# Impact of social factors on Health problems and social factors among Mexican-American elderly population in the United States

Diabetes is an increasing public health concern among the Hispanic population, especially in Mexican immigrants (Black, Ray, & Markides, 1999). Mexican-Americans have more than 2-4 times prevalence rate of type II Diabetes Mellitus (T2DM), in comparison to other Hispanic whites in the United States. There have been several studies to explain the differential prevalence of T2DM in Mexican Americans. For instance, Black et al. (1999) have studied the prevalence and health burden of self-reported T2DM in Mexican Americans. In this study, older Mexican Americans had higher prevalence rates of diabetes relative to non-Hispanic whites and African-Americans of the same age-group. The health burden is confounded by increased risks of comorbidities in diabetes cases among Mexican-Americans. The Hispanic population is disproportionately impacted by poor conditions of daily life modulated by income levels, cultural values and social support systems which compound their health problems. The social determinants of health exert health effects and the consequence is chronic stress and behavioral risk factors predisposing the population to health problems.

It has been observed that the average immigrants' experiences such as a drastic change in the environment contribute to change in the risk of diabetes. Despite the social and economic factors they may be exposed to, they possess protective buffers to counter the social factors leading to diabetes among the native US population (Black et al., 1999). These factors may span cultural orientation among immigrants that make them more adaptable to social factors causing diabetes such as family violence. However, acculturation over time has been demonstrated to contribute to the leveraging of diabetes risks among immigrants such that it is similar to the native population in the US (Ro, 2014). The accompanying correlation of acculturation effect with an increased risk of diabetes among immigrants corresponds to an increase in exposure to the social and cultural norms in the US (Lee, O’Neill, Ihara, & Chae, 2013). Segmented assimilation of immigrants may explain the delay in leveraging rate of diabetes in US natives and immigrants since the period under consideration overlaps with the segmented assimilation period where immigrants are dependent on the protective social supports among immigrants. The waning of the differences between rates of diabetes between immigrants and US natives over time may be linked to the changing socioeconomic status of the immigrants. Socioeconomic factors act as a modifying factor of the effect of acculturation of Mexican -Americans since it exposes them to lifestyle options.

Immigrants' culture may act as a protective buffer for Hispanic population against Diabetes Mellitus in the US. However, with the rate of acculturation effect increasing the differential risks of diabetes is reduced. Acculturation serves as a negative factor in the behavioral risk in the lead-up to diabetes. These findings by Afable-Munsuz *et al*. (2013), underpins the significance of empirical evidence on factors increasing the risk of diabetes to consider social factors in the population such as acculturation and correlating these factors to incidents of diabetes risk. Acculturation impact on the risk of diabetes is linked to segmented assimilation theory where health outcomes of a given population are dependent on the segment of the population an immigrant adapts. Language as a component of culture has negligible influence in providing protecting buffer against the development of diabetes among the Hispanic population (Afable-Munsuz et al., 2013). However, SES which links the immigrants to behavioral and environmental exposures is statistically significant in increasing the risk of diabetes among the Hispanic population (Afable-Munsuz et al., 2013). However, language acculturation and immigrants generation in the US correlate with the risk of developing diabetes. Ahmed et al. (2009) observe an "unhealthy assimilation" existing among the proportion of the population with low levels of language acculturation as well as low SES.

Public health has contended with various etiological factors including social factors such as family violence which is a source of declining well-being, substantially affecting the Hispanic race in the United States. Family violence is a major cause of health issue among the Hispanic populations such as mental health disorders and death. The changing demographics of the US population has become increasingly multicultural making research focused on the minority groups quite rare. This compromises intervention measures since there is prejudiced and institutionalized violence in some minority groups such as Hispanics. Cultural factors have informed research on the social problem of family violence. The dominant culture informs the view of the research without regard for the role of culture in providing adaptive qualities in the context of family violence. Research focusing on the role of family violence should take a cultural variant perspective that evaluates the causal-effect mechanism of family violence in the context of the Hispanic culture. Family violence will have a different effect on the Hispanic community based on the social structural influences in any research focusing on abuse prevalence among the elderly Hispanic population in the US. Effect of family violence should be studied in the context of other relevant antecedents such as socioeconomic status (SES) in the causation of diabetes among the elderly Hispanic population (Malley-Morrison, 2007). Various factors such as acculturation effects are not considered when understanding the link between family violence and diabetes in Hispanic elderly population (Malley-Morrison, 2007). As observed in some studies, acculturation contributes to an increase in health problems since it leads to the disintegration of natural support systems.

In conclusion, when seeking to understand the prevalence of health condition, it is important to consider the role of social groups such as race and ethnicity factors. As observed from Afable-Munsuz et al. (2013) and Malley-Morrison (2007) studies, social groups can explain the differential prevalence of diabetes and family violence, respectively. Research methods and sampling strategies should factor the role of social background in explaining the causal-effect mechanisms of health problems in the general population by stratifying the populations based on the cultural factors among other factors. For example, Afable-Musunz et al. (2013) have provided a correlation of T2DM with social factors such as language acculturation, socioeconomic status, and generation in older Mexican-Americans. The study underlines the intricate relationship between acculturation, assimilation, and health. For Hispanic population, social factors influence the prevalence and impact of family violence and T2DM on the Hispanic population relative to the rest of the American population. Studies seeking to get insight on the prevalence and effect of health problems should put into consideration the social factors such as acculturation and the protective buffer culture factors provide in reducing or propagating health problems. However, the correlation of acculturation effects and T2DM is affected by the SES among Mexican-Americans. SES acts as a modifying effect of acculturation effects among Mexican-Americans immigrants in the US. In summary, it is important to consider the social background such as acculturation and the modifying effect of SES in the causal mechanism of a health problem. SES provides an upward mobility to immigrants which determines access to education, lifestyle options and access to better health. Studies on health problems should be in the context of the social background, devoid of overgeneralization and lumping of large ethnics and racial groups into a single group that may have divergent characteristics. This makes the research methods and sampling strategies weak and not able to come up with sound findings of the health problem due to divergent population characteristics.

The limitations of these studies include ethnic lumping and overgeneralization which collapses heterogeneous groups into a single large group. This social lumping ignores the role of specific diverse ethnic/race groups in perpetuating family violence and its impact in the causation of diabetes among the elderly Hispanic population in the US. The lumping and overgeneralization is a limitation in understanding the role of ethnicity/race antecedents as important inputs in the link between family violence and diabetes in elderly Hispanic population since it affects sampling, leading to biased studies in social based research. In Afable-Munsuz et al. (2013) study, lack of laboratory measurements of diabetes and reliance on participants self-reporting may have led to an underestimation of the prevalence rate at the baseline and incidence leading to biased findings and conclusion from the study. Furthermore, changes in the awareness and early detection of diabetes may be the causes of the observed differential risk in diabetes incidences among immigrant generations. Genetic factors as a result of immigrants coming from different ancestral backgrounds may have contributed to the differences in diabetes risks among the immigrant population. Another limitation of the study may be the item used to measure the degree of acculturation among the Mexican immigrants, which was the language of the interview.

## References

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