



Ethnic Culture and Family Relations in Later Life

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Abstract

The current research was done in order to examine the relationships of older adults. It was hypothesized that older adults' ethnic culture will have effects on their family relationships. Results showed that older adults' ethnic culture has an effects on family relations.

Introduction

There is a growing body of research that attests to the importance of family relations as support systems which may reduce the effects of stressful life events such as changes in marital status, retirement, or declining health status of older adults (e.g., Lennartsson & Silverstein, 2001; Stevens-Ratchford & Krause, 2004). Research indicates that older adults with positive and strong family relations or ties are healthier and live longer than those with less active family relationships (Shaw, Krause, & Liang, 2007). In addition, active participation in family relations has been known as one of the important components of successful aging in later life (e.g., Hooyman & Kiyak, 2015). Specifically, adequate family relations may provide a sense of social belonging which is associated with older adults' psychological and physical health and decreasing morbidity (Garcia, Banegas, Perez-Regadera, Cabrera, & Rodriguez-Artalejo, 2005). Therefore, it is possible that active engagement in family relations in late life has buffering effects against physical health decline and offers benefits for psychological well-being (Seeman, Lusingnolo, Albert, & Berkman, 2001).

Although prior research indicates that family relations are meaningful to the lives of older adults, there remain substantive gaps in the literature. For example, how older adults' demographic variables (e.g., ethnicity) may predict the quantity and quality of family relations is not fully understood. Given the inevitable life transitions in later life, it is important to examine the associations of ethnic culture which may affect older adults' family relations directly or indirectly. In addition, given the fact that family relations' size and quality are known as protections against physical and mental health decline, it is worthwhile to examine the relationships between older adults' ethnic culture and their family relations.

Methods

The National Social Life, Health, and Aging Project (NSHAP) (Waite et al., 2015) was used for this secondary data analysis. The NSHAP examined older adults' health and social factors with a national scale.

Participants

The unit of observation was community dwelling older adults aged 57-85 ($n=3005$). Face-to-face interviews took place in participants' homes from 2010 to 2011. The research design and research protocol for the NSHAP study are available at Waite et al., (2015).

Measurement

Independent variables

The study entailed an independent variables. *Ethnicity* was a nominal level of measurement (e.g., 1="White", 2="African American", 3="Hispanic", 4="Asian and other").

Dependent variables

The family relations utilized in this study were the size of family network was assessed with one question in this study: "How many family/relatives do you feel close too? Family size was calculated as an ordinal variable assessing the number of family/relatives. A score consisting of a 1-5 Likert type scale for the question (1= "one" 2= "2-3", 3= "4-9", 4= "10-20", 5="more than 20") was used. The mean score of family size was 2.8 (SD = 1.2).

Results

To address hypotheses, a Multiple Regression was carried out. Regression analysis can be used to summarize the relationships or associations between a dependent variable and multiple independent variables. However, it is possible to examine the degree of association between variables and how well the independent variables have explained the dependent variable. Statistical software program SPSS version 16.0 was used to test each of the hypotheses.

Conclusion

Results indicated that Hispanic and African American older adults have higher frequency of family criticism and demands than White older adults. In addition, older adults' physical health was significant for predicting the frequency of family criticism and family demanding.

It is not surprising that White older adults are more likely to be healthier and higher SES statue than minority older adults. In addition, White older adults may have a more active participation in family interaction than those who suffer from chronic or physical illness (Kelley-Moore, Schumacher, Kahana, & Kahana, 2006).

Previous studies support the association between family relations and health status in later life (e.g., Litwin, 1998). For example, Garcia, Banegas, Perez-Regadera, Cabrera, and Rodriguez-Artalejo (2005) noted that the frequency of engaging in family relations is positively related to older adults' physical and mental health, especially for those over the age of 70. Their findings indicate that older adults' poor health may increase frequency of family criticism. Older adults who have a physical illness may experience more frequent negative responses from their families because family members feel obligated to provide help to sick and older adults.

Therefore, family members may feel the burden of caregiving. Given that it is not easy to be engaged in family events as a sick or not healthy older adult, it is not surprising that there is less frequent engagement in family events. Perhaps minority older adults who are under the average SES level, they may feel separation or uneasiness around their family members. In addition, older adults social relations including family relations should be understood by their general SES and their health status.

References

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