Parental Cross-Cultural Perceptions of the Health and Wellness Needs of the Family

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• Globally childhood obesity has increased as has the development of secondary health problems in children (e.g. type 2 diabetes).

• Strategies aimed at prevention and intervention management of childhood obesity globally warrants a better understanding of childhood obesity from multiple perspectives, including perspectives of parents.

• WHO reports indicate families experiencing similar health concerns globally (e.g. childhood overweight, T2DM)
• Parents instrumental cross culturally in preventing unhealthy behaviors (e.g. dietary, physical activity) and promoting health and wellness of family members

• Promoting health and wellness cross culturally to decrease development of childhood health problems (e.g. type 2 diabetes) within familial environment requires:
  – Understanding parental perceptions of health and wellness
  – Factors that influence health and wellness of familial unit.
Research Aims

• Examine parents cross cultural perspectives of the health and well-being of their family.

• Explore parental concern regarding promoting and maintaining the health of the family.
1. How do parents cross culturally perceive the health and well-being of their family members?

2. What are the concerns cross culturally of parents regarding maintaining the health and well-being of the family?
Theoretical Framework

Socioecological Model
(Bronfenbrenner, 1984)
Methods

Design:
• Secondary Analysis
• Data from parents:
  – Thailand
  – U. S.

Participants: (N = 414)

Thai Parents
• n = 215
• Child 2-18 yrs/age

U. S. Parents
• n = 199
• Child 2-18 yrs/age
Measures

Parents Characteristics:  Parents Perception of Familial Health and Well-being
- Demographic Data
- 12 items
- 80 items
- 8 Subscales
- Cronbach’s Alpha: Ranged from .67-.90

Thai versions: Translated to Thai and back translated to English
Data Analysis

• Data analyzed using the Statistical package for the Social Sciences SPSS version 21 (IBM SPSS®).

• Descriptive statistics of frequencies, means, standard deviations

• Chi-Square conducted
Findings: Participants (N = 414)

Parental Role

- **Mother**: 70% (Thai) vs. 50% (U.S.)
- **Father**: 30% (Thai) vs. 50% (U.S.)

Parental Age

- **<20**: 0% (Thai) vs. 10% (U.S.)
- **20-29**: 10% (Thai) vs. 20% (U.S.)
- **30-39**: 40% (Thai) vs. 40% (U.S.)
- **40-49**: 60% (Thai) vs. 50% (U.S.)
- **50-59**: 10% (Thai) vs. 10% (U.S.)
- **60+**: 0% (Thai) vs. 5% (U.S.)
Findings: Participants (N = 414)

Parents Ethnicity

- Thai
- Black
- Latino
- White
- Other

Parental Education

- <GED
- High School
- Technical
- Associate
- Bachelor
- Graduate

Thai: Yellow
U. S.: Black
Findings: Participants (N = 414)

**Parental Income**
- Thai: $<$50,000
- U. S.: >$50,000

**Parental Employment**
- Thai: Part-time
- U. S.: Full-time
Findings: Participants (N = 414)

Parental Perceptions of their Weight

- Under
- Normal
- Overweight
- Obese

Thai

U. S.
Findings:

Thai parents significantly more likely than U. S. parents to be concerned about:

- Child’s weight \( \chi^2(1) = 45.999, p < .001 \)
- Family too busy to be healthy \( \chi^2(1) = 38.139, p < .001 \)
- Access to stores in walking distance \( \chi^2(1) = 34.586, p < .001 \)
Findings:

Thai parents significantly more likely than U. S. parents to be concerned about:

- Not enough money to be healthy  \( \chi^2(1) = 8.808, \ p = .003 \)
- Not sure what it means to be healthy  \( \chi^2(1) = 67.017, \ p < .001 \)
- Thai parents expected to work overtime by boss  \( \chi^2(1) = 14.508, \ p < .001 \)
- Employers do not offer mental health coverage  \( \chi^2(1) = 42.426, \ p < .001 \)
Findings:

Thai parents significantly more likely than U. S. parents to report:

- Have time to make healthy meals for the family to eat \( \chi^2(2) = 14.293, \ p < .001 \)
- Feel pressured to purchase unhealthy snacks to serve when their child’s friends visit \( \chi^2(2) = 35.431, \ p < .001 \)
Findings:

Thai parents significantly more likely than U. S. parents to include children in making decisions on:

- Child’s healthcare issues \( \chi^2(1) = 161.706, p < .001 \)
- Family exercise \( \chi^2(1) = 19.206, p < .001 \)
- Bedtime for child \( \chi^2(1) = 69.096, p < .001 \)
Findings:

U. S. parents significantly more likely to report having insurance concerns than Thai parents:

- Good health insurance: $\chi^2(1) = 29.371, p < .001$
- Cost of health insurance: $\chi^2(1) = 30.931, p < .001$
- Having dental insurance: $\chi^2(1) = 26.534, p < .001$
- Cost of dental insurance: $\chi^2(1) = 20.370, p < .001$
Findings:

U. S. parents significantly more likely than Thai parents to report that they:

- Make the decisions about which foods their family eats $\chi^2(1) = 6.89, p = .009$
- Eat together as a family $\chi^2(1) = 16.35, p < .001$
- Make healthy lunches for school or work $\chi^2(1) = 5.96, p = .015$
Findings:

Thai and U. S. Parents had similar perspectives on family health behaviors regarding:

- Families do not have enough time to be healthy: $\chi^2(1) = 0.176, p = 0.675$
- Families spend excess time on TV and video games: $\chi^2(1) = 1.320, p = 0.251$
- Families do not eat enough fruits and vegetables: $\chi^2(1) = 0.074, p = 0.785$
Thai and U. S. Parents had similar perspectives on the costs families incurred to be healthy:

Cost of:

- Healthcare \(\chi^2(1) = 1.641, \ p = .200\)
- Dental care \(\chi^2(1) = 2.248, \ p = .134\)
- Fresh vegetables \(\chi^2(1) = 2.866, \ p = .090\)
- Children’s activity \(\chi^2(1) = .045, \ p = .832\)
- Children’s daycare \(\chi^2(1) = 2.184, \ p = .139\)
- Workout facility \(\chi^2(1) = .860, \ p = .354\)
Findings:

Decision-making on Food for the Family

- Parents decide on family foods
- Parents/Child decide on family foods
- Parents feel pressured to buy unhealthy foods

Thai Agree  U. S. Agree  Thai Disagree  U. S. Disagree
Findings:

Decision-making on Family Physical Activity

Parents decide on family physical activity

- Thai Agree: 80%
- U. S. Agree: 70%
- Thai Disagree: 10%
- U. S. Disagree: 20%

Parents/Child decide on family physical activity

- Thai Agree: 90%
- U. S. Agree: 80%
- Thai Disagree: 10%
- U. S. Disagree: 20%
Findings:

Decision-making on Child Bedtime/Sleep

- **Parents decide on child bedtime/sleep**
  - Thai Agree: 90%
  - U. S. Agree: 80%
  - Thai Disagree: 10%
  - U. S. Disagree: 20%

- **Parents/Child decide on child bedtime/sleep**
  - Thai Agree: 50%
  - U. S. Agree: 60%
  - Thai Disagree: 40%
  - U. S. Disagree: 40%
Findings:

Decision making regarding child’s receipt of healthcare

Parents Decide on child's healthcare
- Thai: Agree
- U. S.: Agree
- Thai: Disagree
- U. S. Disagree

Parent/child decide on child's healthcare
- Thai: Agree
- U. S.: Agree
- Thai: Disagree
- U. S. Disagree
Study Limitations

• Secondary analysis of 2 studies that used a cross-sectional survey design: Limited to data available

• Limited to parents who agreed to participate in original studies
Discussion

Cross culturally parents:

• similar concerns related to promoting and ensuring family members are healthy

• Significant differences in perceptions related to:
  
  – Structure of health care system,
  
  – Available resources which potentially influenced parental perceptions of health and wellness needs of family.
• Parental perceptions suggest similar challenges across cultures:
  – Dietary intake
  – Physical activity

• Beneficial for promoting health and wellness of family members globally, developing strategies addressing:
  – Increasing dietary intake vegetables/fruits
  – Increasing physical activity
Implications for Nurses

• Similar parental perceptions cross culturally, suggest nurse partnerships could develop health policies to effectively remove barriers to accessing healthcare resources.

• Global partnerships can enable the development of diverse, yet culturally appropriate strategies to effectively promote familial health and wellness.
Future Research

• Global interdisciplinary partnerships need to be established to develop strategies to promote familial health and wellness.

• Research is needed that promotes the strengths and resources within and across cultural communities.