Family Factors Relate to Different Psychiatric Disorders between Latina and Latinos Nationwide

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Introduction

The number of Latino(a)s in the United States is rising rapidly and the Hispanic population is expected to constitute 30% of the US population by 2050 (US Census Bureau, 2010). The publication of the National Latino and Asian American Study (NLAAS, 2004), the first representative household survey on the mental health of Latino and Asian Americans living in the US, has greatly increased researchers ability to generalize about this minority population, as well as about specific Latino sub-groups. Research on the mental health of this population has also increased in the wake of the release of the NLAAS (NLAAS, 2004; Alegría et al., 2008).

However, research to-date has yielded little gender-specific research with regards to Latino-American mental health. The current findings represent gender-disaggregated results of psychosocial factors predicting Major Depressive Disorder (MDD), Generalized Anxiety Disorder (GAD), and Suicidal Ideations (SI) in Latin-American males and females. It is hypothesized that Latinos and Latinas would differ with regards to predictors of these major mental health disorders. We are especially interested in the influence of positive and negative family factors given the emphasis on family in the collectivist Latino culture.

Methods

Data Source: NLAAS, N=2,554

Sample: The sample represents 2,554 individuals aged 18 or above who self-identified as Hispanic and lived in the US. 1,427 of this sample was female, and 1,127 were male. The combined sample consisted of Cubans (N=301), Mexicans (N=470), Puerto Ricans (N= 282), and "other Latinos" (N=614). 1,427 of this sample was female, and 1,127 were male.
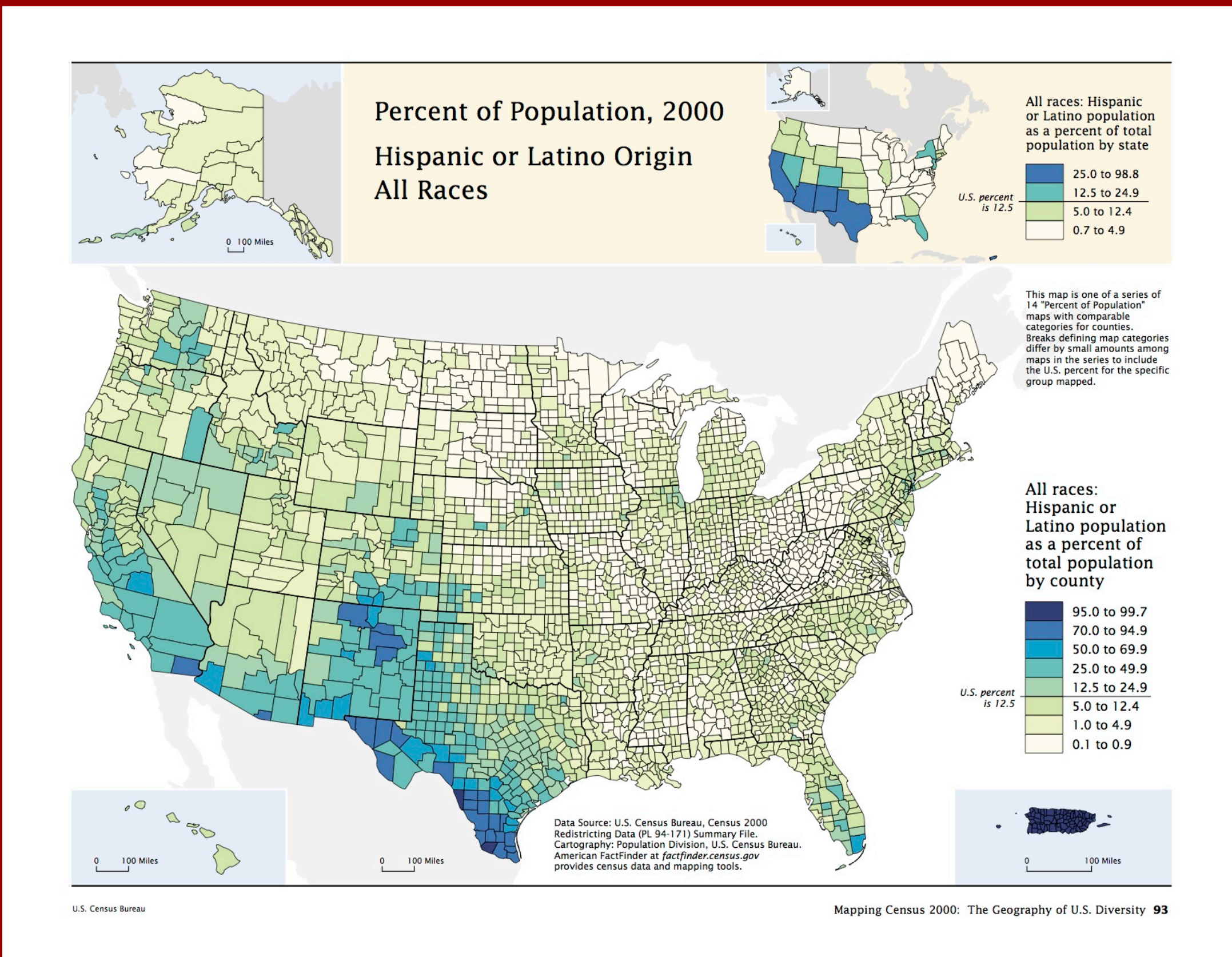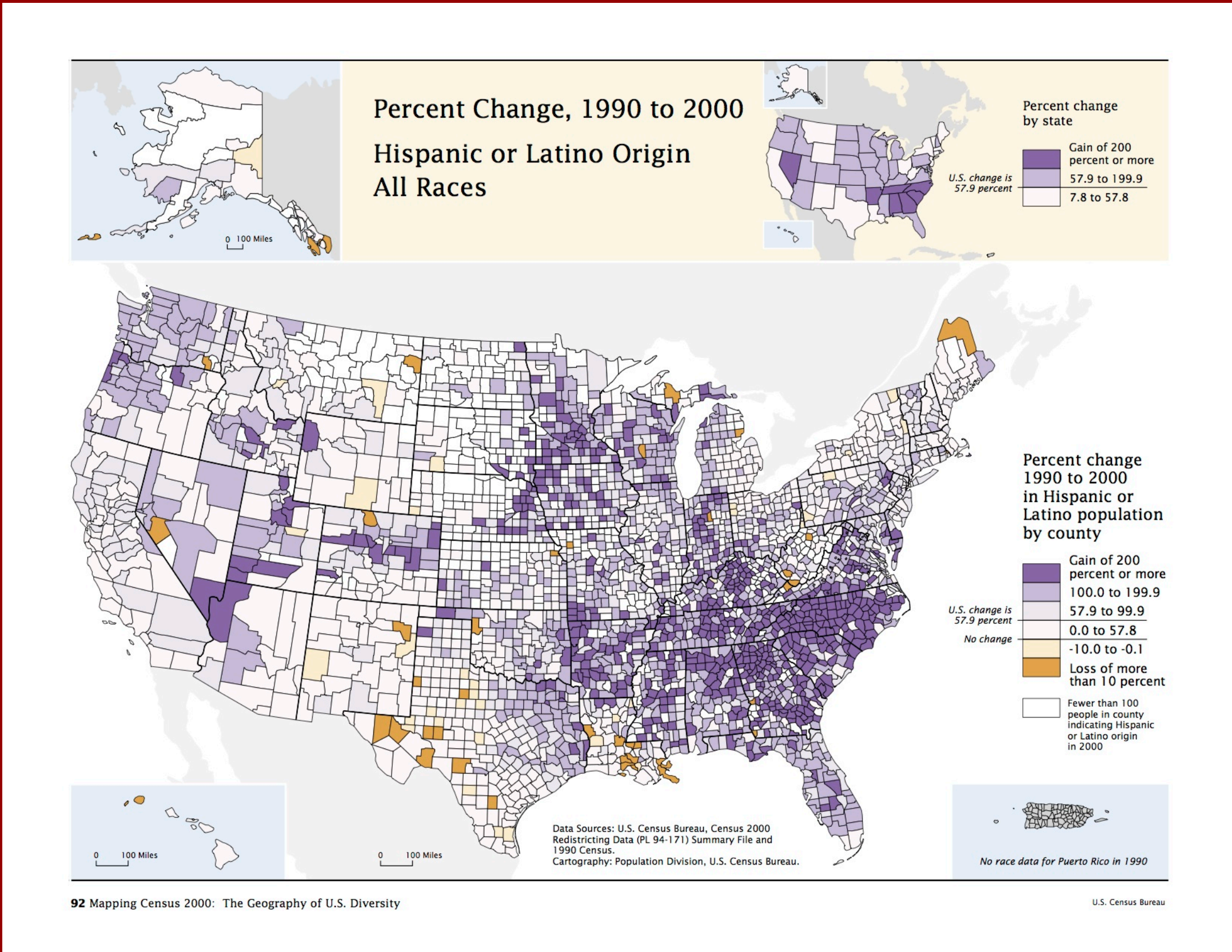
Dependent Variable: presence or absence of Major Depressive Disorder (MDD), Generalized Anxiety Disorder (GAD), and Suicide Ideation (SI).

