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Urban African American Pre-Adolescent Social Problem Solving Skills: Family Influences and Association with Exposure to Situations of Sexual Possibility

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SUMMARY

The results of two studies focusing on the social problem solving skills of African American preadolescent youth are detailed. In the first study data from a sample of 150 African American children, ages 9 to 11 years, was used to examine the association between type of youth social problem solving approaches applied to hypothetical risk situations and time spent in unsupervised peer situations of sexual possibility. Findings revealed that children with more exposure to sexual possibility situations generated a wider range of social problem solving strategies, but these approaches tended to be unrealistic and ambiguous. Further, there was a positive association between the amount of time spent unsupervised and youth difficulty formulating a definitive response to hypothetical peer pressure situations. Children with less exposure to sexual possibility situations tended to be more aggressive when approaching situations of peer pressure. In the second study, data from a non-overlapping sample of 164 urban, African American adult caregivers and their 9 to 11 year old children was examined in order to explore the associations between child gender, family-level factors including family communication frequency and intensity, time spent in situations of sexual possibility, and youth social problem solving approaches. Results revealed that children were frequently using constructive problem solving and help seeking behaviors when confronted by

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difficult social situations and that there was a significant relationship between the frequency and intensity of parent child communication and youth help seeking social problem solving approaches. Implications for research and family-based interventions are highlighted.

Keywords

Social problem solving skills; situations of sexual possibility; family communication frequency/intensity; exposure to sexual possibility situations and problem solving approaches

Young urban African American adolescents living in poverty are at an increased risk for HIV infection (Centers for Disease Control, 2001, 2000; 1995). This may be due to the compounding effects of residing in poor, inner-city neighborhoods with higher rates of infection, significant psychosocial stressors associated with poverty, community violence, scarcity of youth-supportive resources, and limited access to health-focused preventive and treatment resources (Sikkema, Brondino, Anderson et al., 2004; Paikoff, 1995; Rotheram-Borus, Mahler & Rosario, 1995; Wilson, 1987). It is against this backdrop that youth development, particularly the transition to adolescence occurs. Cognitive changes and emotional responses, as well as the onset of puberty and early involvement in sexual activity, all take place within an urban context posing numerous threats to youth health and safety (Bell & Jenkins, 1993; Atkins et al., 1998). Given high prevalence rates of HIV infection, youth who begin sexual activity during early adolescence may be at significantly higher risk for HIV exposure as early sexual involvement has been linked with more frequent sexual encounters, as well as more frequent partners and less contraception use (Moore & Rosenthal, 1993; The Alan Gutacher Institute, 1994; Paikoff, 1995; Goldman & Goldman, 1988; Hutchinson & Cooney, 1998;).

Thus, research is needed to understand factors that contribute to the early initiation of sexual activity in order to inform youth-focused HIV prevention programs. There is a particular need to examine the social context of sexual behavior during early adolescence (Jemmott & Jemmott, 1992; Jemmott, Jemmott & Fong, 1992; Paikoff, 1995; Parfenoff, McCormick & Paikoff, 1996; Stanton, 1996). Developmentally, the peer group becomes an increasingly significant source of support, comparison and pressure to engage in sexual risk taking and other types of behavior that potentially threaten the health of the youth (Lewis & Lewis, 1984; Fuemmeler, Taylor, Metz, & Brown, 2002). However, there is also accumulated evidence that family influences, particularly those related to parental supervision and monitoring of youth activities (Romer et al., 1994; Pick & Palos, 1995; Hutchinson & Cooney, 1998) and family communication (Muller & Powers, 1990; Kafka & London, 1991; Pick & Palos, 1995; Jackson, Bijstra, & Oostra, 1998) play a critical role in delaying youth sexual involvement and reducing early adolescent sexual risk taking behaviors.

Thus, this article presents the results of two studies focused on the social problem solving approaches of African American preadolescent youth. In the first study, the association between the type of social problem solving strategies applied to hypothetical risk situations and time spent in situations of sexual possibility, periods of time spent without any adult supervision, are examined. The next study was designed to examine the association between child gender, family-level factors including family communication frequency and intensity, time spent in situations of sexual possibility, and youth social problem solving skills. Findings are meant to inform health promotion and HIV prevention programs for urban youth entering adolescence.

