Research paper on nameuniversity

Countries, United States

This case presents several challenges to health care. Firstly, the family has a history of poorly following medical advice as seen by the grandmother not following the appropriate dietary changes in light of her diabetes. Next, the tenuous financial position of the family may make following appropriate recommendations difficult and further disincline the family to seek medical care. Finally, the underlying assumptions by health care workers that a Hispanic looking woman must prefer all her literature in Spanish is a problem within the individuals providing health care that must accounted for, and rectified through training and education.

The majority of extant literature regarding prenatal expectations revolves around middle-class, Caucasian sampling. However, the population with the highest birthrate in America is Mexican Americans. In a study conducted by Gress-Smith, et al in 2013, using the Prenatal Experiences Scale for Mexican Americans, it was seen that there were three distinct factors that underlie the expectations of the Mexican-American women regarding childbirth: paternal support, familial support, and maternal role fulfillment. The researchers further state that Mexican American women have a tendency towards prenatal depression and ascribe various factors to the underlying pathology. Prenatal expectations, emotional function, and healthy pregnancy behaviors present important targets for managing interventions that will improve both maternal and infant health outcomes. Interestingly, it was found that married women had a higher expectation of maternal role fulfillment, and likely had fewer children. Mexican American women it seemed had an easier time adjusting to their role when they viewed themselves in a partnership. The Mexican-American women that had higher

expectations of familial support on the other hand tended to be younger, with higher levels of education, and more secure financially. It is thought that the high levels of education and higher economic status further contributed to those mothers higher expectations of familial support (Gress-Smith, et al., 2013).

Women with higher levels of prenatal support reported being less depressed. Indeed in the Gress-Smith study, high levels of expected partner and familial support were correlated with fewer prenatal depressive symptoms. Furthermore, mothers who had a higher expectation of maternal roles were further less depressed and that a cognitive rehearsal of the motherhood role also contributed. Unconfirmed by the study, by nonetheless suspected, was that depressive symptoms contributed to negative expectations of the parental role. However, prior experiences with child-bearing added to a sense of preparedness and overall feelings of a rewarding experience. The key finding of the study was the value of education regarding the maternal role. Interventional education contributed to positive expectations and concurrently less depressive symptomology. Thus, the study concluded that the strong familial bonds in Mexican American families combined with education about the anticipated child-rearing role contributed to an overall well-being of the mother.

de la Haye, et al, further confirmed the value of strong familial relationships amongst Mexican American families. Using a study sample of 224 Mexican-American adults with at least one child, they performed a study measuring the effect that the family relationship has on family physical activity (2012). The study found that parents and children have a supportive role to play for

each other regarding physical activity. The study found that children were unlikely to encourage parents when they themselves were not encouraged, and thus, encouragement is a two way street among Mexican-American families. It was further found that contrary to relationships among some other ethnic groups, the closeness of the familial bond played a key role in determining support for healthy activities. Closeness seemed to foster a supportive relationship as well as bring the family still closer together. Another item noted was that as these families became more acculturated to the American lifestyle, mutual encouragement for healthy physical activities seemed to decline. Paradoxically, individual leisure time physical activity increased with higher levels of acculturation, which was attributed to the more individualistic habits of Americans (de la Haye, et al., 2012). Ultimately it was concluded by the authors that cooperative actions between family members lead to results regarding behavioral changes because it would underpin shared goals regarding health as well as reinforced the relationships.

Substance abuse is a significant problem among Mexican-American adolescents. This problem is directly related to familial cohesion and as it has a significant impact on health care in America, bears mentioning (Telzer, Gonzales, Fuligui, 2013). Due to its prevalence, the protective measures are relevant to a discussion of healthcare outcomes in Mexican American families. A sense of familial obligation seems to have a significant protective value regarding Mexican-American youth substance abuse, on the other hand, family assistance may be both helpful and harmful depending on the context of the home. Adolescents with a greater sense of family obligations

reported lower use of alcohol, cigarettes, marijuana, and all other drugs. The notion of obligations to the family tended to be protective insofar as that the obligation value means that adolescents were less likely to associate with peers who would abuse substances. Furthermore, the sense of obligation leads to youth that feel more connected to their families and thus more willing to share their day-to-day activities with their parents. Disclosures regarding daily activities may open family discussions regarding acceptable behaviors and progress to an elucidation of strategies to avoid peer pressure (Telzer, Gonzales, Fuligui, 2013). Other theories regarding this trend state that the sense of family obligation obviates the need for relationships with delinquent friends because the adolescent is able to acquire support at home through the family and therefore will associate less with friends that engage in high-risk behaviors. It was further found that even if the family was in a high state of conflict, a sense of obligation was able to militate against falling into a trap of high-risk behavior. However, if the model in the home was one of assistance as opposed to obligation, then familial conflict would tend to accelerate a decline into substance abuse (Telzer, Gonzales, Fuligui, 2013). Furthermore, with regards to adolescent drinking behaviors, low family cohesion, poor school connectedness, psychological distress, negative peer pressure, and Mexican cultural orientation all had an impact (Chun, et al., 2013). The factor that was found to have the most significant effect in the Chun, et al’s study was low family cohesion through several pathways: poor school connections, psychological distress, and negative peer pressures. Thus, the quality of the relationship that Mexican-American adolescents have with their families had a direct role in preventing negative drinking behaviors

and other high risk activities.

