strongly Agree</th>
</tr>
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<td>Sort of True</td>
<td>Absolutely true</td>
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<td>6</td>
</tr>
<tr>
<td></td>
<td>7</td>
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<td></td>
</tr>
</tbody>
</table>

<p>| C-1. | One or more of my relatives knows how to do hair. | 1 2 3 4 5 6 7 |
| C-2. | When I was young, my parent(s) sent me to stay with a relative (aunt, uncle, grandmother) for a few days or weeks, and then I went back home again. | 1 2 3 4 5 6 7 |
| C-3. | When I was young, I shared a bed at night with my sister, brother, or some other relative. | 1 2 3 4 5 6 7 |
| C-4. | When I was young, my cousin, aunt, grandmother, or other relative lived with me and my family for a while. | 1 2 3 4 5 6 7 |
| C-5. | When I was young, my mother or grandmother was the &quot;real&quot; head of the family. | 1 2 3 4 5 6 7 |
| C-6. | When I was young, I took a bath with my sister, brother, or some other relative. | 1 2 3 4 5 6 7 |
| C-7. | Old people are wise. | 1 2 3 4 5 6 7 |
| C-8. | I often lend money or give other types of support to members of my family. | 1 2 3 4 5 6 7 |
| C-9. | It's better to try to move your whole family ahead in this world than it is to be out for only yourself. | 1 2 3 4 5 6 7 |
| C-10. | A child should not be allowed to call a grown woman by her first name, &quot;Alice.&quot; The child should be taught to call her &quot;Miss Alice.&quot; | 1 2 3 4 5 6 7 |
| C-11. | It's best for infants to sleep with their mothers. | 1 2 3 4 5 6 7 |
| C-12. | Some members of my family play the numbers. | 1 2 3 4 5 6 7 |</p>
<table>
<thead>
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<th></th>
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<tbody>
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<td>C-13.</td>
<td>I know how to play bid whist.</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>C-14.</td>
<td>Most of my friends are Black.</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>C-15.</td>
<td>I feel more comfortable around Blacks than around Whites.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>C-16.</td>
<td>I listen to Black radio stations.</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>C-17.</td>
<td>I try to watch all the Black shows on TV.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>C-18.</td>
<td>I read (or used to read) Essence or Ebony magazine.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>C-19.</td>
<td>Most of the music I listen to is by Black artists.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>C-20.</td>
<td>I like Black music more than White music.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>C-21.</td>
<td>The person I admire is Black.</td>
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<td>3</td>
<td>4</td>
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<tr>
<td>C-22.</td>
<td>When I pass a Black person (a stranger) on the street, I always say hello or nod at him or her.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>C-23.</td>
<td>I read (or used to read) Jet magazine.</td>
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<td>6</td>
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<tr>
<td>C-24.</td>
<td>I usually add salt to my food to make it taste better.</td>
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<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>C-25.</td>
<td>I know how long you’re supposed to cook collard greens.</td>
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<td>2</td>
<td>3</td>
<td>4</td>
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<td>6</td>
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<tr>
<td>C-26.</td>
<td>I save grease from cooking to use it again later.</td>
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<td>2</td>
<td>3</td>
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<td>C-27.</td>
<td>I know how to cook chit'lin's.</td>
<td>1</td>
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<td>3</td>
<td>4</td>
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<td>6</td>
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<td>C-28.</td>
<td>I eat grits once in a while.</td>
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<td>2</td>
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<td>C-29.</td>
<td>I eat a lot of fried food.</td>
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<td>Sometimes I eat collard greens.</td>
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<td>C-31.</td>
<td>Sometimes I cook ham hocks.</td>
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<td>People say I eat too much salt.</td>
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<td>I eat chit'lin's once in a while.</td>
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</table>
C-34. Most tests (like the SATs) and tests to get a job are set up to make sure that Blacks don't get high scores on them. 1 2 3 4 5 6 7
C-35. Deep in their hearts, most White people are racists 1 2 3 4 5 6 7
C-36. IQ tests were set up purposefully to discriminate against Black people. 1 2 3 4 5 6 7
C-37. Whites don't understand Blacks. 1 2 3 4 5 6 7
C-38. Some members of my family hate or distrust White people. 1 2 3 4 5 6 7
C-39. I don't trust White people. 1 2 3 4 5 6 7
C-40. Most Whites are afraid of Blacks. 1 2 3 4 5 6 7
C-41. There are many types of blood, such as "high," "low," "thin," and "bad" blood. 1 2 3 4 5 6 7
C-42. I was taught that you shouldn't take a bath and then go outside. 1 2 3 4 5 6 7
C-43. Illnesses can be classified as natural types and unnatural types. 1 2 3 4 5 6 7
C-44. I believe that some people know how to use voodoo. 1 2 3 4 5 6 7
C-45. Some people in my family use Epsom salts. 1 2 3 4 5 6 7
C-46. I know what "falling out" means. 1 2 3 4 5 6 7
C-47. Some old Black women/ladies know how to cure diseases. 1 2 3 4 5 6 7
C-48. Some older Black women know a lot about pregnancy and childbirth. 1 2 3 4 5 6 7
C-49. Prayer can cure disease. 1 2 3 4 5 6 7
C-50. I have seen people "fall out." 1 2 3 4 5 6 7
C-51. If doctors can't cure you, you should try going to a root doctor or to your minister. 1 2 3 4 5 6 7
<table>
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<td>I have “fallen out.”</td>
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<tr>
<td>C-53</td>
<td>I believe in heaven and hell.</td>
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<td>C-54</td>
<td>I like gospel music.</td>
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<tr>
<td>C-55</td>
<td>The church is the heart of the Black community.</td>
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<tr>
<td>C-56</td>
<td>I am currently a member of a Black church.</td>
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<td>C-57</td>
<td>I have seen people “get the spirit” or speak in tongues.</td>
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<tr>
<td>C-58</td>
<td>I believe in the Holy Ghost.</td>
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<tr>
<td>C-59</td>
<td>I went to a mostly Black elementary school.</td>
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<tr>
<td>C-60</td>
<td>When I was young, I was a member of a Black church.</td>
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<td>C-61</td>
<td>I grew up in a mostly Black neighborhood.</td>
<td>1 2 3 4 5 6 7</td>
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<td>C-62</td>
<td>The biggest insult is an insult to your mother.</td>
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<td>C-63</td>
<td>I went to (or go to) a mostly Black high school.</td>
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<td>Dancing was an important part of my childhood.</td>
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<td>C-65</td>
<td>I used to sing in the church choir.</td>
<td>1 2 3 4 5 6 7</td>
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<tr>
<td>C-66</td>
<td>When I was a child, I used to play tonk.</td>
<td>1 2 3 4 5 6 7</td>
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<tr>
<td>C-67</td>
<td>When I was young, I used to jump double-dutch.</td>
<td>1 2 3 4 5 6 7</td>
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<tr>
<td>C-68</td>
<td>I currently live in a mostly Black neighborhood.</td>
<td>1 2 3 4 5 6 7</td>
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<tr>
<td>C-69</td>
<td>I used to like to watch Soul Train.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
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<tr>
<td>C-70</td>
<td>What goes around, comes around.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-71</td>
<td>There’s some truth to many old superstitions.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-72</td>
<td>I avoid splitting a pole.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
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</tbody>
</table>
C-73. When the palm of your hand itches, you’ll receive some money.  
C-74. I eat black-eyed peas on New Year’s Eve.