RISKS ENCOUNTERED BY URBAN AFRICAN AMERICAN YOUTH: OBSTACLES TO DEVELOPMENT

African American youth approaching adolescence within inner-city communities must negotiate a myriad of risks associated with poverty, minority status and a scarcity of youth-supportive resources. African American youth are over represented among those youth living in impoverished communities, and the incidence of HIV/AIDS infection has increased significantly among these youth over the last decade (Centers for Disease Control, 2001). Urban African American youth living in poverty must confront additional risks including learning to manage pressure to use drugs and community violence exposure (Semlitz & Gold, 1986; Coombs, Paulson, & Palley, 1988; Kandel, Johnson, Bird, Camino, Goodman, Lahey et al., 1997). Yet, there is little information regarding the strategies that urban African American youth use to negotiate these risk situations (Kirby, Barth, Leland, & Fetro, 1991). Further, although there is some evidence that African American parents adapt their parenting strategies and rely on social support networks to buffer youth from peer pressure and negative urban contextual factors (see Jarrett, 1995 for examples), additional research is needed to understand the mechanisms via which preadolescents develop the necessary skills to manage risk opportunities and protect themselves from potential harm.

YOUTH SOCIAL PROBLEM SOLVING AND RISK-TAKING BEHAVIOR

Pre-adolescents' thought processes and the manner in which they perceive and responds to certain situations may influence their actions in social situations where HIV risk exposure is likely. Because problem solving involves perceiving, processing, and using information regarding self, it potentially plays an important role in behavioral health (Felton & Bartoces, 2002). Researchers have demonstrated that effective, high efficacy problem solvers use more problem-focused coping strategies, have a stronger internal locus of control, have more confidence in their decision making ability, and are less likely to be impulsive rather than ineffective, low-efficacy problem solvers (Heppner et al., 1987). Yet, the ability to think hypothetically, futuristically, and to integrate multiple aspects of a task or problem reflect formal operational thinking and are essential to reasoned decisions. Compared with adults, adolescents may make less well-reasoned decisions due to a briefer period in which to consolidate formal operational thinking skills and less opportunity to apply higher level cognitive functioning to real life situations (Haynie, Alexander, & Walters, 1997).

There is a body of research examining youth social problem solving during adolescence, while the focus on preadolescents is quite rare. The literature is clear that there are significant links between adolescent social problem solving ability and engaging in risk-taking behaviors (Hains & Herrman, 1989) with teens evidencing poorer social problem solving abilities engaging in risk-taking behavior (Caldwell & Darling, 1999; Kuperminc & Allen, 2001).

Substantial prior research has demonstrated an association between peer pressure and sexual activity, smoking, substance abuse, gang involvement, delinquent behavior, and violence among the adolescent population (Billy & Udry, 1985; Keefe, 1992; Romer et al., 1993; Dahlberg, 1998; Kung & Farrell, 2000; Walker-Barnes & Mason 2001; Fuemmeler et al., 2002). For example, Ellickson and Morton (1999) found that African American adolescents who are offered drugs at an early age are at increased risk to use hard drugs, such as cocaine and heroin, in the future, suggesting that these youth may benefit from learning how to effectively cope with peer pressure. Adolescents whose peer group engages in risk-taking behaviors tend to engage in these behaviors themselves (Kandel, 1986; Caldwell & Darling, 1999). In one of the few studies that included pre-adolescents in the examination of peer pressure, findings indicate that 10-year-olds report experiencing similar peer pressure as older

adolescents to engage in certain activities, such as violence and substance use (Lewis & Lewis, 1984).

Further, in a study comparing adolescent concerns about peer pressure to other issues of significance during this developmental period, such as wanting to be popular, findings reveal that perceptions of being pressured to engage in risk behaviors is more strongly associated with engaging in risk taking behavior in comparison to the impact of wishes to be more popular (Santor, Messervey, & Kusumakar, 2000).

