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Beliefs and expectations of family and nursing-home care among Mexican-origin caregivers

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Abstract

This study examined perceptions of family care, nursing homes, and expectations of future care among 85 Mexican-origin women caregivers, some who lived in Mexico City and some who lived in East Los Angeles, California (East LA). Attitudes of Mexican-born women – living in Mexico City and in East LA – were more similar to each other than those of U.S.-born women. Most caregivers reported a preference for family care and had negative views of institutional care. In addition, despite the negative views about nursing homes, some caregivers expressed a willingness to seek nursing-home care for themselves so as to avoid burdening their children in the future. Findings lend support to the persistence of Mexican cultural values in this sample of Mexican-origin caregiving women, regardless of where they were born.

Keywords

Aging; caregivers; culture; immigrants

Introduction

Mexico and the United States (U.S.) have two distinctive systems of health care organization, delivery, and insurance, yet the two countries are strikingly similar in not having in place a comprehensive system of long-term care for their aging populations. Long-term care refers to a continuum of medical and social services that supports individuals with chronic health problems and disability (U.S. Department of Health and Human Services, n.d.). These services can be home-, community-, or facility-based, and they are often not available in sufficient quantity and/or not accessible to those who need them because of the lack of governmental support, in both Mexico and the U.S., for paying for such services (Barraza-Llorens, Bertozzi, Gonzalez-Pier, & Gutierrez, 2002; Blanco & Pacheco, 2009; Kaye, Harrington, & LaPlante, 2010; Knaul et al., 2012; Organisation for Economic Co-operation and Development, 2011).

Given these issues with formal long-term care services, family caregivers are an integral part of elder care in both countries. For example, Latino older adults prefer to receive care from

family members rather than formal care services (Crist, Kim, Pasvogel, & Velazquez, 2009a) and use nursing home care or private pay care at lower levels compared to non-Latino white older adults (J. Angel, Rote, Brown, R. Angel, & Markides, 2014). Other research has shown that Latino caregivers are more likely to be high intensity caregivers than their non-Latino caregiving counterparts (Evercare & National Alliance for Caregiving, 2008) yet under-utilize formal caregiving services and supports (Shi & Singh, 2014).

Elder caregiving has been primarily a woman's responsibility in the Mexican-origin family (Robles-Silva, 2000). Research in Mexico and the United States (U.S.) has found that the caregiving experiences of Mexican women are shaped by cultural factors (Flores, Hinton, Barker, Franz, & Velasquez, 2009; Mendez-Luck, & Anthony, in press; Mendez-Luck, Applewhite, Lara, & Toyokawa, 2016; Mendez-Luck, Kennedy, & Wallace, 2009, 2008). Cultural factors may also influence an individual's expectations for his or her own care when needed in the future. Because of geographic proximity and extensive bidirectional migration (Zong & Batalova, 2014), populations in Mexico and Mexican-origin populations in the U.S. have had a unique opportunity to preserve core cultural values across generations and geography. However, few transnational studies have been conducted to understand how women of Mexican descent align on views related to the provision of elder care by the family. This line of research is important because Latinos are an under-served population in the U.S. when it comes to long-term services and supports. A greater understanding of the cultural attitudes and beliefs about these services may help in the development of more culturally-sensitive care and services for Latino families. A cross-national perspective can provide further insights about the cultural values and beliefs that may persist among some immigrant caregivers, which could affect their help-seeking behaviors and decision-making around long-term care services and supports (Crist et al., 2009b).

The purpose of the present study was to explore views on elder care by women of Mexican descent to provide formative research on the cultural influences that might underlie their help-seeking behaviors. This study provided a unique opportunity to make cross-national comparisons of groups of informal caregivers from the same cultural background to examine how their perceived cultural beliefs and values align with respect to expectations of care. We used grounded theory and a social constructionist framework to examine the beliefs and expectations concerning family and nursing home care among a sample of Mexican-origin women caregivers, some born and living in Mexico (Mexican caregivers), some born and living in the U.S. (U.S.-born caregivers), and some born in Mexico but living in the U.S (immigrant caregivers). In this article, we (1) describe Mexican-origin women's views of family care and nursing homes and expectations for their own future care, and (2) examine these views and expectations by nativity (place of birth) and by location of current residence.

