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Letting Children Sip: Understanding Why Parents Allow Alcohol Use by Elementary School-aged Children

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Abstract

Objectives—Early onset alcohol use is a risk factor for problem drinking during adolescence. This study investigated pro-sipping beliefs among parents and the relations between these beliefs, parents' alcohol-specific attitude and practices, and children's reports of alcohol use initiation.

Design—Telephone interview study of parent-child dyads.

Setting—Southeastern United States

Participants—The sample comprises 1050 pairs of mothers or mother surrogates and their third grade children who were recruited for a 4-year intervention trial. Data for the current study are from the baseline interviews with these participants.

Measures—Key measures from parents were pro-sipping beliefs (i.e., beliefs that sipping alcohol has protective consequences for children), attitude about child sipping, and parenting practices that affect children's opportunity to try alcohol; the key measure from children was experience sipping beer, wine or other types of alcohol.

Results—Between 25% and 40% of mothers believed that allowing children to sip alcohol can have protective consequences for children, including making children less likely to drink as adolescents and making them better at resisting peer influence to drink. Alcohol use was reported by 32.8% of children. A strong, significant association was found between parental pro-sipping beliefs and children's reported alcohol use.

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Conclusion—The notion that early exposure to alcohol can be beneficial has a strong foothold among some parents of elementary school-aged children. More research is needed to understand how parents acquire pro-sipping beliefs and to test messages that effectively modify such beliefs and associated pro-sipping attitudes and practices among parents.

Introduction

Alcohol use by elementary school-aged children is under-researched. A handful of studies show that a substantial minority of children report having sipped or tasted alcohol.¹⁻⁶ Among 8 to 10-year old children, estimates of having sipped alcohol range from 20% to over 50%.¹⁻⁶ Childhood sipping almost invariably takes place in the family context, most often when children taste drinks that belong to a parent.⁶⁻¹¹ Few children under age 11 report alcohol use, other than religious use, outside the family context.¹⁵⁶

Whether early sipping in the family context has protective, harmful, or no consequences for children's later alcohol use has been rarely investigated, but available findings suggest that an early introduction to alcohol is not protective. Jackson and colleagues reported that, compared to abstinent peers, 5th grade children whose parents allowed them to have alcohol were twice as likely to report recent alcohol use in 7th grade.¹² Donovan and Molina found that sipping or tasting alcohol by age 10 predicted having a drink of alcohol by age 14, even after controlling for psychosocial proneness to engage in problem behavior.¹³

Although it is clear that family is the primary context for childhood alcohol use socialization, we know very little about the families in which child sipping occurs. It is possible that child sipping of adults' drinks occurs with little parental thought or concern about possible consequences. On the other hand, some parents may purposefully introduce children to alcohol because they believe that allowing early sips is beneficial. Donovan suggested that parents who undertake "precocious socialization into alcohol use" do so purposefully because they believe that introducing children to alcohol use in a family context can inoculate them from problem drinking later in life.

Anecdotal evidence from the popular press suggests that inoculation is one of several benefits that parents might believe result from allowing children to sip alcohol. Over 300 comments from parents who responded to articles on this topic in the New York Times¹⁴ and Wall Street Journal¹⁵ identified multiple beliefs that support a pro-sipping perspective: Allowing children to sip is a deterrent because they will not like the taste. Children are curious and allowing them to sip eliminates the "forbidden fruit" appeal of alcohol, again making them less likely to want it. Allowing sipping teaches children that alcohol use is nothing more than a normal part of our culture, a lesson that discounts the appeal of drinking. Children's long-term risk of alcohol misuse is genetically determined; allowing children to sip therefore has little influence on later risk of alcohol misuse or abuse. Finally, because drinking is widespread among adolescents, there is no point to prohibiting children from sipping. This set of pro-sipping beliefs complements the inoculation belief—children who learn about alcohol use at home will be disinclined to misuse alcohol as teenagers. All told, these parent comments, though not from a research sample with known characteristics,

suggest that parents can hold multiple pro-sipping beliefs, enough to engender a general pro-sipping attitude and related practices.

