



Importance of Latinx Family Relationships in Promoting Health and Preventing Diabetes

Introduction

Diabetes is one of the most common diseases in the world and affects one in 10 people in Arizona. While there is no cure for the disease, physical activity is known to reduce and prevent Type 2 diabetes. Traditionally, Latinx family culture honors close interpersonal relationships and bonding. Consequently, parents are in prime positions to provide health related support to their adolescent and young adult children and encourage physical activity, which is the first line of defense in preventing diabetes. For that reason, it is particularly important to understand the interaction in families where young people are obese and at risk for diabetes. It is also essential to develop effective family based diabetes prevention programs to reduce the likelihood of the disease. The most effective prevention programs for minority youth are family based and leverage family relationships in order to change behavior.

The Latinx population will total 29% of the entire population of the United States by the year 2050. It is likely that half (50%) of Latinx youth will develop Type 2 diabetes during their lifetime. Given these numbers, it is essential to develop diabetes prevention programs which promote health, address health disparities and reduce the economic costs of this disease. Unfortunately, there are few diabetes prevention programs developed specifically for Latinx either as adolescents or during their transition to young adulthood.

Methodology

The aim of the present study is to examine health behaviors in families and includes young people's perceptions of parents' roles and responsibilities, their family's encouragement and support of health-related behaviors and their family social relationships. Participants were 16 adolescents, aged 12–16 years and 15 young adults, aged 18–24 years.

All the participants had a BMI which meets the criteria for obesity. All of the adolescents were in school while most of the young adults were employed full-time. Almost all lived in a two-parent household.

In a thirty-minute interview, young people responded to the following three questions:

- 1) When was the last time they felt they were active, where they were located and with whom;
- 2) What were some of the ways their family influenced their health-related behavior; and
- 3) If their family thought that being physically active was important.

Parental Health Related Support was defined in three ways:

Informational: Providing knowledge, advice, suggestions (i.e. about nutrition, vitamins)

Instrumental: Providing resources, modeling or engaging (i.e. soccer, food shopping)

Emotional: Providing praise (i.e. encouragement for behavior change)

Results

There was general agreement that mothers and fathers provided different kinds of encouragement. Everyone agreed their mothers were both the primary caregivers and primary sources of emotional, informational and participatory support. Mothers shared information and modeled or engaged in health-related behaviors. They expressed concern for health by shopping for food, cooking and providing transportation to medical appointments or sports practice. “She usually is the one that does the grocery shopping so we eat healthier. Yeah, she’s the cook” (young adult female). “My mama. She’s the one who always tells me to get up and do something physically active” (young adult male).

Fathers provided information and participated in activities although they did not provide emotional support. Both adolescents and young adults saw their fathers as supportive of health-related behaviors as well as hard workers and family providers.

They mentioned their fathers worked long hours in manually demanding jobs and experienced high levels of stress and fatigue. Consequently, fathers had limited interaction or opportunities to engage in health-related activity. “My dad, always on his feet, never stops. He just runs the restaurant, non-stop. For sure my Dad can work and at times when he gets home, he might want to rest, most of the time. That’s when he’s just exhausted” (young adult male).

Everyone agreed that while their family placed a high value on physical activity, activities were often constrained due to time limitations. All stated they would like to have more engagement with their family in physical activities although young adult females noted they were also taking on more care giving responsibilities which placed constraints on their own time.

Adolescents assessed the value their family placed on physical activity by observing their parents’ behavior. “I wish we could have more time to be with each other... a little less time working and more time focusing on what activity we should do together as a family” (adolescent female). “I wish we could do more active things. I wish I could go with them to the zoo, walking around, hanging out at the mall. It’s just our conflicting lives and schedules” (young adult male).

Conclusion

In Latinx families, social factors which influence health and health behaviors

are conveyed culturally within the confines of the family. In order to develop effective, sustainable and culturally relevant diabetes prevention programs, it is essential to understand family values, attitudes and behavior. It is important that future studies and interventions identify ways family roles can be leveraged to promote health within the framework of the culture and the perceptions young people have of their parents’ roles. Mothers can be empowered to promote health through their caregiving and as role models. Fathers can also provide an important source of support and can learn from other fathers who are involved at home despite hectic work schedules.

Mothers and fathers play an important role in encouraging health related behavior in their children. Family based diabetes prevention programming can provide opportunities to exchange ideas among parents and learn from each other’s successful practices. This calls for an increased understanding of the importance of family factors in developing effective diabetes prevention programs. Community-based interventions can validate and strengthen parents’ encouragement of their children to be active. Programs can also help parents continue or adopt new personal healthy behaviors while serving as role models for their children thereby helping to prevent the onset of diabetes in the family.



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