Design and Methods

Interview data analyzed in the present study come from two prior caregiving studies; these studies used the same qualitative study design, methods, and instruments described below to examine the lived experiences of women caregivers of Mexican-origin (Mendez-Luck & Anthony, in press; Mendez-Luck et al., 2008). The development of these prior studies was guided by a social constructionist framework, which uses hermeneutic approaches

of interpretation and originates from the micro-level analytic traditions of symbolic interactionism and phenomenology (Schwandt, 2000). We carry the social constructionist framework through to the present study in our analysis and interpretation of results.

Data Sources

The first set of data came from interviews conducted in Mexico City (1998–1999) (Mendez-Luck et al., 2008). The second set of data came from interviews conducted in East Los Angeles, California between 2006 and 2012, with most interviews occurring in 2006 and 2007 (Mendez-Luck & Anthony, in press). Both locations are populous urban areas with a high prevalence of low-income households (Instituto Nacional de Estadística Geografía e Informática, 1998; U.S. Census Bureau, 2010), and in the case of East Los Angeles, a high percentage of Latino residents (97%; Ennis, Ríos-Vargas, & Albert, 2011).

Sample Recruitment

The institutional review board of Oregon State University and University of California—Los Angeles in the United States approved the protocols of the two prior caregiving studies, and the institutional review board of Oregon State University approved the present study. Caregivers of community-dwelling, non-institutionalized elders were recruited using the following inclusion criteria: (a) a resident of the Mexico City *colonia* or East LA; (b) be of Mexican descent, born in either the U.S. or in Mexico; (c) be at least 18 years old; and (d) self-identify as the primary person responsible for the care of a dependent, elderly family member. A dependent, elderly family member was defined as a person at least 60 years old related through blood or marriage who needed help with one or more activities of daily living (ADL; Katz, 1983). An exception was made to the age requirement five times when family members were not yet 60 years old but their caregivers identified them as “old.”

Multiple recruitment efforts were used identify and enroll participants, including referrals from neighborhood residents, churches, face-to-face encounters in public locations, snowball sampling (Bernard, 2006), and purposive sampling. Details of the recruitment activities are described in Mendez-Luck et. al, 2011 and Mendez-Luck et al., 2008.

Data Collection

Data were collected through semi-structured interviews, using probing techniques to elicit a richer set of responses. The interview guide was developed originally for the Mexico City caregiver study and underwent several iterations during the data collection period. The guide was adapted subsequently for the East LA caregiver study. The two guides overlapped on four main topics: (a) the story of how becoming a caregiver; (b) forms of assistance and contexts of caregiving; (c) social and cultural beliefs about aging; and (d) beliefs about the caregiver role. Of relevance to the present study, study participants were asked open-ended questions about the nature and scope of care they provided to care receivers, their beliefs about informal family care versus institutional care, and their own expectations of care when they reached old age themselves. Table 1 shows sample questions germane to the present study.

Data were collected in English or Spanish, according to participants' preferences, in their homes or a location of their choice. The first author was present for approximately half of the interviews to take observational notes and oversee the interviewing process.

Data Analysis

The interview transcripts comprised the principal data analyzed for the present study, although we periodically compared emerging results with interviewer memos and observational notes to triangulate our findings. The transcripts were analyzed in their original language although some Spanish-language transcripts from East LA were translated into English to facilitate the participation of a non-bilingual research assistant. Atlas.ti (Friese, 2012) was used to manage the data.

We analyzed the data using a grounded theory approach that involved a systematic and iterative process of examining the text (Strauss & Corbin, 1994). The first author and research assistants trained in qualitative data analysis initially examined each set of interview data by itself to develop code lists and identify thematic content within each dataset. Specifically, we analyzed the Mexico City interviews first, making multiple passes through the data and reconciling the coding to reach a consensus after each pass. We then repeated this analytic process for the East Los Angeles interviews. Themes about family care, nursing homes, and expectations of care emerged independently from each of these two analyses.