Deficits in addressing peer pressure effectively have also been linked with poor adolescent outcomes, including aggressive behavior, violence, delinquency, drug use, and suicide attempts (Sadowski & Kelley, 1993; Dahlberg, 1998; Kuperminc & Allen, 2001). In addition, problem solving capability has been shown to be related to sexual behavior, including contraception use (Abel, Adams, & Stevenson, 1994; Hutchinson & Cooney, 1998), and having friends who are sexually active or do not use condoms (Kalmuss et al., 2003). More specifically, in a study by Caldwell and Darling (1999) the ability to effectively social problem solve and resist peer pressure acted as a buffer against substance use even when social situations offered encouragement. Given the fact that these numerous risk opportunity and pressures to engage in risk behavior exist for African American youth within inner-city environments, and that these same youth anticipate negative consequences for not agreeing to participate in misconduct with peers (Pearl, Bryan, & Herzog, 1990), it is vital that research studies be undertaken that examine how youth develop or learn social problem solving skills and potential mechanisms for bolstering these skills be identified.

FAMILY INFLUENCES ON YOUTH SOCIAL PROBLEM SOLVING

Research on the adolescent population indicates that parents play a role in their adolescents' development of effective social problem solving skills (Brody, Flor, Hollett-Wright, & McCoy, 1998; Hutchinson & Cooney, 1998). For example, level of parental supervision is an important familial consideration. Among low-income African American children and adolescents, a low level of parental supervision provides the opportunity for precocious sexual activity (Bakken & Winter, 2002). Parental supervision is frequently affected by the presence of a single parent due to a reduction of the number of parents in the household and the necessity for the custodial parent to work full time. Bakken and Winter (2002) found that family structure not only predicted age at sexual initiation among African American adolescents, but also continued to influence sexual behavior throughout adult life.

Adolescents who communicate with their parents about high-risk behavior have been found to more successfully negotiate peer pressure social situations and resist engaging in high-risk behavior than adolescents who do not communicate with their parents (Holtzman & Robinson, 1995; Farrell & White, 1998; Romer et al., 1994; Pick & Palos, 1995; Hutchinson & Cooney, 1998; Somers & Paulson, 2000). In addition, in families where adolescents report open and attentive communication with their parents, the adolescents also report more satisfaction with their families and less risk taking behavior than those teens who do not communicate with their parents (Mueller & Powers, 1990; Kafka & London, 1991; Pick & Palos, 1995; Jackson, Bijstra, & Oostra, 1998).

Communicating with their adolescents may be one of the most effective ways caregivers can protect their adolescents from making poor decisions that may impact the rest of their lives (Mueller & Powers, 1990; Holtzman & Robinson, 1995). Discussing with their adolescents possible high-risk situations that may occur and teaching them how to negotiate these situations, may result in adolescent implementing these skills outside of the family unit. This may lead to increased confidence and better decision making in social situations. Previous research has shown that adolescents who report communicating with their parents are better

able to negotiate high-risk social situations (Pick & Palos, 1995; Hutchinson & Cooney, 1998; Farrell & White, 1998; Somers & Paulson, 2000).

Research examining caregiver-child communication with pre-adolescents is lacking, despite findings that indicate that the influence of caregivers decreases with increasing age of adolescents (Keefe, 1992), suggesting that caregivers have more influence during pre-adolescence, before their children are in the midst of the stressors of adolescence. One study of fourth and sixth graders conducted by Jackson (1997) found that pre-adolescents who had initiated smoking tobacco reported less communication with parents, among other factors, than pre-adolescents who were abstinent. In another study examined parent-child communication among pre-adolescents and alcohol use norms were examined (Brody, Flor, Hollett-Wright, & McCoy, 1998). Findings revealed that communication between parents and their pre-adolescents was associated with abstinent alcohol use norms for the pre-adolescents, indicating that communication during pre-adolescence may reduce risk-taking behavior for this population. In addition, research has found that pre-adolescents do not resist communicating with their parents, and may even find their parents advice helpful (Ary, James, & Biglan, 1999). Although research on the pre-adolescent population is limited, understanding the influence of caregiver communication on pre-adolescents' ability to negotiate social situations is important for all families, but particularly so for urban African American families who are raising their pre-adolescents in complex community settings.

In sum, the two studies presented within this article were undertaken to elucidate social problem solving skills of African American preadolescent youth. In the first study, the association between engaging in situations where there is a possibility of sexual activity among adolescents and the use of passive or aggressive social problem solving strategies is examined. The second study augments the first study by also examining association between time spent in situations of sexual possibility, and youth social problem solving approaches, with an added component of family communication frequency and intensity. Implications for research and family-based interventions are highlighted.