Of primary interest in this paper is whether parents purposefully introduce children to alcohol, and if so, why? Given our research interest in early onset alcohol use and intrigued by the array of pro-sipping beliefs expressed by parents,^{14,15} we address these questions: (1) Are pro-sipping beliefs commonly held when assessed within a research sample of parents and do pro-sipping beliefs vary by parents' socio-demographic characteristics? (2) Do such beliefs predict a positive attitude toward allowing children to sip and to pro-sipping practices among parents? (3) Are parent pro-sipping beliefs associated with children's reports of sipping drinks with alcohol? We address these questions in a sample of 1050 parents and their third grade children, drawn from elementary schools in the southeastern United States.

Expectancy-value models^{16,17} posit that people hold multiple beliefs about a single action that correlate significantly with their attitude regarding the favorability or acceptability of that action. Attitude is assumed to be logically consistent with the underlying beliefs and it is assumed to predict consequent behaviors. Consistent with expectancy-value models, we expect to find that parents' beliefs about the consequences of child sipping will be associated significantly with their attitude about child sipping and pro-sipping practices, and with child sipping status.

Method

Study Sample

The sample comprises 1050 pairs of mothers or mother surrogates and their third grade children (mean [SD] child age, 9.2 [0.4] years) who were recruited for a 4-year randomized trial of an alcohol use prevention program. Data for the current cross-sectional study are from baseline interviews with the mothers and children. Families were recruited from 72 school districts located in North Carolina (N=68), South Carolina (N=3), and Tennessee (N=1); the districts provided permission for recruitment materials to be distributed to families but were not otherwise involved in the research.

A total of 2557 parents submitted a consent form and intake screener; 1193 families did not meet initial inclusion criteria, leaving 1364 potentially eligible families. The 1193 ineligible families were those who had a sibling age 13 or older (n = 677), had no adults who had consumed alcohol during the prior three years (n = 414), had language barriers to survey completion (n = 36), had a child not in 3rd grade (n = 25) or not living with a mother/female guardian (n = 24), or did not have complete eligibility data (n = 17). Of the 1364 eligible families, 1050 (77%) mother and child pairs were interviewed. Of the remaining 314 families, 160 (51%) were never available by phone, 76 (24%) provided only a child interview, and 78 (25%) were refusals.

Survey Protocol

Using IRB-approved protocols, interview data were obtained from mothers or mother surrogates and children by a team of 15 trained interviewers. The 25-minute parent interview followed a standard adult telephone interview protocol. Each child's interview,

also 25 minutes, began by asking parents to provide verbal consent (supplemental to their signed consent) and, subsequently, children to assent to interview.

Measures

Mother Alcohol-specific Beliefs, Attitude and Practices—Eight items measured mother beliefs about the consequences of allowing children to sip alcohol (Table 1). A four-point scale ranging from “strongly disagree” to “strongly agree” was used. We factor analyzed the items using a maximum likelihood exploratory factor analysis with commonality estimates set to the squared multiple correlation of each variable with all other variables. Examination of the eigenvalues and scree plot showed that only one factor should be extracted. All factor loadings were greater than .61. We therefore averaged responses to the eight items to create a summary scale, the Pro-sipping Beliefs scale, and computed reliability with Cronbach’s alpha ($\alpha = 0.89$). Higher values indicate a more pro-sipping belief system.

Three items assessed mother’s attitude about sipping: the acceptability of own child sipping alcohol, the acceptability of sipping among children generally, and the age at which it is acceptable for children to sip alcohol. Factor analysis of these items indicated that they could be averaged for a summary measure; all factor loadings exceeded 0.50 ($\alpha = 0.64$). Each item had four response categories, with higher values indicating a more negative attitude toward child sipping (mean [SD], 3.49, [0.69]).

Four indicators of mothers’ alcohol-specific socialization practices assessed permissiveness for child alcohol use, family rules about child use, perceived child access to alcohol at home, and parent alcohol use. The indicator of permissiveness was based on four items measuring parents’ frequency of allowing the child to sip alcohol and willingness to provide a sip if the child requested one. We averaged responses, all on a four-point scale, after confirming the appropriateness through an exploratory factor analysis; all loadings exceeded 0.58 ($\alpha = 0.73$). Higher values indicate greater permissiveness for child alcohol use (mean [SD], 1.23 [0.44]).