We then examined these themes further by analyzing the two sets of data together. The first, second, and third authors reconciled the code lists and coded text across the two sets of data. They met repeatedly to resolve coding differences and reach consensus on the final coding structure and content (Saldana, 2013). Specifically, they used a constant comparative method (Kolb, 2012) to refine and categorize the data. As we reached consensus on our findings across the two sets of data, we further examined those findings by nativity (Mexican-born and U.S.-born) within the East Los Angeles data.

After thematic content was finalized, we compared the coded text in the translated transcripts to the original-language transcripts to make sure we captured the cultural nuances in the data. Spanish-language quotes were translated for use in this article. We used pseudonyms to protect the identity of study participants.

Results

Descriptive Results for the Sample

The sample consisted of a total of 85 women caregivers: 41 in Mexico City and 44 in East LA (18 immigrant and 26 U.S.-born). Table 2 describes the characteristics of the study sample by place of residence (Mexico City vs. East L.A.) and nativity (immigrant vs. U.S.-born). Study participants were long-time residents of their respective neighborhoods. Seventy-five percent of the Mexico City participants had lived in the *colonia* for at least 20 years, with over half having lived there for their entire lives. The U.S.-born East LA participants reported having lived in their neighborhoods for an average of 36.5 years (range = 1 – 68), and immigrant participants for an average of 22 years (range = 1.7 – 45).

The majority of study participants had less than a secondary school education, and their incomes were lower than the national averages for their respective countries. The Mexico City study participants compared to the East LA participants were slightly younger, and a higher proportion worked outside the home and were married.

Descriptive Results for the Caregiving Situation and Care Receiver Characteristics

Table 3 describes the characteristics of the caregiving situation by current place of residence and nativity. Almost half (48%) of study participants cared for one of both of their parents, followed by husbands (26%), grandparents (12%), in-laws (7%), and siblings (6%), among other relatives. The average length of caregiving ranged broadly, spanning from a few months to their entire lives. The median length of caregiving was similar for the Mexico City (4 years) and East LA participants (3 years), although the U.S.-born participants of East LA cared for slightly older family members than did the Mexico City or immigrant East LA participants. Study participants cared for family members with a range of illnesses and impairment levels, which differed by caregiver group. The Mexico City participants cared for healthier family members compared to the East LA participants. More Mexico City caregivers cared for persons with no ADL limitation or with no reported health problem whereas more East LA caregivers cared for highly impaired (6+ ADLs) persons and/or persons with multiple chronic conditions.

Qualitative Results

Nursing homes are seen as not providing quality care compared to the family.

—Overall, study participants' discussions revealed that family care was the preferred choice for elderly family members. The majority of participants believed that the home was a place of warmth and that care provided at home was embedded with affection (*cariño*). Many indicated that Mexican families cared for the elderly at home precisely for these reasons.

When asked about institutional care as an alternative to family care, most participants viewed nursing homes as an unfavorable option and were reluctant to endorse them even as a secondary choice. Participants described nursing homes as understaffed and lacking close relationships with the residents. Most participants believed it would be bad to send their relatives to a nursing home, and described nursing homes as sad places where elders felt "lonely," "abandoned" and were "abused." Study participants' negative views of nursing homes revolved around three core central beliefs: (a) caring for someone involved love and affection; (b) nursing home staff could not provide this level of care to receivers; and therefore, (c) if one loved their relative, he or she should do whatever possible to keep the relative at home and out of a nursing home. Thus, the belief that family care was the best option was due in part to a corollary belief that nursing homes could not provide elders with the same degree of love, attention, and care that they received at home. For example, Monica, 73-year-old Mexico City caregiver, had been caring for her husband Marcos for the duration of their marriage (53 years), and stated:

I think [the care at nursing homes] is bad, because I suppose support and affection are things only we can give to our husband or our family, and I don't think they would receive that same care in a nursing home; that is what I think.

