

Effects of Family Network on Mental Health among Latino Immigrants in the United States

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ABSTRACT

Previous studies have suggested that foreign-born Latinos tend to exhibit better mental health outcomes than do U.S.-born Latinos, despite greater socioeconomic hardship and acculturation stress after migration. In this paper, I aimed to empirically test the extant argument that the stronger family network among foreign-born Latinos helps them stay mentally healthier than their U.S.-born counterparts. Using 2002–2003 data from the National Latino and Asian American Study (NLAAS), I compared the level of family networking between foreign-born and U.S.-born Latinos and then estimated the effects of the family network on Latinos' mental well-being in conjunction with the effects of other social network variables (i.e. friendship and neighborhood) and socioeconomic variables (i.e. household income, education attainment, and work status). The results suggest that foreign-born Latinos are likely to experience significantly stronger family cohesion than U.S.-born Latinos are, which largely contributes to the reduced probability of experiencing symptoms of anxiety or depression.

THEORETICAL BACKGROUND

Researchers have shown it to be well documented that foreign-born Latino immigrants in the United States are likely to have lower socioeconomic status (SES), but better health outcomes as compared with their U.S.-born counterparts (Borjas 1986; Duleep and Regets 2002). This paradox has been tested for many physical diseases and supported by evidence (Singh and Hiatt 2006). Although relatively little is known about this paradox in the context of mental health, several recent studies have suggested that it holds true for mental health, too. For example, Escobar (1998) have shown that foreign-born Mexican immigrants had about half the prevalence of psychiatric disorders than do their U.S.-born counterparts.

When it comes to mental health, the foreign-born immigrants face another disadvantage apart from the lower SES that their U.S.-born counterparts do not necessarily experience: acculturation stress (Williams and Berry 1991). Foreign-born immigrants are likely to experience deleterious emotional consequences during the process of settlement in the United States. For example, Hovey and Magana (2002) pointed to a lack of language proficiency, frequent discrimination, a sense of not belonging in society, and ongoing frustration about unemployment and finances, all of which posed potential burdens on their mental well-being. Furthermore, these difficulties tend to doubly jeopardize immigrants' lower SES, making it harder for immigrants to ask for help from professionals, such as a psychiatrists, counselors, or therapists (Beiser and How 2001; Gee et al 2007). The question remains as to what can explain this paradoxical mental health outcome among foreign-born Latino immigrants in the United States.

RESEARCH QUESTION

One explanation that attempts to make sense of this issue focuses particularly on the tendency of foreign-born populations to enjoy strong family networks of close relatives and extended family members (Keefe, Padilla and Carolos 1979). The argument insists that, although foreign-born immigrants may be exposed to higher risk factors for mental illnesses, their stronger family networks can act as a buffer between the external risk factors and their destructive effects on mental health. Pearlin and Schooler (1978) articulated this argument by insisting that a close network of family members can exercise its protective role by controlling the meaning of problematic stimuli or by keeping the consequences of problems within manageable bounds.

Although this argument seems persuasive, a limited number of studies have empirically tested it so far. To verify the hypothesis, two sub-hypotheses should be examined simultaneously: First, foreign-born Latinos actually have stronger family networks than their U.S.-born counterparts do. Second, besides the stronger family network among foreign-born Latinos, the network has had a significant effect on reducing the probability of a person's developing a mental illness. In this paper, I aimed to shed more light on the effects of family networking on mental health status among Latin Americans by testing the two hypotheses described. To reach this goal, I stated three research questions, as follows:

- (1) First, do foreign-born Latino immigrants actually have better mental health outcomes than their U.S.-born counterparts do?
- (2) Do foreign-born Latino immigrants actually have stronger family networks than their U.S.-born counterparts do?
- (3) Does the family network have a significant effect on reducing the probability of developing a mental illness among Latino Americans?

METHODS

Data

I used 2002-2003 data from the National Latino and Asian American Study (NLAAS). The NLAAS is a national survey that estimated the prevalence of mental disorders, psychiatric symptoms, and the service utilization status among Latino and Asian Americans. It also provides the specified information of respondents' social position, social network status, and environmental context so that a research can examine the effects of the social variables on mental health. The respondents are people aged 18 years or older Latino or Asian population who had their residence in any of the 50 states

or the District of Columbia in the U.S. The final sample of data from the 2002-2003 study is comprised of 2,554 Latino Americans and 2,095 Asian Americans. The final Latino sample consisted of 924 U.S.-born (36.18%), 1,622 foreign-born (63.51%), and 8 (<1%) people who did not provide their nativity.

Variables

I operationalized two family network variables: family support and family cohesion. I measured each variable using three sub-questions with a Likert-scale (Table1). The sum of the scores from each question was used in a statistical analysis. The Cronbach's alpha for sub-questions was .7 for family network and .82 for family cohesion. In conjunction with the family network, I also tested two other social network factors: friendship and neighborhood. Both were also composed of three or four sub-questions, and the Cronbach's alpha was .72 and .81, respectively.

