

Cultural Values and Health among Latino and Anglo Women in the U.S.

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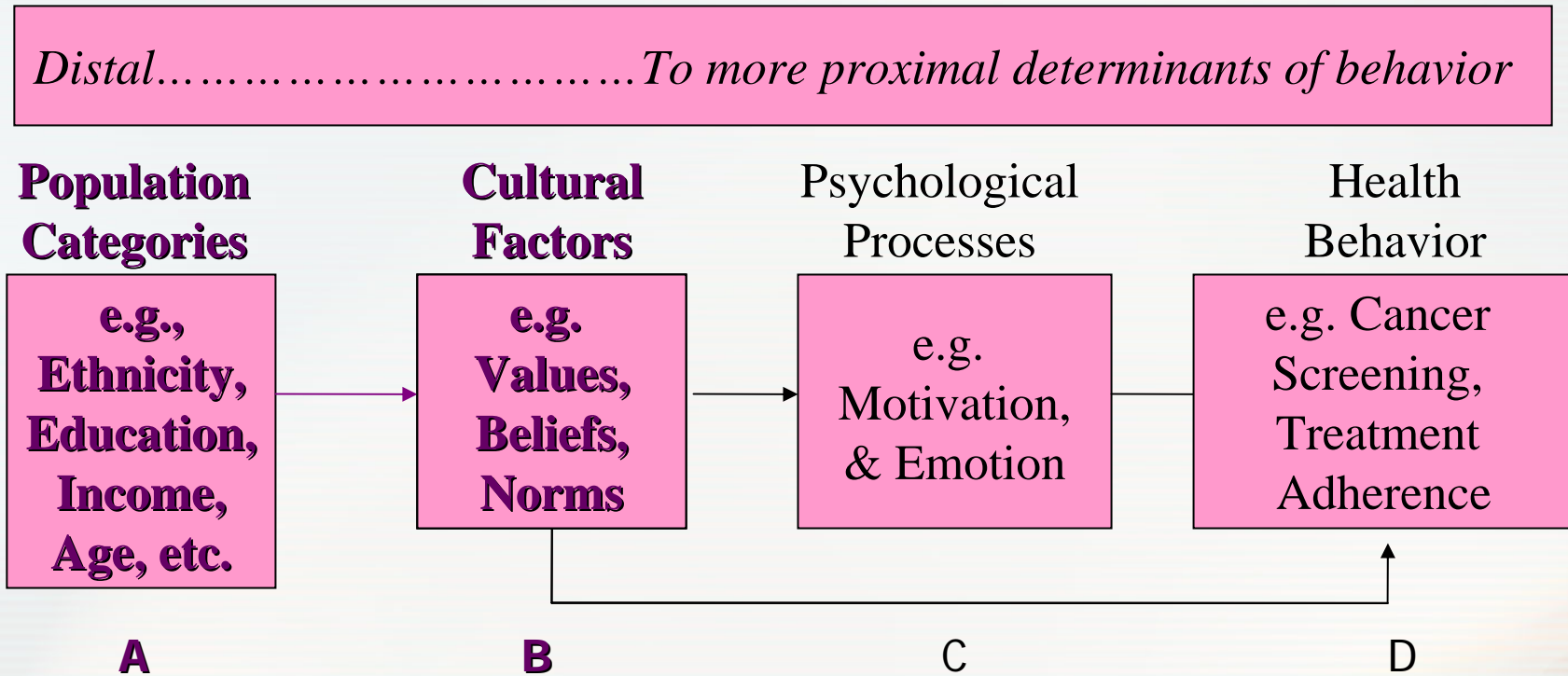
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Culture & Values

- **Culture can be defined as values, beliefs, expectations, and norms relevant to a particular behavior or outcome (Betancourt & Lopez, 1993).**
- **Values are desirable, transsituational goals, varying in degree of importance, which serve as guiding principles in people's lives (Schwartz, 1992).**
- **A better understanding of cultural factors such as values can contribute to the understanding of human behaviors, such as health behaviors, and subsequently health disparities between ethnic/racial and SES groups.**

Model for the Study of Culture and Health Behaviors

(Betancourt & Flynn, 2007)



- Population categories (A) are sources of variation in cultural factors (B)
- These sources of cultural variation may include ethnicity, income, education or any other population category.
- Ethnic-common and Ethnic-specific cultural values are present among various ethnic, income and education groups.

Purpose and Hypotheses

- Purpose

- Based on Betancourt's approach to the study of culture (Betancourt, Hardin & Manzi, 1992; Betancourt & Lopez, 1993; Betancourt & Flynn, 2007), this research was designed to examine the extent to which health is an important value among Anglo and Latino women of various socio-economic levels in the U.S.
- In addition, this study aims to examine the degree of importance given to health, as compared to other values, among Anglo and Latino women of various socio-economic levels in the U.S.