Monica went on to explain that her family would always find an alternative to nursing-home care:

...under no circumstance would it be good [to take my husband to a nursing home] because we have a lot of relatives and we can all care for him. ... I think that it is better for a person to be with their family than to be somewhere else, neglected by someone who does not know them.

Similarly, Luz Maria, a 38-year-old immigrant caregiver, spoke about why she would not take her 62-year-old mother to a nursing home even if she had the resources to do so:

If I had the money, I would have [a] large house, and I would have my father and mother there. ...I would send someone to take care of them, but I would always have an eye out for them ... because I observed a nursing home where sometimes [the staff] pulled them, hit them. The same people that are taking care of them, they are hitting them, and mistreating them...

These quotes exemplified the study participants' tendencies to endorse the three core beliefs about what features signified good care.

Further analysis of the East LA caregivers' interviews revealed that the immigrant caregivers had negative beliefs about nursing homes that were more aligned with the sentiments of the Mexico City caregivers rather than those of the U.S.-born East LA caregivers, despite having lived in the U.S. for an average of 22 years. For example, two-thirds of the East LA caregivers who believed it was bad to send a relative to a nursing home were immigrant caregivers. On the other hand, two-thirds of those who believed said action was not bad were U.S.-born caregivers. Of the 22 East LA caregivers who believed family care was superior to nursing-home care, 15 were immigrant caregivers. Additionally, when asked whether they would send their relatives to a nursing home if they could financially afford it, almost three-quarters of those who answered "no" were immigrants.

Nursing homes are seen as acceptable by some caregivers, in certain circumstances.—Although most caregivers had negative views of nursing homes, 12 caregivers believed that nursing homes were acceptable options for care, and another 11 said that it would depend on the circumstances. These circumstances were usually related to either the health status of the care receiver (e.g., the person becoming too sick to be cared for at home) or the life circumstances of the caregiver (e.g., the caregiver no longer able to properly care for the care receiver). A few participants even identified positive attributes of nursing homes, such as providing a level of medical care that could not be provided in the home. Some participants also believed that nursing homes provided recreational activities for residents, and that nursing homes could be good places if the family kept in touch with their family member to provide him or her with emotional support.

Further analysis revealed that the discussions of the positive aspects of nursing homes differed for the Mexico City and East LA caregiver groups. The Mexico City caregivers' discussions reflected a focus on the importance of love and affection, whereas the East LA caregivers' discussions focused on the need for quality medical assistance. First, Mexico City caregivers who shared positive aspects of nursing homes indicated that nursing homes

benefitted the family by reducing burden in extreme caregiving situations. Second, these caregivers believed that the family had a continued role in making the nursing home experience a positive one for the elder. For example, Patricia, a 46-year-old Mexico City caregiver, described part of the decision-making process that led her to become a caregiver to her mother and the circumstances under which she would consider using a nursing home:

My older brother thought about taking her to a nursing home, but I never liked the idea of doing that because I have seen many people that take their elders to a nursing home and then forget about them and don't even go visit them, go take them something, or spend time with them... These people that are left in nursing homes, I think they are well taken care of, but they lack *cariño* (affection), and if I had allowed my brother to take my mother to a nursing home, it would be like I was at the nursing home as well...not all day long, but as long as the rules of the nursing home allowed me to be there, and also via phone. Believe me, I would be with her.

Patricia's views illustrated the underlying concern among the Mexico City caregivers of the potential overreliance on nursing homes to supplant rather than supplement family care, specifically the affective and emotional aspects of care. On the other hand, the East LA caregivers' discussions reflected a focus on the quality of medical care and support. For example, Ofelia, a 35-year-old U.S.-born caregiver stated,

I don't think [care at nursing homes] is bad. ...I just think that there are some nursing places that don't take care of them. So you don't just leave your parents there. You still go and you still help out. Like hospitals, they don't do a good job. We had to be there all the time. I had to clean my dad. I had to do stuff that I never thought I would do...so, if somebody's in a nursing home, I know they're not going to be taken care of every minute...