Aside from familial connectedness, another factor that was found to confer health benefits to Mexican-Americans was a strong ethno-cultural identity. This link is especially apparent in the case of women (Roberts, Burleson, 2013). Indeed, among the two groups of peoples studied by Roberts and Burleson (Mexican-Americans and European-Americans), a strong cultural identity and a greater acceptance of mainstream culture tended to predict better negative emotion regulations and fewer depressive episodes. Social connection was found to be a " centerpoint through which ethnocultural variables were associated with mental health indicators." That is to say, that the closer connections that a member felt to their cultural group, the more likely they were to be mentally healthy. Mexican-Americans tended to have a much higher group affinity and connection with other Mexican-Americans than European-Americans had amongst themselves (Roberts, Burleson, 2013). However, the study also found that too high of a cultural identity tended to result in less social connection and thus worse health outcomes.

In a study conducted by Shea, et al, the authors sought to adapt cognitive behavior therapies to Mexican-American women with binge eating disorders (2013). Using a small sample of twelve women, the authors elucidated six general themes regarding cultural adaptation of treatment modalities. The six themes that they discovered were: cultural expectations and acculturation differences, the role of the family, the meaning of food on an emotional level in Mexican culture, general feelings towards eating disorders and recovery, help-seeking attitudes and strategies, and evaluation of the cognitive behavioral therapy manual. As regards to culture, food, and family,

the study learned that Mexican-Americans tended to have collectivist values that encouraged interdependence, respect for elders and authority figures, and harmony in relationships. Latinas tended to value taking care of others over their own needs. With regards to culture, family, help-seeking strategies, and cognitive behavioral therapy, it was discovered that Mexican American women viewed their eating disorders with shame and sought informal assistance due to the stigma associated with seeking professional help to combat their illnesses. Finally, with regards to family, food, internalized feelings and cognitive behavioral therapy, it was discovered that maladaptive coping mechanisms were often reinforced by family interconnectedness and the prominence of food within the cultural construct (Shea, et al, 2013).

These studies all relate to the case of Mr. and Mrs. Gomez in several ways. Interestingly though, they all point out that the economic factors are negligible with regards to health outcomes compared to the role the family plays in the lives of this group. The health care providers must acknowledge the interconnectedness of the family and appropriate measures must be taken to be inclusive of the entire family regarding health care decisions. Gress-Smith, et al, highlighted the paternalistic attitude prevalent amongst Mexican-Americans, and so it is appropriate to include Mr. Gomez more fully in the decision-making processes. This has a further intergenerational importance in the Gomez family due to the grandmother’s ill health and poorly controlled diabetes. The de la Haye study provided insight into family connectedness and physical activity. The value of physical activity must be stressed to the family and strategies should be developed to include them all

in some sort of exercise routine to help the grandmother’s diabetes and in general improve all the families’ health. Focusing on the family and stressing the importance of healthcare for the family at large might convince Mrs. Gomez convinced that seeking medical care for her upcoming pregnancy as well as for the repair of her son’s ventricular septal defect is desirable. Mrs. Gomez further feels a lack of connection to her ethnic roots as manifested by her inability to read and write in Spanish and her frustrations that are associated with this. Therefore, it is important to put her in touch with support groups of women who are 2nd generation Mexican-American, who are torn between the demands of the two cultures. This may provide her with better mental health outcomes, which in turn, may increase her trust of the medical professions that she must contend with. As the Shea article noted, Latina women tend to sacrifice themselves for the sake of their family and this may be exploited in convincing her that repair of the son’s cardiac defect must be undertaken as well as appropriate antenatal care of her current pregnancy. Finally, a strategy must be undertaken to train staff at the clinic that not all Hispanic looking people are fluent in Spanish and perhaps a better strategy would be to provide literature in several languages and allow her to select her preference and possibly pass the Spanish language literature to her husband.

In sum, the key elements to appropriate intervention in this case is the family and education. The family is the cultural prism that Mexican-Americans seem to operate from and including the entire group in the health care maintenance of the individual appears to be the most effective strategy regarding possible changes. Furthermore, education must play an important

role as well, in educating Mr. and Mrs. Gomez about the impact that their medical decisions will have on the rest of their family and the stress that a child with a ventricular septal defect will bring to the larger family unit as well as the necessity of antenatal care with regards to the same. Education regarding group physical activity may help the grandmother with her diabetes and will provide another outlet for the family to show its interconnectedness and collective orientation. Finally, educating the practitioners to culturally sensitive practices is a necessity and will provide a solid basis of compliant patients eager to follow medical instructions that will ultimately only benefit the entire family.

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