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ADAPTING THE CULTURAL JUSTIFICATIONS FOR CAREGIVING SCALE FOR USE IN A MEXICAN-ORIGIN POPULATION

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examine caregiving from the perspectives of caregivers and care recipients, the experiences of caregiving in families from different Hispanic-origins, and the unique cultural views that may have direct implications for programs and policies. Mendez-Luck and colleagues examined cultural justifications for caregiving and found that caregivers with greater degrees of Mexican identity had more positive orientations to the caregiving role. Fortinsky and colleagues found that language was a common barrier for caregiving families, making translation an integral part of dementia caregivers' responsibilities. Hinton and Apesoa-Varano examined the importance of extended kin in Mexican-origin families, finding that multiple family caregivers were often present particularly in cases of dementia. Brown and colleagues found that greater time costs of caregiving predicted an increased likelihood of institutionalization; however, the risk decreased when more adult children were present. Discussants Steven Wallace and Jacqueline Angel will integrate and synthesize these findings and provide their expert insights into the implications, applications, and future directions for research on caregiving in Hispanic American families.

HELP-SEEKING EXPERIENCES AMONG LATINO FAMILY CAREGIVERS OF PERSONS WITH DEMENTIA: VIEWS FROM NEW ENGLAND

R. Fortinsky¹, D. Gonzalez Sanders², J. Robison¹, I.J. Castro¹, L. Hinton³, *1. Center on Aging, University of Connecticut Health Center, Farmington, Connecticut, 2. Central Connecticut State University, New Britain, Connecticut, 3. UC Davis Medical Center, Sacramento, California*

Little current information is available on dementia-related help-seeking experiences of Latino family caregivers in New England, where most Latinos are of Puerto Rican ancestry. As part of an ongoing study, we have completed interviews with 44 Latino caregivers (86% first or second generation Puerto Rican; 91% female; mean age/s.d.=51.5/12.0 years) to determine the amount of dementia-related advice and guidance they received from physicians, and their experiences regarding communication with physicians and other health and social service professionals. Results indicate that greater proportions receive advice and guidance about medications than about how to manage dementia-related symptoms and access community resources. Qualitative results suggest that language is often a communication barrier between health professionals and persons with dementia, and that caregivers often serve the role as translator during health care encounters. We will also explain whether and how help-seeking experiences vary by caregivers' socioeconomic status and familial relationship to care receivers.

ADAPTING THE CULTURAL JUSTIFICATIONS FOR CAREGIVING SCALE FOR USE IN A MEXICAN-ORIGIN POPULATION

C.A. Mendez-Luck¹, R.D. Hays², W. Steers², C.M. Mangione^{2,1}, *1. UCLA School of Public Health, Los Angeles, California, 2. UCLA Department of Medicine/Division of General Internal Medicine & Health Services Research, Los Angeles, California*

Current literature reviews highlight the need for research on the cultural influences of elder caregiving in diverse populations. We adapted the Cultural Justifications for Caregiving Scale for a Latino population by adding original items developed from formative research. A 23-item modified instrument was administered to 51 English- and 51 Spanish-speaking female caregivers of Mexican descent recruited from flyers, word of mouth, health fairs, and targeted recruitment events. The screener response rate was 81%; 92% of screened and eligible women completed questionnaires. Exploratory factor analyses suggested two factors, one representing positive normative role beliefs (14 items, $\alpha=.84$) and the other negative normative role beliefs (9 items, $\alpha=.75$). We found a negative correlation between acculturation (ARMSA-II) and positive role beliefs ($r = -.48, P=.000$). Acculturation and negative role beliefs were not significantly correlated. These findings suggest that women with

greater degrees of Mexican identity have more positive orientations to the caregiver role.

BEYOND THE DYAD: PATTERNS AND QUALITIES OF FAMILY CAREGIVING TO OLDER MEXICAN AMERICANS

L. Hinton, C. Apesoa-Varano, *Psychiatry and Behavioral Sciences, University of California, Davis, Sacramento, California*

Research on caregiving to older adults with cognitive impairment has tended to focus on the level of the dyad, with relatively little attention to the broader family and social context in which caregiving occurs. This study draws on survey and qualitative data to describe patterns and qualities of family caregiving for 71 Mexican American older adults with diverse cognitive function. Subjects were recruited from an ongoing community-based epidemiological study. Family members were queried about assistance to older adult in several domains. More than one third of caregivers reported the participation of two or more family members in caregiving domains including nearly 50% of caregivers of elderly with dementia. Qualitative data shows that gender plays a significant role in the caregiving division of labor where women are more likely to take on total care and emotional labor while men are responsible for more instrumental tasks outside the domestic arena.

TIME COSTS AND RISK OF LONG-TERM CARE IN THE OLDER MEXICAN-AMERICAN POPULATION

H.S. Brown¹, J.L. Angel², A.P. Herrera³, *1. Management, Policy and Community Health, UT School of Public Health, Austin, Texas, 2. UT-Austin, Austin, Texas, 3. University of California San Diego, San Diego, California*

This study of long-term care in older Mexican Americans quantifies the time cost to the subject's adult children and how this influences the risk of nursing home admission. The data studied were taken from the Hispanic Established Populations Study of the Elderly and logistic regressions were performed to identify the effect of time cost variables (geographic proximity, presence and availability of adult children, extent of care needed) on the likelihood of nursing home use. The results of the study show that high time costs for caregiving increase the risk of institutionalization and that severity of need was the more important determinant compared to geographic distance. Having a greater number of children, who could conceivably share care loads, decreased the risk of institutionalization. In conclusion, older Mexican Americans' cultural preferences to 'age in place' may be jeopardized as their adult children, the likeliest caregivers, are faced with increasingly expensive time constraints.

SESSION 1165 (SYMPOSIUM)

CRITICAL GERONTOLOGY, AGING AND THE ECONOMIC CRISIS: RE-ASSESSING THEORETICAL PERSPECTIVES

Chair: *C. Phillipson, Keele University, Newcastle-under-Lyme, United Kingdom*

Co-Chair: *C.L. Estes, University of San Francisco, San Francisco, California*

Discussant: *V.W. Marshall, University of North Carolina, Chapel Hill, North Carolina*

Aging populations face major challenges given world-wide economic recession. Dimensions of the crisis have been documented in respect of increasing social inequality and reduced well-being within populations. The consequences for older people are, however, less well understood but include: deep-rooted poverty amongst most older people in the Global South and significant groups in the North; ideological disputes around the demands of the baby boom generation; pressures affecting health and social care; and the increasingly dominant role of global organisations in determining policies and programmes for old age. The implications of these changes have yet to be fully debated within gerontology. The purpose of this Symposium is to examine the implications