Have you responded to all of the statements in the booklet?  
Have you entered your responses in the correct boxes?  
Have you responded accurately and honestly?

Thank You For Your Cooperation

Code: 001
APPENDIX G

AFRICAN AMERICAN ACCULTURATION SCALE (AAAS)

SCORING SYSTEM
African American Acculturation Scale

Scoring System

A) Overall Acculturation score = continuum ranging from 74 to 518

High Scores = Traditional Orientation
Low Scores = Acculturated Orientation

B) Eight AAAS Subscales

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<th>Highest Score</th>
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<td>Subscale 1: Traditional Family values and practices</td>
<td>1-12</td>
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<td>Subscale 2: Preferences for things African American</td>
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<td>Subscale 3: Traditional Foods</td>
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<td>Subscale 4: Interracial Attitudes</td>
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<td>Subscale 5: Traditional Health Beliefs</td>
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<td>Subscale 6: Religious Beliefs and Practices</td>
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<td>Subscale 7: Traditional Socialization</td>
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<td>Subscale 8: Superstitions</td>
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APPENDIX H

RELIABILITY

of

AFRICAN AMERICAN ACCULTURATION SCALE (AAAS)
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Reliability Coefficients

N of Cases = 240.0
N of Items = 74

Alpha = .9564
APPENDIX I

ORAL SOLICITATION TO PARTICIPANTS
Oral Solicitation to Participants

In cooperation with a researcher from The Ohio State University’s Department of Physical Activity and Educational Services and Research — Dr. Michael Klein — Gloria Cain is conducting a study of the Relationship Between Alcohol Consumption and Acculturation among African American Women. The purpose of the study is as follows.