- Hypotheses

- There will be variations in the importance given to health as a function of ethnicity, education, income, age and nativity status among Anglo and Latino women.
- There will be variations in the *degree* of importance given to health (in comparison to other values) as a function of ethnicity, education, income, age and nativity status among Anglo and Latino women.

Methodology & Measures

Triandis' (1972) Study of Subjective Culture

- **Open ended semi-structured interviews were conducted with Latino and Anglo women in order to identify cultural values that are ethnic-specific and ethnic-general**
- **Participants were recruited from universities, churches, markets, and health clinics in California, US.**
- **Data was content coded by 2-3 monolingual and bilingual expert judges**

Measurement of Items:

- **Population categories were defined as:**
 - **Ethnicity: self-identified as Anglo American or Latino American**
 - **Education: High school (up to 12 years); Some college (13-15 years); College + (16 years +)**
 - **Income: Below median income (\$0-24,999); Median income (\$25K-59,999); Above median income (\$60K+)**
 - **Age: 18-35 years old; 36-50 years old; 51+ years old**
- **Values**
 - **Open-ended question: "What things are most important to you in life? For instance, what are the things that guide you in your life?"**
 - **Values coded as health include: lifestyle, exercise, etc.**
- **Value Hierarchies**
 - **In order to assess the degree of importance, participants rank ordered each value that they spontaneously mentioned**

Coding & Data Analyses

Step 1: Health as the Most Important Value

- Coding
 - Based on the value hierarchy, only women who noted that health was the most important value were selected for analyses
- Analyses
 - Differences and similarities among the women who indicated health as the most important value were analyzed based on ethnicity, income, education and age. Chi-Square statistics were used to determine whether there were significant differences among the groups.

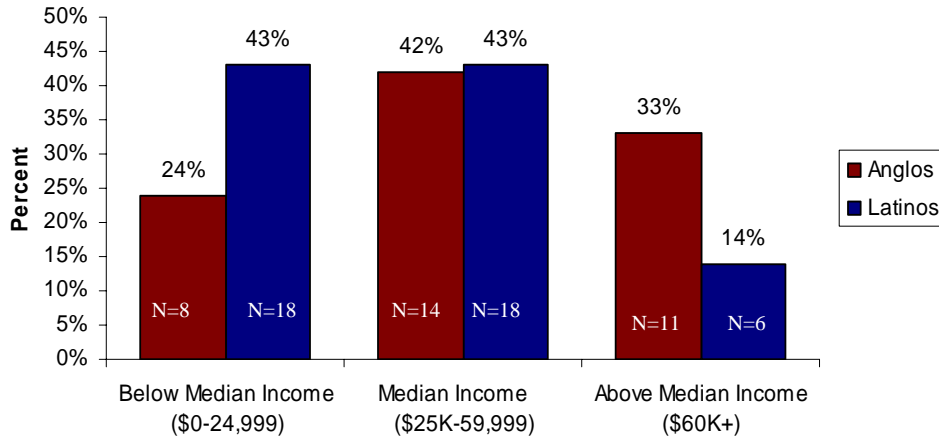
Step 2 : Health in Relation to Other Values

- Coding
 - The relative importance of health was examined in relation to other values spontaneously mentioned during the interview. Based on the value hierarchy (i.e., responses that resulted from asking individuals to rank order their values in order of importance), health was assigned a point system
 - If health was the number one value it was given five points, if it was the fifth value it was given one point
- Analyses
 - Differences and similarities in the importance of health as a value were examined based on ethnicity, income, education, and age. ANOVAS and t-tests were used to determine whether there were significant differences among the groups.

Demographics

Anglos N= 36; Latinos N = 42

Income Levels

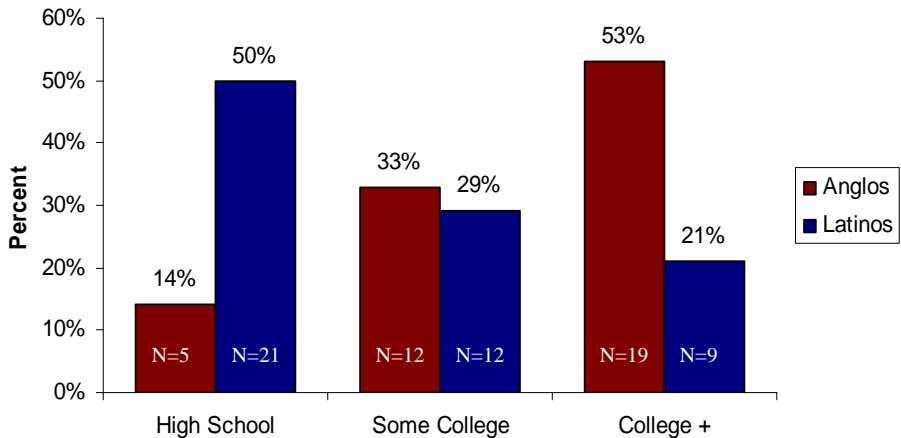


Latino Sub-Population From:

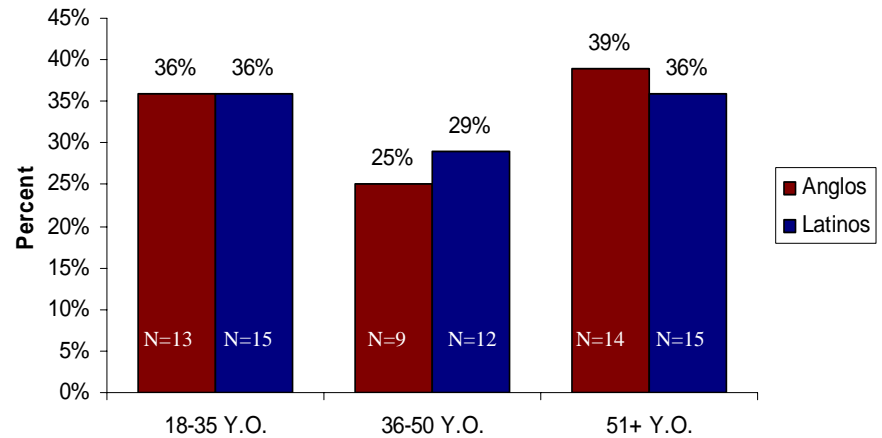
Mexico	76%
Puerto Rico	5%
South America	2%,
Central America/Caribbean	7%
Cuba	7%
Other	2%

Latinos Born in US: 38%

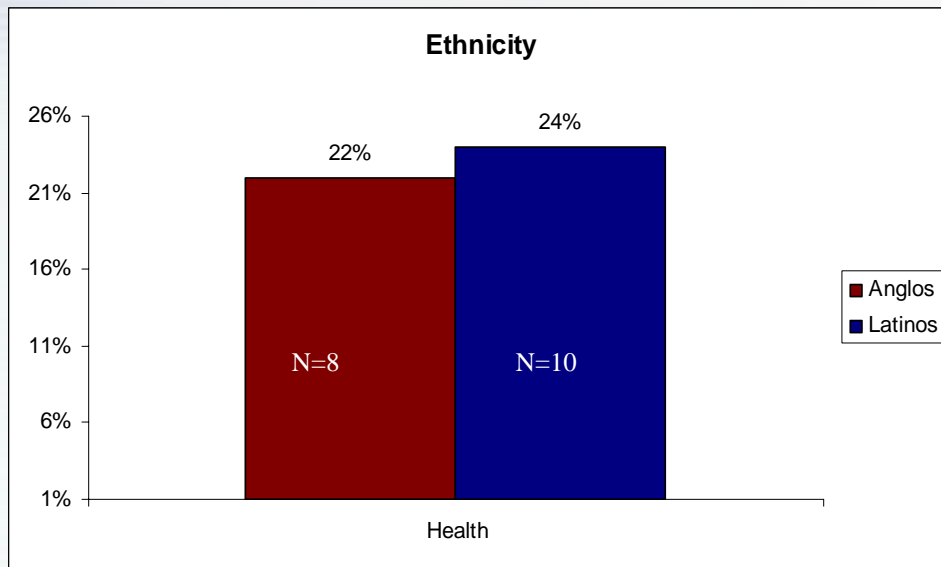
Education Level



Age



STEP 1 – Health as the Most Important Value



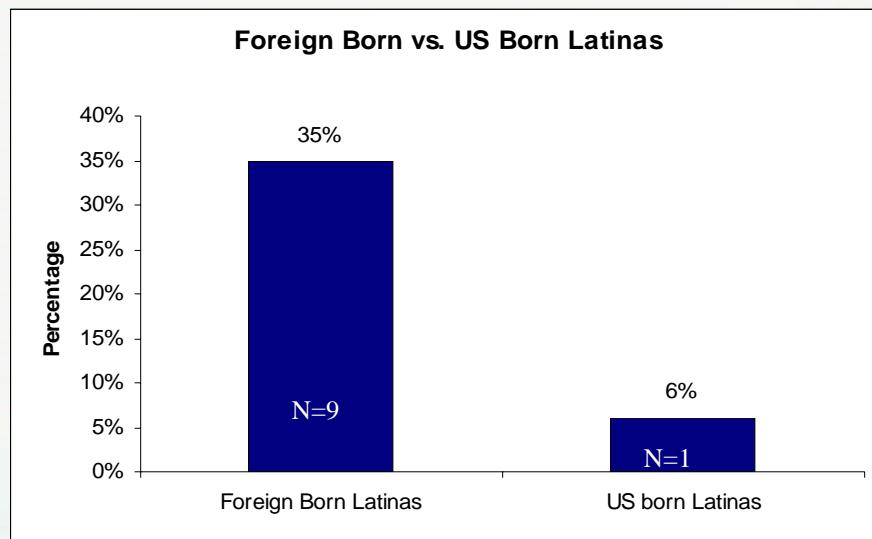
-Three values emerged as most important to both Anglo and Latino women, these were: Family, Faith and Health