To measure mental illness, I set two binary outcome variables of mental disorders: depressive symptoms and anxiety symptoms. Following the criteria of the Diagnostic and Statistical Manual of Mental Disorder IV (DSM-IV), I classified seven mental diseases into depressive or anxiety symptoms. If a person has ever been diagnosed as having either major depression or dysthymia, then he or she is considered to have depressive symptoms. Likewise, a person who has been diagnosed with at least one general anxiety disorder, agoraphobia, social phobia, posttraumatic stress disorder (PTSD), or panic disorder was considered to exhibit anxiety symptoms.

Table 1. Sub-questions for Social Network Variables

Social Network	Sub-questions	Cronbach's alpha
Family Support	1. How often on the phone or get together with family or relatives who do not live with you	.7
	2. How much can you rely on relatives who do not live with you for help if you have a serious problem	
	3. How much can you open up to relatives who do not live with you if you need to talk about your worries	
Family Cohesion	1. Family members respect one another	.82
	2. Family shares values	
	3. Things work well as family	
Friendship	1. How often do you talk on the phone or get together with friends	.72
	2. How much can you rely on your friends for help if you have a serious problem	
	3. How much can you open up to your friends if you need to talk about your worries?	
Neighborhood	1. People in neighborhood can be trusted	.81
	2. People in neighborhood get along with each other	
	3. People in neighborhood help in emergency	
	4. People in neighborhood look out for each other	

Statistical Analyses

First, to determine whether any significant difference in network variables and mental health conditions exists between U.S.-born and foreign-born Latino immigrants, I conducted a set of t-tests for social networks and mental disorders variables. After checking the differences between the U.S.-born and foreign-born Latinos in the descriptive statistics, I progressed to a set of logistic regression analyses to estimate the effects of family support, family cohesion, friendship, and neighborhood on depressive or anxiety symptoms after controlling the model for three SES variables (education, household income, and work status).

PRELIMINARY RESULTS

As expected, the descriptive results (Table 2) showed that foreign-born Latinos in the United States turned out to have a significantly lower education status and household income as compared with their U.S.-born counterparts. However, the result also revealed that, despite these lower-income and education levels, foreign-born Latinos showed better performance in the area of mental health. Where foreign-born Latinos showed no higher probability of endorsement

in any of the mental illnesses tested, U.S.-born Latinos appeared to have a significantly higher probability of endorsement in major depressive disorder, social phobia, and panic disorder. In terms of social network variables, we found that, while U.S.-born Latinos had strong tendencies in three out of four variables—family support, friendship and neighborhood—the family cohesion variable was the only one in which foreign-born Latinos showed a significantly higher mean score.

From the results of logistic regression (Table 3 and Table 4), I found that no other social network variables, apart from family cohesion, proved a significant a factor for reducing the probability of both depressive and anxiety symptoms. In other words, although foreign-born Latinos in the United States were likely to have weaker family supports, friendships, and neighborhoods, they enjoyed the one essence of the social networks—family cohesion—that proved significantly effective in keeping their mental statuses healthier. The advantages of higher income and educational attainment turned out not to help the U.S.-born Latinos' mental health.

DISCUSSION

Migration may be considered a burdensome experience for foreign-born immigrants, worsening their mental health symptoms. Our results showed that foreign-born Latinos in the United States actually tended to have fewer family supports, weaker friendships, and worse neighborhoods as compared with their U.S.-born counterparts. In addition, our results confirmed that foreign-born Latinos were likely to experience lower educational attainment and household income.

It turned out, however, that foreign-born Latinos stay mentally healthier than do U.S.-born Latinos. None of the weak family supports, friendships or neighborhoods, or the low household income and educational attainment rates appeared to significantly damage their mental well-being. Rather, the sense of belonging to a cohesive family, sharing some common value with its members, and being respected by those members turned out to largely help their mental health. Foreign-born Latinos seemed to have stronger tendencies with this feeling than did U.S.-born Latinos, and it appeared to decrease the probability of experiencing further depressive or anxiety symptoms.

