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Women's perception of adolescent marijuana use in a hispanic seasonal farm worker community: A qualitative study

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Abstract

We examined the perception of adolescent children's marijuana use and its consequences in the Hispanic seasonal farmworking community of South Florida via three focus groups with Hispanic adult female seasonal workers ($n = 29$). The women described how adolescents' marijuana use increased over the past five years. Social networks for marijuana use were reported near schools and bus stations. Although participants expressed concern over adolescent marijuana use and involvement in selling marijuana, they reported that their job demands preclude their ability to supervise their children. Participants do not report unlawful marijuana use due to fear of deportation.

Keywords

Drug abuse; Hispanic children; Hispanics; marijuana; seasonal workers

Introduction

Marijuana is the most widely used illicit drug among adolescents in the United States (Center for Behavioral Health Statistics and Quality, 2013). The likelihood of trying marijuana before age 13 is higher for Hispanic adolescents when compared to their Caucasian counterparts (Eaton et al., 2010). Marijuana use during adolescence could produce impaired short-term learning, impaired motor coordination, altered judgment that could promote sexual risky behaviors, addiction, altered brain development, cognitive impairment, and chronic bronchitis (Fergusson & Boden, 2008). Compared to people who start using marijuana as adults, those who start using marijuana during adolescence are two to four times as likely to have marijuana dependence two years after the first use (Chen, Storr, & Anthony, 2009).

The determinants and negative social consequences of marijuana use among adolescents from hard-to-reach populations such as Hispanic seasonal farmworker communities have been understudied. Due to the scarcity of systems that collect data and information on this population, adolescent children of seasonal farmworkers have been labeled "an almost

invisible population” (Iltus, 2013). Available information from other Hispanic populations on marijuana use may not be generalizable to adolescent children from seasonal farmworker families due to differences in their country of origin, socioeconomic status, acculturation, and cultural practices and beliefs.

As in other underserved Hispanic populations, marijuana use among adolescents in the seasonal worker community merits targeted attention as substance use disorders may affect their successful transition from adolescence to young adulthood and, over time, contribute to socioeconomic and health disparities (Bacio et al., 2015). Understanding the patterns and determinants of marijuana use in adolescent children of Hispanic seasonal farmworkers is a necessary prerequisite to the development of appropriate and cost-effective underage marijuana use prevention and intervention programs. The purpose of our study is to (a) explore adult Hispanic seasonal workers’ perceptions of adolescent marijuana use in their community and (b) discuss their perception of individual and social consequences of adolescent marijuana use. We used a socioecological approach (Poundstone, Strathdee, & Celentano, 2004) to present and discuss our results at four levels—the individual level, the interpersonal/network level, the community level, and the societal level.

Methods

In this study, we define adolescent children of seasonal farmworkers to be those children living in a house located inside a farmworking camp occupied by at least one family member (e.g., father, mother, adult sister) who is employed in agriculture at a single location within 75 miles of their home throughout the year (United States Department of Agriculture, 2014). Participants were recruited in January and February 2015 through members of a Hispanic community-based organization and at community health fairs and events. Potential participants who expressed an interest in the study were asked to provide their contact information. They were contacted and screened via the phone number they provided to the recruiter during recruitment by a Hispanic project coordinator who informed them about the duration of the focus group sessions, the risks involved in participating in the research, benefits of research to the academic community and the public at large, the incentive for time and effort (i.e., participation), and the approximate number of study participants. Potential participants were told of their right not to answer questions or to withdraw from the focus group at any time. No potential participant was excluded from participating in the study due to not having a cell phone. From a list of 39 potential participants, 29 women attended one of three focus groups ($N = 10, 10, 9$) held at the offices of a Hispanic community-based organization located in Miami-Dade County, Florida. Reasons for nonparticipation included work schedule conflict and family commitments. Eligible participants were Spanish speaking, self-reported Hispanic seasonal farmworkers, 18 years of age and older. Participants had at least one adolescent child or an adolescent brother.

During the development of the moderator’s guide, discussion topics were selected after reviewing the literature and conducting interviews with an expert panel composed of a social worker, a health promotion specialist, an epidemiologist, a mental health counselor, and two members from the seasonal worker community. The moderator’s guide was pilot tested with two members of the community and two public health professionals working with this

community. Content of the focus group guides included (a) engagement questions that introduced participants to and made them comfortable with discussion topics, (b) exploration questions that focused on the main topics of the discussion (Figure 1), and (c) exit questions that assessed whether some important topics were missing from the discussion. The moderator used the discussion guide to generate dialogue following the topics included in Figure 1. During the implementation of the focus group, a bilingual Hispanic social worker moderated the three sessions in Spanish; all focus group sessions lasted two hours. Two additional persons fluent in Spanish took notes. Individuals received a \$50 incentive for their participation.