- To the left are the percentages of women that indicated that health was the most important value in their lives (based on rank order)

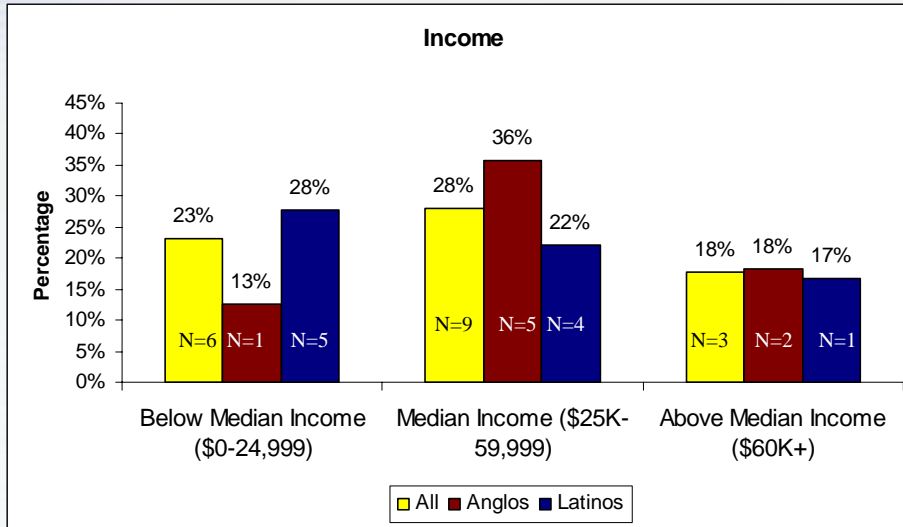
- $X^2 = 0.3$ $p = .87$. A non significant chi-square reveals that Health is an ethnic-common value

-Among Latinas, foreign born Latinas value health more so than US born Latinas.

($x^2 = 4.39$, $p = .036$)