Family rules about child alcohol use was measured using two items that allowed the construction of three response categories: the mother reported having alcohol use rules and having the specific rule that the child is never allowed to sip beer, wine or other alcohol; the mother reported having rules, but not a specific anti-sipping rule; the mother reported having no rules. Higher values indicate stricter rules (mean [SD], 1.28 [0.95]). Parent perceptions of the child’s access to alcohol at home was measured by one item with four response categories ranging from “very easy” to very hard;” higher values indicate more difficult access (mean [SD], 3.09 [1.11]). Parent alcohol use was measured by the average frequency of drinking in the past month by the parents in the household. Values ranged on a six-point scale from “none at all” to “almost every day” (mean [SD], 2.50 [1.23]).

Child Sipping Status—Children were asked if they had ever had even one taste or sip of beer, wine (excluding wine as part of a religious service), or any other kind of alcohol. Children also were asked whether they had ever sipped beer, wine, or other alcohol at family celebrations, such as weddings, parties, etc. In addition to these questions, all of which

required children to directly acknowledge having had alcohol, children were asked whether their mother or other adult from home had ever *given* them a sip or taste of alcohol. Approximately one-third of children (344 [32.8% of the sample]) answered affirmatively to any alcohol use question. Of these, the majority (291 [84.6%]) directly acknowledged having sipped; the remaining 53 (15.4%) answered “no” to all lead questions but subsequently affirmed having been given a sip. Because the latter children did not acknowledge sipping in response to direct questions, it is possible that they differ in how much they have internalized their experience. We therefore use a three-category measure of child sipping status: strongly internalized having sipped (i.e., readily recalled and acknowledged sipping), moderately internalized having sipped (i.e., reported never having sipped but later reported having been given a sip), and abstainer (i.e., no report of sipping).

Statistical Analysis

We describe the mean and distribution in the sample of mother beliefs about the consequences of child sipping and test whether there are differences across mothers in their beliefs as a function of socio-demographic characteristics using t-tests and analysis of variance. We examine correlations between mothers’ beliefs about the consequences of sipping and mothers’ attitude and practices specific to child sipping. Finally, we examine the relation between mother pro-sipping beliefs and children’s reported sipping behavior using a proportional odds model because of the ordered categories of the dependent measure, child sipping. After assessing the appropriateness of the model, we examine the relation between mother’s pro-sipping beliefs and child sipping, controlling for socio-demographic characteristics and for measures of mother’s attitude and practices specific to child sipping. All analyses were conducted using commercially available software (SAS, version 9.2; SAS Institute Inc).

Results

Research question 1

Mothers’ agreement with each of eight beliefs about allowing children to sip alcohol is shown in Table 1. A substantial minority, ranging from approximately 15% to almost 40% of mothers strongly or somewhat agreed that early sipping can be beneficial. Mothers were most likely to believe that keeping children from sipping alcohol will make them want it more and will increase their focus on alcohol as a “forbidden fruit.” They were least likely to believe that allowing sipping was a safe introduction to alcohol and a way to learn about responsible drinking. All of the items, however, correlated strongly with each other and formed a unidimensional scale. The overall mean score on the Pro-sipping Belief scale was 1.82 (SD, 0.70), with values ranging from 1 to 4 (strongly agree). The mean value for the quartile of mothers who believed most strongly that sipping can be protective was 2.25; the mean for the quartile who most strongly disagreed with this perspective was 1.25.

Means on the Pro-sipping Beliefs scale varied significantly by mother race/ethnicity, education, and employment (Table 2). Both white non-Hispanic and other non-Hispanic mothers reported higher (more pro-sipping) means than Black non-Hispanic mothers.

Women who had graduated from college and those who worked for pay had higher means than those with less education or who did not work for pay.

Research question 2

Pro-sipping beliefs were significantly correlated, in the expected directions, with mothers' attitude about child alcohol use and with their alcohol-specific socialization practices. The more strongly mothers believed that allowing children to sip can be protective, the less likely they were to disapprove of child use ($r = -0.57$ [$P < .001$]), have strict rules about child alcohol use ($r = -0.13$ [$P < .001$]), or perceive that it would be hard for the child to have access to alcohol at home ($r = -0.21$ [$P < .001$]), and the more likely they were to be permissive about child sipping ($r = 0.63$ [$P < .001$]). Mothers' pro-sipping beliefs also were positively related to the combined indicator of their own and other household parent's (as applicable) alcohol use frequency ($r = 0.18$ [$P < .001$]).