STUDY 1

Methods

As previously stated, the purpose of the first study was to investigate the association between a child's social problem solving approaches and the amount of time youth spend in situations of sexual possibility as defined by the amount of time spent with peers unsupervised by adults. The data used in this investigation was gathered from the first wave of participants in the Chicago HIV and Adolescent Mental Health Project (CHAMP) ($n = 150$), a longitudinal study of risk and protective factors associated with inner-city African American youth sexual risk taking. Pre-adolescents (9–13 years of age) were interviewed by trained research staff.

Participants

In this sample, 44% of the preadolescents were male and 56% were female. Of the primary caregivers, 39% had a total household income under \$5000, 47% had no prior work experience, and approximately 53% had not completed high school. The sample was recruited from six public schools located in neighborhoods with high concentrations of urban poverty and above normal rates of HIV infection. Informed consent was obtained from all adult caregivers, assent was obtained from youth. IRB approval was also obtained.

Measures

In order to tap youth social problem solving skills, participants were presented with a variety of hypothetical social situations derived from the *Middle School Alternative Solutions Test*

(Caplan, Weissberg, Bersoff, Ezekowitz & Wells, 1986) and *The Reducing the Risk: Building Skills to Prevent Pregnancy Scale* (Barth, 1989). These questions were designed to measure the child's ability to generate alternative solutions to age-relevant, hypothetical peer problems (Caplan, Weissberg, Bersoff, Ezekowitz & Wells, 1986). In the interview, youth participants were presented with a situation involving persistent teasing by peers, a second dealt with peer pressure to engage in dangerous activities, a third involved witnessing a fight, and a fourth asked for responses to pressure to engage in sexual activity. For each situation the youth were asked to generate as many responses as possible of ways they might approach the situations. The answers were recorded verbatim by a trained interviewer and coded into thirteen categories derived from a coding system presented in the Alternative Solutions Test Manual (Caplan, Weissberg, Bersoff, Ezekowitz & Wells, 1986).

In a second, separate interview, the *Youth Sexual Risk Interview* (Paikoff, 1995) was administered to assess time spent in situations of sexual possibility. Youth were questioned as to whether they had spent time in mixed sex groups and, if so, the amount of supervision present during such times. Within the total sample, 26% ($n = 40$) of the children had participated in at least one sexual possibility situation.

Data Analyses

Data from youth were separated by whether they had spent time in a situation of sexual possibility (yes/no) and their social problem solving responses were identified. A separate analysis was used to calculate the frequency and intensity of responses to each of the four independent problem-solving situations. T-tests were used to compare the variety and types of responses formulated by the higher risk group (yes) to those of the lower risk group (no). The strategies youth in these two groups used to solve various problems were compared to each other in order to determine problem solving factors associated with more intense and frequent exposure to situations which are hypothesized to lead to early sexual activity.

Results

Children with more intense exposure to sexual situations generated a greater variety of social problem solving methods by averaging more responses per question than those with less exposure ($t = 3.3, p < 0.05$). In addition, the higher risk children also appeared to give an overall more unrealistic response to situations ($t = 10.9, p < 0.001$), more ambiguous answers ($t = 6.3, p < 0.5$), and were more nonconfrontational ($t = 1.2, p < 0.5$) than children with lower sexual risk.

Conversely, the lower risk group appeared to respond overall more aggressively ($t = 4.1, p < 0.05$) than the higher risk individuals. In addition, it appears that there were more lower risk than higher risk children that did not give any type of answer to the problem solving questions ($t = 4.9, p < 0.02$).

STUDY 2

Methods

Again, the purpose of the second study was also to investigate the association between gender, family level processes, time spent in situations of sexual possibility, and youth social problem solving approaches. This study is also a secondary data analysis from baseline data collected as part of the CHAMP (Chicago HIV prevention and Adolescent Mental Health Project) Family Program Study, the intervention companion study to the first research project described in study #1. The CHAMP Family Program is a family-based HIV prevention project targeting 4th and 5th grade African American, low-income youth and their families in a community with a high rate of HIV infection.