While Ofelia's sentiments seemed to echo those of Patricia, there was a subtle difference in focus. While Ofelia mentioned the need for the family to be involved, her idea of involvement was in terms of making sure care receivers were receiving appropriate medical care and support with their daily activities rather than making sure they felt loved, had company, and received emotional support. The other East LA caregivers who mentioned positive aspects of nursing homes had a similar focus, noting how the institutions benefitted the elders by providing needed medical care and socialization with other elders. For example, Victoria, a 57-year-old U.S.-born caregiver, had a history of caring for her parents. She had cared for her mother until her mother died, and at the time of the interview, she had been caring for her 84-year-old father, who suffered from dementia, diabetes, and polio-related disabilities. Victoria described the circumstances in which she would consider using a nursing home:

In my eyes, if that relative medically needs the nursing home, it would be in his best [interest] to stay in the nursing home. Some people may think we're nurses and doctors, but there's only a certain limit.

Victoria's comment illustrates the views shared by other East LA caregivers, some of whom were U.S.-born and some who were immigrant.

Most caregivers would prefer family care for themselves.—Study participants discussed their expectations and hopes for their own care in the future. Over half of study participants had some level of expectation that their families would care for them when they reached old age or when they needed it. Thirty-five caregivers shared explicit expectations for care by their families, and 11 believed it was a possibility that their families would care for them. Adult children and grandchildren were the most commonly mentioned future caregivers, with 36 participants expecting or hoping for this. The following three quotations exemplified these viewpoints:

I expect they [my children] will help me like I help my grandfather now...because my son sees the attention that I give to my grandfather. He can see [my example].

—29 year-old Leti, Mexico City caregiver to her 89-year-old grandfather

[I care for my mother] especially so that my kids can see what I do for my mother [now], so that one day, if they have the example, they are going to do it too.

—38 year-old Silvia, East LA immigrant to her 62-year-old mother

They [my children] go, “You know what? ...just like you take [care of] *abuelita* (grandmother), we’re going to take care of you.”

—71 year-old Connie, East LA US-born caregiver to her 92-year-old mother

Interestingly, one participant, Connie, used the word *abuelita* as she recounted what her children told her. The literal English translation for *abuelita* is little grandmother; however, the use of the diminutive “*ita*” denotes an affection and tenderness beyond the formal *abuela* (grandmother).

Even some caregivers without children expected future care by family or others. Forty-one year-old Lupe, an immigrant in East LA, was married but did not have children of her own. However, she believed that her childlessness would not be an issue because her husband or her social network would step in to help when she needed them. The following quote illustrates the situations of other caregivers who were certain about their future care:

Well, I don’t have children. What a future, huh? ...my husband is going to take care of me, if that were to happen to us. But you know what? The good and beautiful and grandiose thing that I have is that I belong to a church, and that church has some strong bonds... So if it is not my family directly [caring for me], it is going to be others. They are going to be people that I can trust in, and that, well yes, I’m going to be supported in that.

According to Lupe, she had options for care despite not having had children.

Some caregivers were uncertain about their future care.—Not all caregivers had expectations for family or other informal care; some expressed uncertainty about what would happen to them in the future or who would become responsible for their care in old age. The uncertainty shared by these study participants revolved around gender and social role expectations. For example, some study participants had only sons and believed that they should not be expected to provide family care. Other participants believed that men were insulated from caregiving because they had to work to provide for the family or that they

were unsuitable or ill-prepared to give care. Still others believed that their children's own family dynamics would prevent them from becoming caregivers, including sons who were trying to fulfill the caregiver role. The following two quotes illustrated caregivers' reasons for their uncertain futures:

Well, in reality, maybe they [sons] will [care for me], right? But in reality I say that because they may marry. And maybe my son will get married, and maybe he will have issues with his wife because he is taking care of me or helping me economically, right? Or my daughters also may have problems with their husbands, because there are many husbands that are selfish, and there are wives that are selfish also.