Research question 3

To establish the appropriateness of testing a proportional odds model, we compared results of two binary logistic regression models (strongly and moderately internalized sippers versus abstainers; strongly internalized sippers versus moderately internalized sippers and abstainers). Similar parameter estimates were obtained in both, indicating proportionality. The score test for the proportional odds assumption in a bivariate model predicting child sipping from mother's pro-sipping beliefs was not significant ($\chi^2 = 0.14$ [$P = .71$]), also indicating proportionality.

Mother's pro-sipping beliefs were significantly related to child sipping status in the proportional odds model (odds ratio, 2.29 [$P < .001$]). Mother's pro-sipping beliefs remained a significant predictor of child sipping after entering mother's race/ethnicity, education, and employment status (odds ratio, 2.21 [$P < .001$]) and after entering these socio-demographic characteristics and all other parent variables (odds ratio, 1.38 [$P = .01$]). The odds of children being in a higher rather than lower category of sipping increase by 38% for every one unit increase in mother's pro-sipping beliefs.

Comment

This study, to our knowledge, is the first to investigate pro-sipping beliefs among parents of elementary school-aged children and the relations between these beliefs and children's reports of having initiated alcohol use. Consistent with expectancy-value models,¹⁶¹⁷ mothers' beliefs about the consequences of sipping alcohol during childhood correlated as expected and significantly with their attitude about alcohol use by children and with their alcohol-specific practices, such as providing sips. That parent pro-sipping beliefs were positively and significantly associated with child sipping merits attention because early onset is a known primary risk factor for problem drinking during adolescence.^{19–21}

We developed a reliable Pro-sipping Beliefs scale (Cronbach's alpha = .89) and found that a substantial proportion of mothers believe that school-aged children can benefit from sipping drinks with alcohol. At least one in four believed that sipping is a deterrent because children will not like the taste and because sipping will remove the "forbidden fruit" appeal of

alcohol. Fully 40% believed that not allowing children to have alcohol will only increase their desire to have it. This result suggests that a substantial proportion of parents do not believe that it is efficacious to establish rules against child alcohol use. At least one in five parents believed that children who sip alcohol will be better at resisting peer pressure to drink and less likely to experiment with risky drinking in middle school. This finding indicates that many parents mistakenly expect that the way children drink at home, under parental supervision, will be replicated when children are with peers. This expectation is refuted by recent studies which link adolescent brain development with adolescents' propensity to disregard home drinking norms when they are with peers.²²²³ Public health education programs are needed so that more parents know that home drinking norms do not curtail risky drinking in peer contexts.

Pro-sipping beliefs were more strongly held among white women and among more highly educated women. The likelihood of children sipping alcohol was also more likely in these socio-demographic subgroups. We do not have an explanation for this finding. It is possible that because alcohol use is more prevalent within these socio-demographic subgroups, it also is more socially acceptable, resulting in parents who are more tolerant of underage drinking. Alternatively, it is possible that women in these subgroups are more likely than counterparts to try to prevent underage drinking and, we would argue, mistakenly believe that an early introduction can help prevent later problem drinking. Replication of these findings and, if indicated, additional research are needed to understand why pro-sipping beliefs vary by race/ethnicity and educational attainment.

This study has only scratched the surface of what is potentially a very important public health issue. Key questions for future research include: Are parents who endorse pro-sipping beliefs more permissive about alcohol use by adolescents? Do aspects of parental modeling of alcohol use moderate any association between childhood sipping experience and later alcohol use? Moreover and fundamentally, given the very small number of longitudinal studies that have been conducted,³¹²¹³ research is needed that examines whether and for whom early sipping in a family context leads to risky alcohol use in adolescence.