Audio recordings were transcribed verbatim and translated into English by a certified bilingual (Spanish/English) translator. A bilingual member of the team verified the content in the English version of the transcripts by reading the English version of the transcripts while listening to the audio-recorded discussions. Two members of the research team independently identified analytic themes for each focus group transcript. To identify common themes, a bilingual/bicultural qualitative researcher performed manual review of both Spanish and English versions of the transcripts and coded and analyzed the English version using ATLAS.ti (Friese, 2011). Using field notes and transcriptions, the research team (an epidemiologist [PhD], a health promotion specialist [MS], a social worker [MS], and a member from the seasonal worker community [MS]) developed a summary report of the findings. Inconsistencies were resolved through review and discussion by the four members of the research team. A second expert panel of public health professionals ($N = 8$), who work on substance abuse policy and community-based interventions for this Hispanic community, provided their insights on the summary report and suggested reviewing additional literature to place our findings in a broader context of what is currently known about the nature and the implications of adolescent marijuana use. Members of this panel contributed voluntarily and did not receive financial compensation for their time. The institutional review board of a large public university in South Florida approved this study, and all participants provided informed consent before participation.

Results

Participants' countries of birth included Mexico (54.6%), United States (18.2%), El Salvador (9.1%), Honduras (9.1%), and Colombia (9.1%). Regarding ages in years, 29.2% were 18 to 29 years; 20.8% were 30 to 39; 29.2% were 40 to 49; and 20.8% were 50 or older. Approximately half of the participants had been residents of the community for 20 or more years (52.2%), one quarter for 10 to 19 years (26.1%), and the remainder less than 10 years (21.7%).

There was consensus that marijuana use among adolescent children, but not adults, has increased in seasonal worker communities over the past five years. Some participants expressed concern over adolescent children's use of marijuana at young ages; in one case, the participant reported that her eight-year-old child was using marijuana. Two participants reported that adolescent children were involved in illegally selling marijuana within their communities. Overall, participants perceived that marijuana had brought negative consequences to their community, especially to the adolescents. Specifically, they felt that

the use of marijuana was compromising the educational and professional future of children in the community. Although most participants disapproved of adolescent children's marijuana use, two participants perceived marijuana as a beneficial remedy for certain medical conditions.

Some participants believed that marijuana was a gateway drug, resulting in abuse of other substances such as alcohol and the nonmedical use of prescription medications (NMUPM); in some instances, participants reported that their adolescent children consumed alcohol and NMUPM in combination with marijuana.

My kids started with a little marijuana but that advanced and advanced and it came to a point where they started using another type of drug. And then that's when the problems began.

I caught him when he was starting to sell it (marijuana). I took him to a program, to a social worker. We talked to him. A son that's using marijuana is the saddest thing in the world. It's such a huge punishment. It feels like you are carrying the house.

Underlying Factors Associated With Adolescent Marijuana and Alcohol Use

The individual level

The women explained that most of the mothers in their community are raising their children without the help of the children's fathers. Most of the participants reported that, for the adolescent children who use marijuana, most do so when their parents are at work. These participants believed that low grades in school are a consequence of marijuana and alcohol use by their adolescent children.

Most of the Latinas explained that poor communication exists between adolescent children and adults in the household, and, in opposition to adults' preferences, adolescent children choose to communicate via text messaging rather than face-to-face conversations. Other participants reported that their job demands and the time they have at work limits their ability to supervise children.

Kids are using marijuana because the parents are always working and they can't give the kids much attention. It makes the kids feel alone and that's when they start turning to friends who use marijuana to not feel lonely. Some of them smoke marijuana to relax but others also do it to fit in with their peers.

One would wake up at 3 a.m. to get there at 4 a.m. ... sometimes we leave work at 11 p.m. or at midnight and wouldn't get home until 1 a.m. or 2 a.m. Then, we only sleep 2–3 hours.

Because you think that only by providing them with the basics, such as house, food, it is enough. I say it because my mom worked a lot and barely gave us attention and I now that I'm older and I have my own kids. I noticed that I was doing the same thing.

The social network level

Participants reported that adolescent children form social networks near bus stations and schools that often lead to access of marijuana in these settings. The members of the social networks pressure newer members to use marijuana as a means of “fitting in” with these social networks.

You don’t have to go very far to find it (marijuana). They have it (marijuana) in schools, even the security has them and they sell it.

When I ask him why he did it (use marijuana), he says it was peer pressure, and to feel accepted in groups.