STEP 1 – Health as the Most Important Value

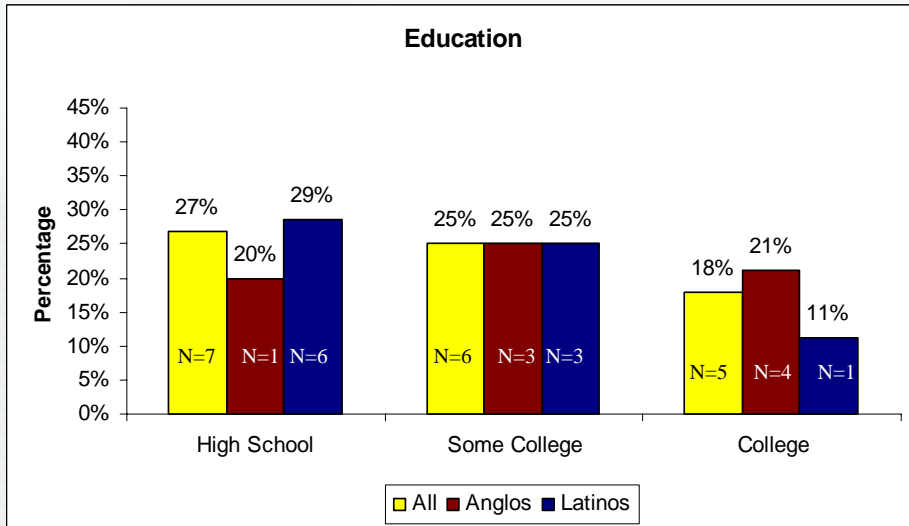


$(x^2 = .69, p = .71)$; $(x^2 = 1.82, p = .40)$; $(x^2 = .35, p = .84)$

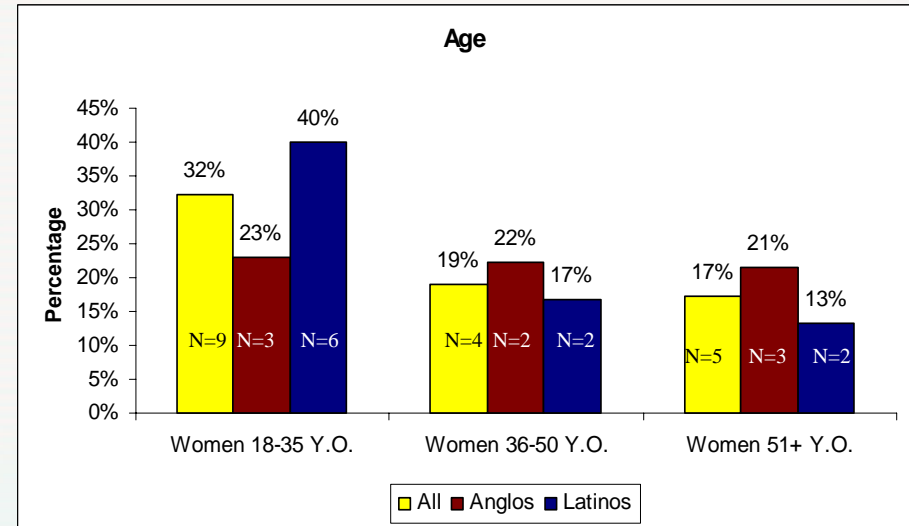
-Below Median Income Latinas value health more than their Anglo comparison, however, Median Income Anglos value health more than their Latina comparison.

-For Latinas, as years of education increased, the value for health decreased

-There also seems to be a decline for the value of health as women age

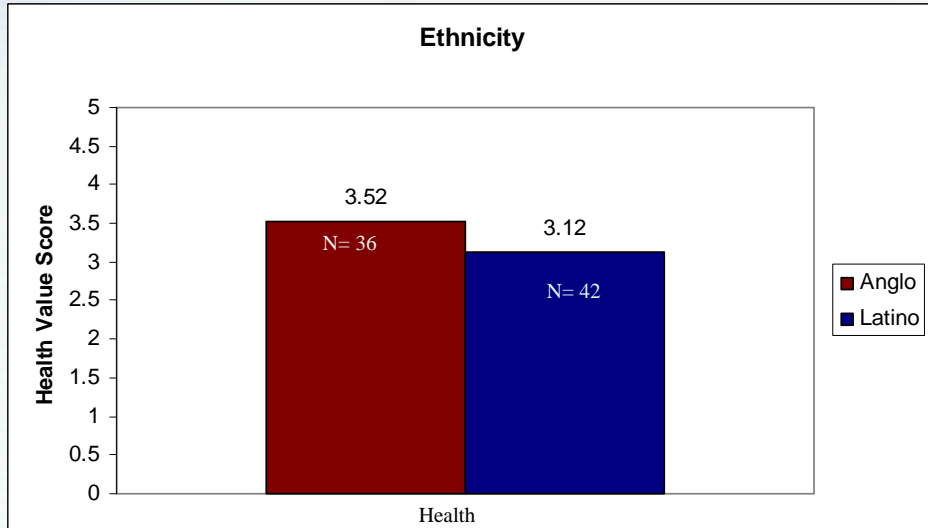


$(x^2 = .70, p = .71)$; $(x^2 = .08, p = .96)$; $(x^2 = 1.07, p = .59)$



$(x^2 = 2.05, p = .36)$; $(x^2 = .01, p = 1.0)$; $(x^2 = 3.41, p = .18)$

STEP 2- Health in Relation to Other Values

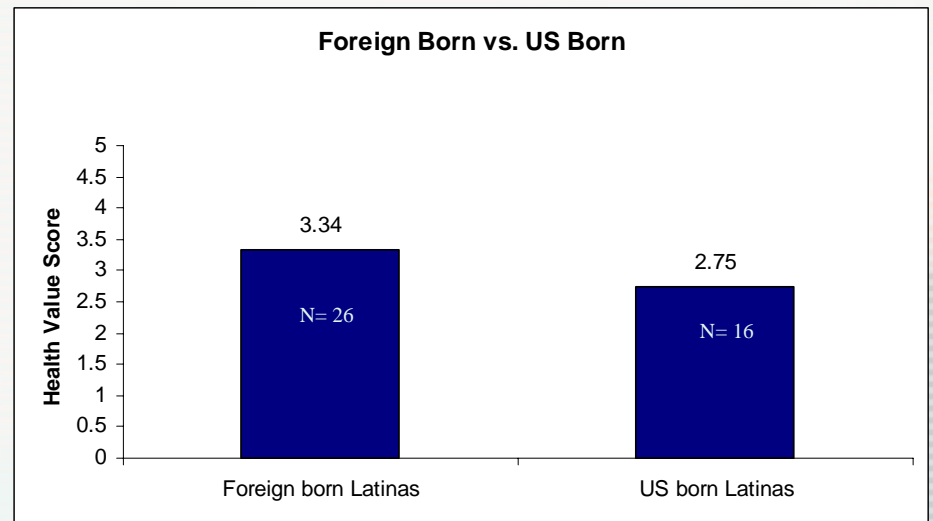


($t= 1.10, p= .28$)

In relation to other values...