Independent Variables in Model I (Step 1): Age, Education, Income, Employment Status, English Proficiency, US-born, Years in the US, Acculturation Stress, Discrimination,

Additional Independent Variables in Model II (Step 2): Religious Attendance, Social Support, Negative Family Interactions, Family Cohesiveness, and Racial and Ethnic Identity

Statistical Analyses: Descriptive analyses, bivariate correlations, and multivariate binary logistic regression analyses were computed for the three dependent variables.

Software: Stata 10 (StataCorp LP)

Percent Change, 1990 to 2000
Hispanic or Latino Origin
All Races

Percent of Population, 2000
Hispanic or Latino Origin
All Races

Results

Table 1. Logistic Regression Predicting MDD, GAD, and SI in the Past 12 Months for Male Latinos.

	MDD		GAD		SI	
	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Age in years	0.983	0.992	1.050	1.062	0.980	0.985
12 years education	0.885	0.925	2.288	2.824*	1.896	2.504
13 years or more	0.747	0.668	0.912	0.966	0.753	1.087
Income	1.056	1.051	1.177*	1.219*	1.062	1.075
Employed	0.477*	0.538	4.429	4.208	0.523	0.422
5-10 years in the US	0.779	0.804	0.033**	0.037**		
More than 11 years in the US	1.282	1.406	0.214	0.232	6.036	6.335
US-born	1.793	1.808	3.623	3.839	4.666	4.951
English proficiency	1.110	1.134	1.102	1.036	1.150	1.084
Acculturation stress	1.176	1.254	1.974*	1.976**	1.197	1.236
Discrimination	1.464	1.271	1.046	1.016	2.258***	1.800**
Religious attendance less than once a month		0.922		1.584		0.766
Religious attendance 1-3 times a month		0.713		0.688		0.866
Religious attendance once a week or more[b]		0.794		1.661		0.449
Social support		0.755		1.047		0.896
Negative interactions		1.942***		1.246		2.296***
Family cohesiveness		0.974		1.058		0.881
Racial and ethnic identity		1.136		0.652		0.632
χ^2	39.19	49.61	27.64	48.20	46.25	43.01
df	11	18	11	18	10	17

Note. MDD = major depressive disorder; GAD = general anxiety disorder; SI = suicidal ideation; CI = confidence interval.
a. Because of the low number of respondents who reported suicide ideation, the categories for two variables led to perfect predictions in Models 5 and 6. In order to compensate for this problem the variables Length in the United States and Religious Attendance were recoded. For Length in the United States, the new reference category is "0-10 years in the United States." Furthermore, the categories "11-20 years" and "21 years of more" were combined. For the variable Religious Attendance the categories "once a week" and "more than once a week" were combined.
b. Once a week and more than once a week was combined because of perfect prediction in the analysis.
*p ≤ .05. **p ≤ .01. ***p ≤ .001.

Table 2 - Continued. Logistic Regression Predicting MDD, GAD, and SI in the Last 12 Months in Latinas

	SI	
	Model-1	Model-2
Age In years	0.980	0.985
12 Years Educ.	1.896	2.504
13 Years Educ. or more [¨]	0.753	1.087
Income	1.062	1.075
Employed	0.523	0.422
More Than 11 Years in the US ^	6.036	6.335
US Born	4.666	4.951
English Proficiency	1.150	1.084
Acculturation Stress	1.197	1.236
Discrimination	2.258***	1.800**
R. Att. Less than Once a Month		0.766
R. Att. 1-3 Times a Month		0.866
R. Att. Once a Week or More °		0.449
Social Support		0.896
Negative Interactions		2.296***
Family Cohesiveness		0.881
Racial and Ethnic Identity		0.632
χ^2	46.25	43.01
df	10	17

Table 2. Logistic Regression Predicting MDD, GAD, and SI in the Last 12 Months in Latinas