The community level

Some participants described how there are two great barriers to recreational activities (e.g., soccer) within their community: (a) unavailability and (b) an inability to engage in recreational activities due to poor academic performance. In addition, the women reported concern regarding the easy access to marijuana in schools and the lack of access to substance abuse rehabilitation services for adolescent children in their community.

My son is smart but doesn’t have a good development, so he has always had low grades and he loves football, but he can’t play because his grades are low. If you want to put them to join a program, it costs money.

Women described how prior to Hurricane Andrew, the community was small and primarily composed of relatively few families; after the Hurricane, many of their family members moved to other states and strangers moved into the community. As a result, focus group participants did not have family members available to help supervise children while they were working in the field.

The societal level

Participants in general reported that conversations about marijuana use are fairly commonplace within their community. Most women reported that marijuana use is more common in boys than girls, and, although participants seem well aware of adolescent children’s drug habits and illegal marijuana sales within their community, they do not report the problem due to fear of deportation.

The place I used to live was close to a corner where kids took the bus to go to school. My porch had a staircase and kids would meet there to smoke marijuana. Kids were always smoking marijuana when I leave to work. I could smell it. I had to call their attention and ask them to go somewhere else. Why didn’t I call the police? I would never have known if the police were going to take the kids or me because I do not have papers. I have two small girls and I would tell them to go somewhere else if they want to smoke that stuff.

Discussion

The exact prevalence of marijuana use among adolescent children in the seasonal worker community is unknown; however, our findings suggest that adolescent children’s marijuana

use may be quite prevalent in this community. The early-age initiation of marijuana use is a concern. In Florida, recreational marijuana use is illegal. Findings from an exploratory study with two adolescent cohorts in Washington State suggest that after a transition to legalization of both recreational and medical marijuana, youth may replace alcohol and tobacco with marijuana as the latter becomes more readily available (Mason et al., 2015). Continued monitoring of the prevalence of adolescent marijuana use as well as other substance use is needed as recreational marijuana legalization takes root in the United States (Mason et al., 2015).

Participants attributed youths' marijuana use to adolescent children often being left unsupervised—a consequence of their long work hours and lack of help from the children's fathers. Accordingly, the literature suggests that Hispanic youth living in households with both parents are less likely to use substances compared to those living with a single parent or with neither parent (Gil, Wagner, & Vega, 2000). In our study, participants reported lack of communication with adolescent children as an underlying factor for marijuana use. Poor communication in Hispanic families has been associated with ongoing family stress, which could sustain adolescents' substance use (Adam & Chase-Lansdale, 2002; Conger, 2001). Hispanic adolescents experiencing substance use disorders tend to have more problematic family interaction patterns characterized by low harmony, pride, and cohesion than do their peers who do not use drugs (Canino, Vega, Sribney, Warner, & Alegria, 2008). Therefore, improving communication effectiveness between caregivers and children in this community may contribute to a decreased prevalence of marijuana use among children. To avoid the potential creation of negative role modeling, the use of marijuana by adults in the presence of minors should be discouraged (Ammerman, Ryan, Adelman, & Committee on Substance Abuse, the Committee on Adolescence, 2015).

Family cohesion is a protective factor for substance use disorders (Dillon, De La Rosa, Sanchez, & Schwartz, 2012). Our results suggest that in this community, adult family members' job demands, including long hours at work, limit their ability to supervise adolescent children. The decline of adult involvement could also occur when Hispanic youth develop English skills and cultural understanding faster than their parents or other foreign-born adults living in the household (Allen et al., 2008). Increased adolescent substance use disorders could be influenced by family stress due to differential parent/child acculturation levels as well as low adult monitoring (Martinez, 2006). As such, marijuana use prevention interventions for the adolescents and children in this community should consider increasing the bonds (family cohesion) between family members. In addition, because the women in this study reported that adolescent children mostly use marijuana while their parents are at work, investigators should confirm this in a future study of adolescent children of Latina seasonal farmworkers. Then, interventions may include an after-school marijuana prevention component (i.e., increased availability of sports).

The Centers for Disease Control and Prevention's (CDC's) recommendation for the implementation of school curriculum focusing on tobacco use prevention could also be used as a template for a school curriculum focusing on marijuana use prevention (King, Pechacek, Mariolis, 2014). These school-based marijuana prevention programs could be implemented in combination with supplementary or complementary family, social media,

and community-based programs that would promote social acceptance of being a child who does not use marijuana—to overcome fears of peer rejection and destruction of social standing. These programs should be sensitive to needs and living patterns of the seasonal working community—for example, by offering extended hours at service providers and culturally tailoring these services to the community (Iltus, 2013).