Table 2. Descriptive Results

			US-Born (n=924)		Foreign-Born (n=1,622)		
			Unweighted n	weighted %	Unweighted n	weighted %	
Demographics	Sex	Female	521	48.58	901	48.43	
		Male	403	51.42	721	51.57	
	Age	Mean		37.24		38.56	
		Std.Err		0.74		0.49	
	Marital Status	Married/Cohabit	513	56.41	1080	69.91	***
		Div/Sep/Widow	155	15.13	323	14.02	
Never Married		256	28.46	219	16.07		
Socio-economic Status	Edu	0-11	249	29.79	739	54.61	***
		12	270	30.51	362	20.01	
		13-15	270	27.67	296	16.34	
		>16	135	12.03	225	9.04	
	income	mean		50543.43		37526.19	***
		std.err		1856.32		1174.63	
	Work Status	Employed	599	62.54	963	63.67	
Unemployed		84	8.80	98	6.53		
Not in Labor Force		241	28.66	561	29.81		
Mental Disorder (Depressive Disorder)	Major Depressive Disorder	Endorsed	161	15.69	239	12.51	
		Not Endorsed	763	84.31	1383	87.49	
	Dysthymia	Endorsed	33	4.55	62	3.9	
		Not Endorsed	891	95.45	1560	96.10	
Mental Disorder (Anxiety Disorder)	Agoraphobia	Endorsed	22	2.21	47	2.94	
		Not Endorsed	902	97.88	1575	97.06	
	Social phobia	Endorsed	84	9.53	113	6.44	*
		Not Endorsed	840	90.47	1509	93.56	
	General Anxiety Disorder	Endorsed	50	4.55	92	3.90	
		Not Endorsed	874	95.15	1530	96.10	
	PTSD	Endorsed	60	5.86	75	3.47	*
		Not Endorsed	864	94.14	1547	96.53	
	Panic Attack	Endorsed	35	3.63	56	2.32	
		Not Endorsed	889	96.37	1566	97.68	
Social Network	Family Support	Mean		9.88	9.40	**	
		Std.Err		0.10	0.09		
	Family Cohesion	Mean		10.70	11.02	**	
		Std.Err		0.64	0.05		
	Friendship	Mean		8.99	7.91	***	
		Std.Err		0.11	0.10		
	Neighborhood	Mean		12.42	11.76	***	
		Std.Err		0.11	0.11		

(***p<.001; **p<.01; *p<.05)

Table 3. Logistic Regression, Depressive Disorder

			Model1		Model 2			Model3		
			e^b	std.Err	e^b	std.Err		e^b	std.Err	
Demographics	Nativity	Foreign born	1		1			1		
		US-born	1.185	0.135	1.214	0.143		1.116	0.138	
	Gender	Female	1		1			1		
		Male	0.549	0.063	0.607	0.072	***	0.590	0.073	***
	Age		0.998	0.004	0.993	0.004		0.994	0.004	
	Marital Status	Married/Cohab	1		1			1		
Div/Sep/Wid		1.738	0.240	1.781	0.254	***	1.718	0.259	***	
Not married		1.044	0.159	1.004	0.157		0.938	0.158		
Socio-economic Status	Household Income			1.000	0.000		1.000	0.000		
	Education	<12			1		1			
		12			0.808	0.117		0.804	0.122	
		13~15			0.878	0.135		0.944	0.152	
		16+			0.789	0.149		0.875	0.173	
	Work Status	employed			1.000			1.000		
unemployed				1.349	0.288		1.416	0.312		
not in a labor force				1.752	0.224	***	1.736	0.232	***	
Social Network	Family Support						0.983	0.023		
	Family Cohesion						0.869	0.028	***	
	Friendship						0.995	0.021		
	Neighborhood						1.011	0.021		
Constant			0.226	0.042	0.216	0.047	1.041	0.446		
Loglikelihood			-1119.24		-1106.57		-1018.22			

(***p<.001; **p<.01; *p<.05)

Table 4. Logistic Regression, Anxiety Disorder

			Model1		Model 2			Model3		
			e^b	std.Err	e^b	std.Err		e^b	std.Err	
Demographics	Nativity	Foreign born	1		1			1		
		US-born	1.165	0.132	1.176	0.137		1.193	0.146	
	Gender	Female	1		1			1		
		Male	0.563	0.064	0.631	0.074	***	0.596	0.073	
	Age		0.004	0.004	1.001	0.004		1.005	0.004	
	Marital Status	Married/Cohab	1		1			1		
Div/Sep/Wid		1.148	0.163	1.138	0.166		1.036	0.161		
Not married		1.091	0.162	1.026	0.157		0.940	0.156		
Socio-economic Status	Household Income			1.000	0.000		1.000	0.000		
	Education	<12			1		1			
		12			1.008	0.142		1.054	0.156	
		13~15			1.092	0.164		1.177	0.186	
		16+			0.735	0.144		0.797	0.164	
	Work Status	employed			1			1		
unemployed				1.264	0.274		1.224	0.278		
not in a labor force				1.812	0.228	***	1.765	0.233	***	
Social Network	Family Support						0.983	0.021		
	Family Cohesion						0.869	0.029	***	
	Friendship						0.996	0.021		
	Neighborhood						1.011	0.020		
Constant			0.185	0.034	0.166	0.036	1.139	0.484		
Loglikelihood			-1119.24		-1127.48		-1032.74			

(***p<.001; **p<.01; *p<.05)

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