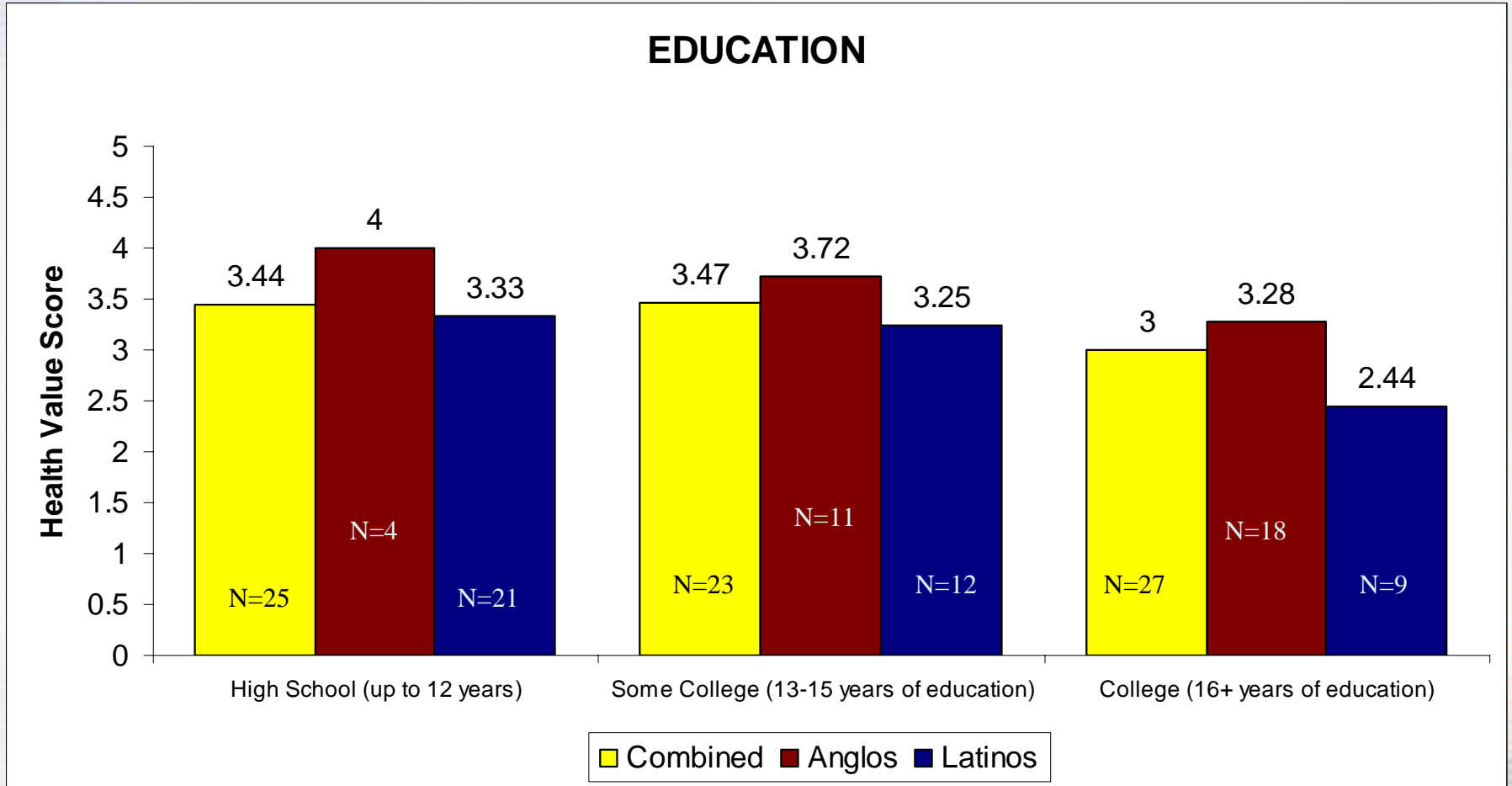
Health was valued similarly by both Anglos and Latinos.