Participants reported that prior to Hurricane Andrew, close and extended family members composed most of the seasonal farmworker community. However, they no longer have the family support that helped them supervise their children in the past. Increasing social support and information available through family social networks in this community could help define meaningful social roles and create social capital (Berkman, Glass, Brissette, & Seeman, 2000) that protects adolescents from substance use disorders (Marsiglia, Kulis, Hecht, & Sills, 2004). New people moving into the community—and others leaving— weaken community ties, potentially leading to social problems such as violence (Sampson, Raudenbush, & Earls, 1997).

Focus groups are widely used social science research tools; however, small sample size, self-selection, and self-report can limit generalizability of the results. The use of focus groups was considered appropriate because the aim of the present study was to offer preliminary understanding of the under-age marijuana problem in a widely understudied Hispanic population. We did not obtain number and demographic characteristics of the adolescents in the families of the participants because perceptions of childhood and adolescent marijuana use in their community was a theme that emerged during analysis of focus group sessions. Future studies should assess the prevalence of marijuana use in this young Hispanic population. Future research should aim to clarify whether social network members influence these children, or whether their own drug use influences their choice of friends (Bohnert, Bradshaw, & Latkin, 2009). Egocentric and dyadic studies should analyze which friendships place these adolescent children at risk for socializations associated with marijuana use. Finally, additional studies should investigate gender difference in the social structure of relationships and its associations with marijuana use (Markovits, Benenson, & Dolenszky, 2001).

Future quantitative research should determine the proportion of participants who report specific findings (i.e., accessibility of marijuana in school) so the problem of childhood and adolescent marijuana use could be quantified. In addition, researchers should consider investigating marijuana use from the children's and adolescents' perspective in a mixed methods study design, so (a) the problem could be further understood and (b) culturally tailored age-appropriate marijuana prevention intervention programs can be developed. For example, if most children obtain marijuana from peers at school, interventions should target teachers, students, and perhaps school-based social networks. In addition, differences between Hispanic subgroups should be identified so that marijuana use prevention and treatment interventions can be culturally appropriate given the individual's background, as suggested in a recent literature review (Carlton-Smith & Skeer, 2015). Finally, although immigration status was not specifically discussed in this study, one participant explained that she does not call the police on her children because she is concerned about her immigration status ("I do not have papers"). Therefore, the potential for illegal immigration status should

be considered when developing marijuana use prevention intervention for this underserved population, which may be at least partially composed of undocumented immigrants.

Nearly all states that have implemented medical marijuana laws allow access by minors, though generally with greater regulation (Ammerman et al., 2015). If legal marijuana use becomes widespread throughout the United States, it will be worthwhile to have warnings on marijuana packaging and via verbal delivery of health messages to the public by officials such as the Surgeon General. Strict enforcement of rules and regulations that limit access and marketing and advertising of marijuana to youth should be in place (Ammerman et al., 2015). These policy regulations should focus not only on smoking marijuana but also on edible products—as the latter have been the cause for most health-care visits due to marijuana intoxication for all ages—because the delayed effects of ingestion compared with inhalation are not clearly understood (Monte, Zane, & Heard, 2015). There is also a need for ongoing surveillance of marijuana use by children when laws are passed legalizing the recreational use of marijuana so that unintended effects of these laws are identified early.

Conclusion

This study has enhanced our understanding of the marijuana problem confronting adolescent children of Hispanic seasonal farmworkers. Our results mirror findings from previous studies, suggesting a strong association between children's social networks and risky behaviors (Kanamori, Beck, & Carter-Pokras, 2015; Simons-Morton & Farhat, 2010; Trucco, Colder, & Wieczorek, 2011). A new contribution is the finding that social networks for underage marijuana use are configured near schools and bus stations. Although participants expressed concern over adolescent children's use of marijuana and children's involvement in selling marijuana, these adult women reported that job demands, including long hours at work, limit their ability to supervise children. Results suggest that adolescent children's marijuana use in this community is a result of dynamic interrelations among personal and social environmental factors.

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1. How frequently is marijuana used among Latino seasonal worker community?
2. Do you think that the use of marijuana is causing problems in your community?
3. What makes you feel that way?
4. In what settings or social gatherings can someone buy marijuana?
5. Where are they located?
6. How has marijuana use changed over the past five years in the Latino seasonal worker community? Probe: (access, price, fashion)
7. Do poverty, stress, family, friends, and co-workers influence the use of marijuana in the Latino seasonal worker community?

¹ Questions were not specific to adolescent marijuana use. However, discussions focused on child and adolescent marijuana use because there was consensus that marijuana use among children and adolescents, but not adults, is prevalent and have increased in seasonal worker communities over the past five years.

Figure 1.
Questions used in data collection¹.