	MDD		GAD	
	Model-1	Model-2	Model-1	Model-2
Age In years	0.997	1.001	1.019*	1.033**
12 Years Educ.	0.425*	0.442*	1.586	1.873
13 Years Educ. or more [¨]	0.884	0.946	1.018	1.178
Income	0.994	1.009	1.032	1.023
Employed	0.689	0.647	0.626	0.577
5-11 Years in the US	2.546	2.473	0.547	0.553
More than 11 Years in the US ^	3.203*	2.937	1.468	1.230
US Born	5.246*	4.641*	1.221	0.865
English Proficiency	0.972	0.952	1.021	1.010
Acculturation Stress	1.138	1.146	1.834	1.882
Discrimination	1.459**	1.270	1.285	1.041
R. Att. Less than Once a Month		0.895		0.805
R. Att. 1-3 Times a Month		0.890		1.693
R. Att. Once a Week or More °		0.810		0.532
Social Support		0.896		1.272
Negative Interactions		1.342		1.501*
Family Cohesiveness		0.906		0.798**
Racial and Ethnic Identity		0.832		0.942
χ^2	26.89	36.06	18.20	55.87
df	11	18	11	18

*** p≤.001; ** p≤.01; * p≤.05
¨ 13-15 and 16 years or more were combined to avoid perfect prediction based on small categorical respondent numbers
^ 11-20 years and 21+ years were combined to avoid perfect prediction based on small categorical respondent numbers
° About once a week and more than once a week were combined to avoid perfect prediction based on small categorical respondent numbers

Results

1. None of the independent variables significantly predicted MDD in Latinas.
2. In Latinas, Negative Family Interactions was identified as a positive predictor of GAD, and family cohesion was shown to be protective against GAD.
3. Both Negative Family Interactions and Discrimination correlated positively with SI in Latinas.
4. In Latinos, Negative Family Interactions was the only psychosocial factor that significantly predicted MDD.
5. None of the psychosocial factors analyzed were shown to predict GAD or SI in Latinos.
6. A post hoc analysis showed that Latinas were two to three times more likely to report symptoms that could be diagnosed as MDD, GAD, or SI than Latinos.

Conclusion

The findings of these studies show a significant link between Family Interactions and the prevalence of MDD, GAD, and SI in both Latin-American men and women. Interestingly, however, negative family interactions predict MDD and SI in Latino men, whereas such interactions predicted GAD and SI in women. Yet, family coherence appears to protect against GAD in Latino women. The mixed findings imply that men and women respond to negative family interactions in different ways psychologically, which may have implications for gender-specific interventions. The study's findings also suggest that being born in the US and acculturation stress increase GAD in men but not in women. Discrimination contributed to MD and SI of women. Finally, English proficiency and acculturation stress were shown to predict SI in men but not women, while length of staying in the US is associated with SI in both genders.

Further research needs to be done in order to determine the exact cause for these major gender-specific differences in mental health. The results of the two studies imply that the presence of mental health symptoms may be different in relation to the different paths of cultural transition for Latinos and Latinas where their traditional gender roles and the individualistic culture of the US coincide. The findings of this study may also aid health care providers in treating mental disorders present in this population. Special attention should be paid to the family function of Latino clients

References

- **Ai, L. A.**, Weiss, S. & Fichman, F. (in press). Family factors contribute to general anxiety disorder and suicidal ideation among Latina Americans. *Women's Health Issues*, (), -. (An official publication of the *Jacobs Institute of Women's Health*)
- **Ai, L. A.**, Pappas, C. & Simonsen, E. (in press). Risk and protective factors for three major mental health problems among Latino-American men nationwide. *American Journal of Men's Health*, (), -. (A member of the *Committee on Publication Ethics* or COPE)
- Alegría, M., Takeuchi, D., Canino, G., Duan, N., Shrout, P., Meng, X. L. (2004). Considering context, place and culture: the National Latino and Asian American Study. *International Journal of Methods in Psychiatric Research, 13*(4), 208-220.
- Alegría, M., Canino, G., Shrout, P., Woo, M., Duan, N., Vila, D. (2008). Prevalence of Mental Illness in Immigrant and Non-Immigrant U.S. Groups. *American Journal of Psychiatry, 165*(3), 359-369.
- U.S. Census Bureau. (2010). An older and more diverse nation by midcentury. Available at: http://www.census.gov/newsroom/releases/archives/population/cb08-123.html
- StataCorp. 2007. *Stata Statistical Software: Release 10*. College Station, TX: StataCorp LP.]