This study is limited by use of a non-probability sample, which precludes generating a prevalence estimate of pro-sipping beliefs among parents or sipping alcohol among children. Having a sample from the Southern region of the United States, and one that over-represents college-educated parents, limits generalizability. In addition, but as appropriate for the study purpose, sample generalizability is limited by excluding families in which no adults in the household had consumed alcohol even once in the prior three years. However, national estimates show that less than 10% of adults in the age range of our participants have never had alcohol.²⁴ The reliability of the measure of mother's attitude about child sipping was low. The cross-sectional design limits the paper's aims to describing sample specific findings; longitudinal data are needed to test the implications of parents' pro-sipping beliefs and practices for children's sipping, and, over time, children's alcohol risk behaviors.

Conclusion

The notion that early exposure to alcohol can be beneficial has a strong foothold among some parents. Such beliefs are positively related to parents' attitudes and practices around child sipping and to children's reports of sipping drinks with alcohol. More research is needed to understand how parents acquire pro-sipping beliefs and to test messages that effectively modify such beliefs and associated pro-sipping attitudes and practices among parents of elementary school-aged children.

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Table 1
 Agreement or Disagreement with Belief Statements about Protective Consequences of Sipping in 1050 Mothers of Third Grade Children

Pro-sipping Belief Statement	Strongly Agree n (%)	Somewhat Agree n (%)	Somewhat Disagree n (%)	Strongly Disagree n (%)
Letting children find out what alcohol tastes like will make them less likely to want to taste it again. (n=1029)	67 (6.5)	189 (18.4)	208 (20.2)	565 (54.9)
Children who learn to sip alcohol at home will be better at resisting peer pressure to try alcohol. (n=1020)	59 (5.8)	164 (16.1)	235 (23.0)	562 (55.1)
If they drink small amounts of alcohol at home, children can learn how to be responsible drinkers. (n=1037)	37 (3.6)	128 (12.3)	187 (18.0)	685 (66.1)
If parents don't let children try alcohol at least once, children will be more tempted by alcohol as a "forbidden fruit." (n=1029)	116 (11.3)	247 (24.0)	242 (23.5)	424 (41.2)
Letting children under 12 have sips or tastes of alcohol is a safe way to introduce them to alcohol. (n=1036)	38 (3.6)	124 (12.0)	166 (16.0)	708 (68.3)
European families have less trouble with alcohol because children learn to drink at home at an early age. (n=835)	60 (7.2)	181 (21.7)	239 (28.6)	355 (42.5)
If parents tell children then are not allowed to have any alcohol, they will only want it more. (n=1031)	93 (9.0)	306 (29.7)	305 (29.6)	327 (31.7)
Children who sip small amounts of alcohol at home with parents will be less likely to experiment with risky drinking in middle school. (n=1013)	60 (5.9)	203 (20.0)	326 (32.2)	424 (41.9)

Note. Item sample sizes vary due to exclusion of "don't know" responses.

Table 2

Sample Socio-demographic Characteristics and Relationships between Socio-demographic Characteristics and Mean Pro-sipping Beliefs in 1050 Mothers of Third Grade Children

Characteristic	Mother Pro-sipping Beliefs		
	Percent	Mean (SD)	<i>P</i>
Family structure			.3842
Mother only	15.0	1.81 (.71)	
Mother and other adult caretakers	85.0	1.87 (.69)	
Mother race/ethnicity ^a			.0001
White non-Hispanic	69.0	1.87 (.72)	
Black non-Hispanic	21.3	1.63 (.58)	
Hispanic	4.6	1.84 (.79)	
Other race/ethnicity non-Hispanic	5.2	1.93 (.74)	
Mother education ^b			.0002
High school graduate or lower	15.1	1.72 (.68)	
Some college or vocational school	35.7	1.74 (.65)	
College graduate or higher	49.2	1.91 (.74)	
Mother employment ^c			.0350
None	29.0	1.73 (.65)	
Part-time (1–39 hours/week)	29.9	1.86 (.69)	
Full-time (40 hours/week)	41.1	1.86 (.75)	
Child sex			.3588
Female	51.8	1.84 (.72)	
Male	48.2	1.80 (.69)	

^aThe mean for black non-Hispanics is significantly lower than the means for white non-Hispanics and other race/ethnicity.

^bThe mean for college graduate or higher is significantly higher than the means for some college/vocational school and high school graduate or lower.

^cThe means for mothers who work full-time or part-time are significantly higher than the means for mothers who do not work for pay.