Subtle differences were observed where Foreign-born Latinas valued health more than US born Latinas



($t= -1.10, p= .28$)

STEP 2- Health in Relation to Other Values



$$F_{2,72} = .75; p=.48;$$

$$F_{2,30} = .68; p=.52;$$

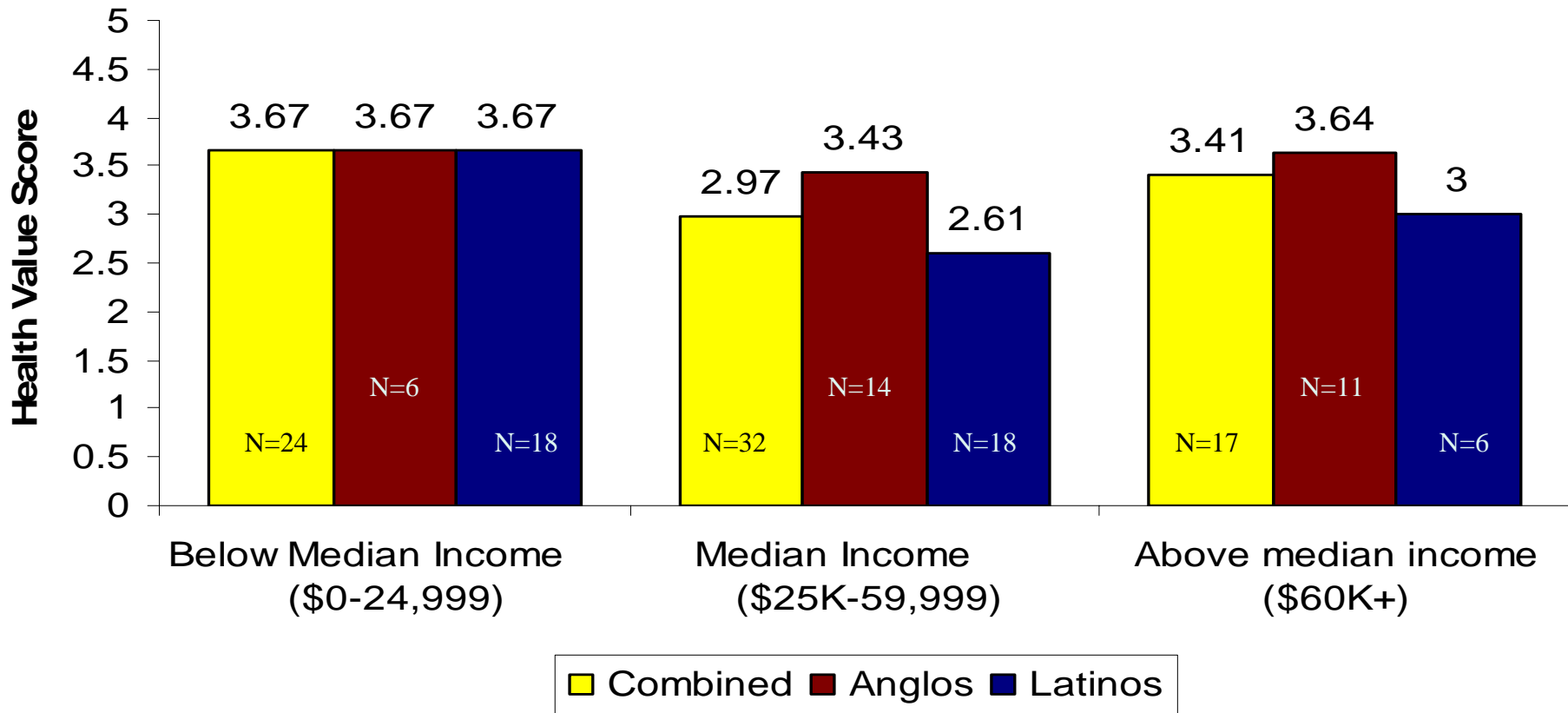
$$F_{2,39} = .89; p=.42;$$

-Anglo women value health slightly more than Latino women across levels of education.

-When looking separately at Anglos and Latinos, a similar pattern emerges for both groups. The value of health decreases as their levels of education increase.