—55 year-old Tere, Mexico City caregiver to her 86-year-old mother

Oh, who knows, he [son] is very good; perhaps yes. But I think that that's going to depend a lot on the moment and if he's married, if the wife wants to [or] not.

—43 year-old Regina, East LA immigrant caregiver to 53-year-old husband

Our analysis showed that more Mexico City and immigrant East LA caregivers expressed certainty compared to U.S.-born East LA caregivers, regardless of whether the certainty was about being able to rely on their families as sources of future support or not. Many Mexico City and immigrant East LA caregivers were confident their families would care for them in old age, while others explicitly indicated that they did not expect to receive any help. By contrast, the U.S.-born East LA caregivers had more elusive expectations of future care. They often only "hoped" their families would take care of them but conceded there was no guarantee.

Some caregivers would be willing to use a nursing home personally.—Although study participants had universally poor opinions of nursing homes, 18 participants expressed a willingness to seek nursing-home care for themselves. The most common reason for this willingness was to avoid burdening children and other family members with caregiving responsibilities. The majority (12) were Mexico City caregivers, followed by U.S.-born East LA caregivers (4) and immigrant East LA caregivers (2). These participants shared that they did not want their children, particularly their daughters, saddled with caregiving responsibilities and instead wanted them to make lives of their own (*hacer su vida*). The following two quotes illustrate these viewpoints:

Me, I don't want anyone to help me. I will sell my house and I will go to "Mundet" [a local nursing home] because there they will care for me. ...I see it this way: if I am going to be a burden, I better go.

—69 year-old Andrea, Mexico City caregiver to 89-year-old sister

I have told my daughter to put me in a [nursing] home. [Caregiving] is hard... I did it, but I wouldn't want her to do it. I have told her she just has to go see me and make sure everything is ok, but I don't think it's right for her to do it [take care of me]. I'm able to do it [for my mom], but for her [daughter], I don't want her to do it...

–57-year-old Angelica, East LA US-born caregiver to her 81-year-old mother

These quotes revealed a dissonance between caregivers' poor perceptions of nursing homes and their willingness to live in one so as to avoid being a burden on their families.

Discussion

In this study, we examined caregiving views transnationally across caregiving women living in Mexico and Mexican-origin caregiving women living in the United States. Specifically, we examined how women from the same cultural background viewed family care and nursing homes and expectations for their own future care, based on their own personal experiences as caregivers. We further examined these views and expectations by nativity and location of current residence. First, we found that almost all caregivers considered nursing homes to be inferior to the home environment, suggesting that the ultimate responsibility for elder care falls on the family and not the institution. This finding is consistent with research showing that Mexican American families delay institutionalization of elders compared to other populations (Mausbach et al., 2004) and that more Latino elders receive informal care and more hours of weekly informal care than non-Latino white elders (Weiss, Gonzalez, Kabeto, & Langa, 2005). Second, we discovered differences in views and expectations by nativity and location of current residence with respect to the acceptability of placing a family member in a nursing home. These within-group differences revealed a heterogeneity that has generally been overlooked in previous caregiving studies in the United States.

One contribution of our study is the finding that Mexican immigrant caregivers sometimes expressed sentiments that were more closely aligned with those of Mexican caregivers than those of U.S.-born women of Mexican descent, despite having lived in the U.S. for over two decades. This finding suggests that cultural beliefs about the family's responsibility for elder care are maintained despite living in different social, political, and geographic environments. Thus, this finding may offer a glimpse into how the acculturation experience may play out among some immigrant caregivers, such that some cultural ideals persist despite the exposure to different sets of cultural norms, social role expectations and environments.