The sample drawn for the current study represent the first five cohorts of youth and their families involved in the CHAMP Family Program ($n = 197$). This is a non-overlapping sample with study #1 presented above. All CHAMP Family program participants were chosen randomly from a roster of 550 youth and their families attending four inner-city public elementary schools. A 92% consent rate for inclusion in the random assignment process of the CHAMP Family Program study was obtained (see McKay, Baptiste, Coleman, Madison, Paikoff, & Scott, 2000, for details regarding the CHAMP Family Program study). Approximately 60% of the sample was girls, ages 9 to 11 years, and 40% were boys in the same age range. Almost 82% of parents reported a family income of less than \$14,000. Three quarters of adult caregivers completed high school and 8% of parents had attended some college. Approximately 17% of the adult caregivers were between 25 and 29 years indicating that they were teenagers at the time of the target child's birth.

Data Collection Procedures

Data for the current study was derived from baseline assessment information prior to the start of the family-based intervention. All information was obtained from parents and youth separately. Each child or adult participant completed paper-pencil instruments in small groups, 6 to 8 participants, with research staff reading each item aloud.

Measures

First, parent were asked to complete the *Family Decision Making Scale* (Dornbusch et al., 1985), a 17 item instrument tapping whether discussions regarding chores, homework and other common family issues had been talked about in the last two weeks, how frequently, and their emotional tone (calm versus angry).

In a second, separate interview, the *Youth Sexual Risk Interview* (Paikoff, 1995) was administered to assess time spent in situations of sexual possibility. Youth were questioned as to whether they had spent time in mixed sex groups and, if so, the amount of supervision present during such times.

Finally, the youth were asked to complete the *Middle School Alternative Solutions Test* (Caplan, Weissberg, Bersoff, Ezekowitz & Wells, 1986) that was described in the previous study.

Data Analysis

Data from youth were separated by whether they had spent time in a situation of sexual possibility (yes/no), gender, and their social problem solving responses. T-tests were used to compare the variety and types of responses formulated by the higher risk group (time spent in situations of sexual possibility) to those of the lower risk group (no time spent in situations of sexual possibility) to determine problem solving factors which are associated with more intense and frequent exposure to situations of sexual possibility. T-tests were also used to compare social problem solving responses of males and females. Correlations and multiple regression analysis were used to determine the association between frequency and intensity of family communication on social problem solving skills.

Results

Of the 164 children and families included in the analysis, children were frequently using constructive problem solving and help seeking behaviors when confronted by difficult social situations. When being picked on by another child 50.6% ($n = 39$) said they would ignore them while 62.5% ($n = 80$) said they would seek help from a teacher or principal. When being pressured by a peer 65.4% ($n = 36$) said they would tell their peers no and 49.5% ($n = 51$) said

they would tell their parent. When being touched by a peer 49.5% ($n = 52$) reported they would tell the child to stop, 52.7% ($n = 78$) said they would scream, and 43.3% ($n = 65$) said they would run away.

There was a significant difference in female social problem solving approaches versus male. Girls were more likely to have a passive response to peer pressure than boys, ($t = -2.30, p < .05$). Additionally, children who had experienced situations of sexual possibility were more likely to have aggressive social problem solving strategies, ($t = -2.40, p < .05$), but would also actively seek help from adults, ($t = -2.28, p < .05$). There was a significant relationship between the frequency of parent child communication and youth help seeking social problem solving approaches. Children who communicated infrequently with their parent were more likely to seek help from other adults in their life including their teacher or principal ($r = -.27, p < .01$), or another child's parent ($r = -.33, p < .001$). Additionally children were more likely to have aggressive responses to social situations if they engaged in conflictual conversations with their parent ($r = -.24, p < .01$).

Moreover, when controlling for frequency and exposure to sexual possibility situations, males were less likely to tell someone who was touching them to stop ($B = -.63, \beta = -.34, p < .05$). Furthermore, when controlling for frequency, exposure to sexual possibility situations, and gender, children who participated in conflictual communication with their parent were less likely to tell someone to stop touching them ($B = -.46, \beta = -.33, p < .05$).