STEP 2- Health in Relation to Other Values

INCOME



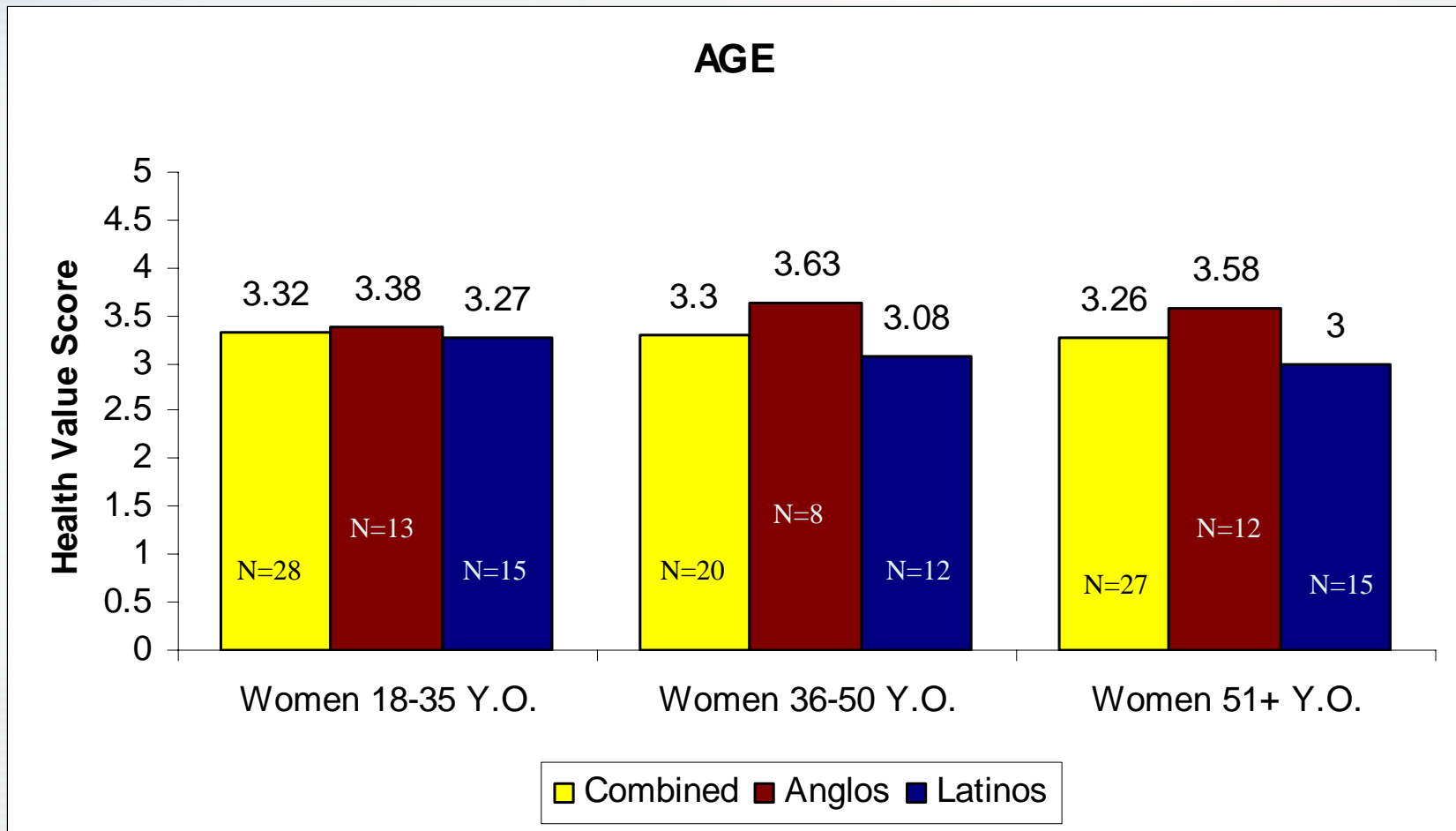
$F_{2,70} = 1.41; p=.25;$

$F_{2,28} = .09; p=.91;$

$F_{2,39} = 1.79; p=.18;$

- It appears that regardless of ethnic group, individuals in the “below median income” group value health similarly.
- Anglo women in the “Median & Above Median Income” groups tend to value health more than other values somewhat more than Latino women.

STEP 2- Health in Relation to Other Values



$F_{2,72} = .01; p=.99;$

$F_{2,30} = .10; p=.91;$

$F_{2,39} = .09; p=.91;$

-Regardless of ethnic group, women of different ages tend to value health similarly

Conclusion

Based on the Model for the Study of Culture Guiding the Study:

- Findings revealed that health values are important, in and of themselves and in relation to other values, to both Anglo and Latino participants. This appears to be the case also across SES and age.
- Significant differences between foreign born Latinas and US born Latinas revealed the importance of examining within group differences in research.
- The results suggest that using a bottom up approach, even as a first step, is relevant to the study of cultural values, as it advances the understanding of cultural variations among groups of various ethnic or SES backgrounds in a culturally diverse population.

Future Research:

- Future research may advance knowledge in this area by using findings from this kind of qualitative bottom up approach to develop psychometrically appropriate instruments to test specific hypotheses concerning the role of values in health behavior within the context of culturally diverse populations.
- Efforts should be made to examine the relationship between health as a value and health promoting behaviors such as exercise, cancer screening, treatment adherence, etc.

Intervention:

- Health programs may benefit from identifying health trends of a culturally diverse population and subsequently tailor such programs to meet the needs of individuals from various cultural groups within that population.

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