An alternative explanation is the influence of structural factors in the caregiving experience. Research in U.S. Latino populations has found that sociodemographic forces are altering the dynamics of intergenerational relations, which could influence elder caregiving in this population (Angel et al., 2014). Education and income are two important structural factors that affect access to resources in ways that can shape caregiver role expectations and behaviors over time. The U.S.-born East LA caregivers in this study were more educated and had higher incomes compared to the other caregiver groups, suggesting that they were a better-resourced group. From a social constructionist perspective, these resources provided opportunities that created different meanings related to nursing homes and expectations for future care. For example, the U.S.-born East LA caregivers' discussions were imbued with values of individualism, a hallmark of Western cultural values (Knight & Sayegh, 2010), whereas the discussions of the immigrant East LA and Mexico City caregivers reflected a more collectivist view.

A second contribution of our study is the finding of dissonance between the negative view of nursing homes and the willingness to be placed in one. For the caregivers in this study, the desires for their children's future seemed to outweigh their own, making nursing homes a viable option for them but not for those for whom they were currently caring. This seeming contradiction may reflect the women's caregiving difficulties and the sacrifices they made to fulfill the caregiver role. This finding is supported by a meta-analysis of caregiving studies showing that caregiving is indeed a difficult undertaking (Pinquart & Sorensen, 2003). This finding also reflects the cultural norms of familism and *marianismo*, two defining features of the traditional Mexican family. Using a social constructionist lens, women assigned meaning to their caregiving experiences to fulfill the subjugation of self that underlies *marianismo* (Lugo-Steidel & Contreras, 2003) and familism (Mendez-Luck et al., 2016). Specifically, they subjugated themselves by taking on the caregiving role to begin with, and they planned to subjugate themselves in the future by being willing to accept inferior nursing home care for the sake of their children's happiness. Interestingly, caregivers indicated that they did not want their daughters to be burdened with caregiving responsibilities yet their expectations for future care were gendered; caregivers with daughters voiced expectations of family care for themselves while those with sons did not. Additionally, some caregivers expressed uncertainty about the future because they assumed that their sons would have conflicts with their future spouses if they tried to fulfill the caregiving role.

An alternative explanation for the dissonance is that a weakening of reliance on family may be occurring due to structural factors such as acculturation, reduced fertility, greater work force participation, later timing of marriage, and/or changing family dynamics (Angel et al., 2014). These social, demographic and economic trends, occurring in both countries, place an emphasis on individual needs over the collective needs of the family network, which may result in fewer willing and able caregivers in the future. Thus, these women's viewpoints reflect the shift in family formation and dynamics in their respective societies, resulting in a set of new expectations that differ from traditional values and a tenuous set of circumstances or small family network on which their future care depends.

Limitations

This study has limitations with respect to its sample and data collection methods. First, the sample was a relatively small convenience sample and may not be representative of all Mexican-origin caregivers. In particular, the differences in ages and care recipients' need for ADL help between the U.S. and Mexico groups could have influenced the data collected, and subsequently, the interpretation of results. The East LA caregivers were older and cared for family members with more ADL need, compared to the Mexico City caregivers. Thus, these different circumstances could have impacted the meaning caregivers assigned to their caregiving experiences, especially concerning nursing homes being an acceptable alternative to family care if financial resources permitted it. More research is needed with larger, representative samples including both men and women caregivers of different ages to examine how caregiving aligns with the social role expectations of Mexico-origin men and women in the United States and Mexico, especially with respect to the difference in beliefs about appropriate care for family members versus one's self. Second, this study utilized data collected in two studies conducted at two different time periods approximately

7–8 years apart. Although the two original studies were parallel in scope, the contexts of women's lives may have been different because of social and historical changes that had occurred during this timeframe. It is possible that these differences in context influenced women's caregiving beliefs and values, affecting the study's findings. However, the many similarities we found between the Mexico City and East Los Angeles caregivers seem to suggest minimal impact. Lastly, data from the first study was collected 18 years ago, which raises the question of how relevant the data are in 2016. Similar cultural beliefs were shared across the two caregiver groups with respect to nursing home and family care. The views shared by the immigrant caregivers of East LA and the Mexico City caregivers were particularly striking. This suggests that indeed the data are still relevant despite their age and that cultural beliefs run deep. Clearly, more research is needed to examine the contemporaneous issues facing those caregivers in the United States and Mexico who share the same cultural heritage and exposure to bidirectional migration.