DISCUSSION

Therefore, the majority of children within this inner-city community were reporting productive social problem solving strategies in a range of peer pressure situations. Particularly relevant for HIV/AIDS prevention, children reported they would assertively refuse to participate in sexual behavior or said they would seek help from adults in sexual pressure situations. Children who did not actively engage in conversations in their own family were turning to other adults in their life for help. Parent/child communication and level of anger expressed during communication was found to be significantly related to aggressive problem solving approaches and the inability to assertively decline sexual advances. Table 1 summarizes the outcomes of Study 2.

CONCLUSION

The results from these investigations suggest that youth exposed to situations of sexually possibility generate significantly different responses to social situations than individuals with a lower risk. Children with greater exposure tend to generate a greater variety of problem solving methods. However, these methods tend to be unrealistic, ambiguous, and non-confrontational. Children with lower exposure to sexual situations tend to respond with more aggressive solutions. In addition, a child's aggressive problem solving is augmented by the intensity of anger of parent/child communication.

An underlying assumption in both of these studies is that the strategies that a child develops towards a certain social situations may increase or decrease their risk to sexual exposure. It can be argued, however, that a child's risk to sexual exposure may influence strategies they use to make decisions in problem solving situations. In order to better understand the nature of this association, further longitudinal studies need to be conducted.

The information presented in these studies can directly enhance prevention and intervention efforts with pre- and young adolescents aimed at delaying early onset of sexual activity. Perhaps such programs can help decrease a child's risk of early sexual exposure by first presenting a series of clear rational strategies which may be used by the child in situations where sexual

activity is possible. These programs may also emphasize the benefits of seeking help in such situations as well as differentiating between unrealistic and rational problem solving strategies. Implementing such social problem solving strategies in children may help decrease their exposure to situations of sexual possibility. In addition, it is important for programs to attempt to enhance the level of communication within families in order to encourage children to seek help from their parents. Family-based intervention programs should appropriately target children exhibiting aggressive responses and instruct families on alternative methods of relaying emotions when communicating. This delay in onset of sexual behavior may in turn decrease the chances of preadolescents' later contraction of HIV.

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TABLE 1

Effects of Frequency of Parent-Child Communication, Intensity of Parent Child Communication, and Time Spent in Situations of Sexual Possibility

<i>Univariate Analysis</i>			
Variable	Percent	<i>n</i>	Missing
<i>When being picked on you...</i>			
Ignore them	50.6	39	91
Tell the teacher/principal	62.5	80	40
<i>When being peer pressured you...</i>			
Tell them no	65.4	36	113
Tell their parent	49.5	51	65
<i>When being touched by a peer you...</i>			
Tell them to stop	49.5	52	63
Scream	52.7	78	20
Run away	43.3	65	18
<i>Bivariate Analysis</i>			
T-test of Gender and Social Problem Solving Strategies			
Variable	Mean of Males	Mean of Females	t(df)
Stop being their friend	1.75	2.35	-2.30(50) *
T-test of Exposure to Sexual Possibility Situations and Social Problem Solving Strategies			
Variable	Mean of No Exposure to Sexual Possibility	Mean of Exposure to Sexual Possibility	t(df)
Seek help from an adult	1.75	2.17	-2.28(37) *
Pick on another child	1.71	2.48	-2.40(32) *
Correlation with Frequency of Parent-Child Communication			
Variable	<i>r</i>		
Seek help from a teacher or principal	-.266 **		
Seek help from another adult	-.333 ***		
Hit the other child	-.298 ****		
Seek help from your parent	.279 **		
Correlation with Conflictual Parent-Child Communication			
Variable	<i>r</i>		
Hit the other child	-.237 **		
<i>Multivariate Analysis</i>			
Ordinary Least Squares Regression on "If I were being touched the first thing I would do is tell them to stop"			
Variable	<u>B</u>	<u>SE B</u>	<u>β</u>
Frequency of Parent-Child Communication	.06	.03	.237
Time Spent in Situations of Sexual Possibility	-.11	.31	-.05
Gender	-.63	.27	-.34 *

<i>Univariate Analysis</i>			
Variable	Percent	<i>n</i>	Missing
Intensity of Parent-Child Communication	-.46	.20	-.33*
$R^2 = .21$, Adj. $R^2 = .13$, $df = 46$, $F = 2.76$, $p < .05$			

*
p < .05,

**
p < .01,

p < .001,

p < .0001