PURPOSE

African American women have a higher rate of abstinence from drinking but have disproportionately higher health related problems due to drinking than other female groups in the United States. We are conducting a study to learn about the drinking patterns, related health concerns, practices and susceptibility to alcoholism of African American women. We are asking African American women to respond to this questionnaire.

We are asking for your help in identifying potential participants for this study. All participants must be African American females 18 and above in age. All participants must be residing currently in the general population of Franklin County, Ohio.

PROCEDURES

Participants who choose to participate will be asked to fill out a questionnaire (or will be helped to fill them out if there is any sort of reading difficulty present). The questionnaire consists of certain characteristics regarding the nature of alcohol, and culture features. It will take approximately 45 minutes hours to complete the questionnaire. Participants will be encouraged to ask any questions. Participants will be given a small OSU memento as an incentive and reward for their involvement.

Participation in this study is voluntary. Participants are able to refuse to answer any question that makes them feel uncomfortable, and that they may withdraw from their involvement in the study at any time, with no negative consequences. Participation in this study is confidential. Participants will be assigned a code number, and no request of participants names will be requested.

EXPECTED BENEFITS

Your help in identifying participants is critical to the success of this research project. This study will generate some important data concerning the impact of alcohol on its participants and will add to the limited information about non-drinking and drinking patterns of African American women.

If you agree to participate in this study, you will receive a packet containing an information summary sheet, instructions, questionnaire, stamped, self-addressed return envelop, and contact information for any questions or concerns.
APPENDIX J

PERMISSION TO GATHER DATA
Permission To Gather Data

Permission is hereby granted Gloria C. Cain to gather data for her research dissertation.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

The data will be collected and coded to ensure confidentiality and anonymity of all participants. No identifying information will be requested.

Signature: __________________________

Date: __________________________
APPENDIX K

PERMISSION TO USE INSTRUMENTS

(MAST and AAAS)
February 2, 1996

P. O. Box 871
Hilliard, Ohio 43026

Dr. Melvin L. Selzer
American Psychiatric Association
1400 K Street N. W.
Washington, D. C. 20005

RE: MAST

Dear Dr. Selzer:

I am a doctoral student at the Ohio State University. Presently, I am conducting my dissertation research on The Relationship Between Alcohol Consumption and Drinking for African American Women. I am also interested in utilizing the Michigan Alcoholism Screening Test (MAST) the instrument to measure alcohol features of the respondents. Therefore, I am writing to obtain permission to use the MAST in my research.

Thank you for handling this request. Please contact me at the address listed above, if you have any questions.

Sincerely,

Gloria C. Cain
February 2, 1996

P. O. Box 871
Hilliard, Ohio 43026

Dr. Hope Landrine
Research Scientist & Principle Investigator
The Public Health Foundation
13200 Crossroads Parkway North
Suite 135
City of Industry, C. A. 91756

RE: AAAS-II

Dear Dr. Landrine:

I am a doctoral student at the Ohio State University. Presently, I am conducting my dissertation research on The Relationship Between Alcohol Consumption and Drinking for African American Women. I am also interested in utilizing the African American Acculturation Scale II (AAAS-II) as the instrument to measure acculturation of the respondents. Therefore, I am writing to obtain permission to use the AAAS-II in my research.

Thank you for handling this request. Please contact me at the address listed above, if you have any questions.

Sincerely,

Gloria C. Cain

TO: GLORIA CAIN

Permission to use the scale as well as the other version is in writing to all researchers without further permission from me. Use it. By the way – I suggest that you use the long version, not the short one.
Date: April 25, 1997

RESEARCH PROTOCOL:

96B0145 THE RELATIONSHIP BETWEEN SES, ACCULTURATION, PERSONALITY AND THE USE AND/OR ABUSE OF ALCOHOL FOR AFRICAN AMERICAN WOMEN, Michael A. Klein, Gloria Cain, Physical Activities and Educational Services

was presented for review by the Behavioral and Social Sciences IRB to ensure proper protection of the rights and welfare of the individuals involved with consideration of the methods used to obtain informed consent and the justification of risks in terms of potential benefits to be gained, the IRB action was:

X APPROVED

DEFERRED*

APPROVED WITH CONDITIONS*

DISAPPROVED

NO REVIEW NECESSARY

*CONDITIONS/COMMENTS:

Your request to amend protocol 96B0145, as outlined in letter dated April 18, 1997, changing the principal investigator to Michael A. Klein, was administratively APPROVED.