Implications

Our findings lend support to the persistence of familism and *marianismo* in this sample of Mexican-origin caregiving women, regardless of nativity. These findings have important implications in light of the current demographic and epidemiological trends occurring in the United States and Mexico. First, while the caregiving responsibility assumed by Latina women appears to be the preferred safety net for elders, assumption of this responsibility may become a mounting challenge in the future as Latino adults arrive at old age in greater numbers and in poorer health than their non-Latino counterparts (Herrera, Lee, Palos, & Torres-Vigil, 2008). Second, Latino caregivers tend to use formal services less or be less aware of available services than other caregiver populations (Crist et al., 2009b; Mausbach et al., 2004). Previous research has found that ethnic minority caregivers may be especially vulnerable to the burdens of caregiving because of fewer financial resources and the presence of structural and linguistic barriers in their lives (Crist et al., 2009ab; Herrera et al., 2008). Thus, current and future Mexican-origin caregivers may be at greater risk for the well-documented negative health consequences associated with caregiving to the extent they do not seek long-term care services and supports for themselves or for their dependent family members, whether for cultural or other reasons.

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Table 1.

Sample of Caregiver Interview Questions on Family Care, Nursing-Home Care, and Expectations of Future Care

Question	Probing Questions or Areas
Who do you take care of?	
More or less, how long have you been taking care of your [relative]?	
What would you say is the main problem or illness your _____ has?	Is this the main reason for why you take care of your [relative]?
Can you tell me the story of how you became the person in charge of your [relative]?	
Can you tell me what things you do to help your relative?	Bathing, clothing, feeding, transferring, etc.
Please describe for me what a typical day has been like in the past week or so.	Can you describe for me what you usually do on an average day, starting from the time you get up in the morning?
How has taking care of your relative changed from when you first started?	Can you tell me, what activities did you used to do when you first started to take care of him/her and how they have changed?
Of all the things you do for your [relative], which do you think is the most important?	
What does your relative need the most from you?	
What do you believe is the most important thing in terms of being a caregiver to your relative?	
Where did you get the sense of responsibility for taking care of your [relative]?	Where does it come from? Did your family teach you?
Do you think family values and beliefs are the same for Mexican Americans and people who've immigrated from Mexico?	
Does living in the U.S. change family values or customs?	
If one has the money, would it be bad to send a relative to a nursing home?	Would you do it if you had the money?
Does a person receive the same kind of care in the nursing home that he/she receives at home?	What makes the nursing home different from family care?

Table 2.

Description of Sample by Place of Residence and Nativity (N = 85)

Characteristic	Mexico City, Mexico	East Los Angeles, CA, United States		
	n = 41	Combined n = 44	U.S.-born n = 18	Immigrant n = 26
Mean age in years (SD)	50 (17.7)	53 (17.6)	54 (20.6)	51 (15.1)
Median age in years	50	56	57	54
Not employed outside home	61%	81.8%	72.3%	88.5%
Marital status				
Married	63%	52%	44%	58%
Never married	22%	21%	28%	15%
Divorced/separated	10%	11%	16%	8%
Widowed	5%	7%	6%	8%
Other or not reported	-	9%	6%	11%
Minor children, mean (SD)	0.44 (0.95)	0.57 (1)	0.39 (1)	0.69 (1)

Sources: Mendez-Luck & Anthony (in press); Mendez-Luck, et al., 2008.

Table 3.

Description of Caregiving Situation & Care Receiver Characteristics by Place of Residence and Nativity (N = 85)

	Mexico City, Mexico	East Los Angeles, CA, United States		
	n = 41	Combined n = 44	U.S.-born n = 18	Immigrant n = 26
Caregiving Situation				
Mean years of caregiving (SD)	11 (17.2)	8 (11.6)	10 (14.8)	7 (8.4)
Median years of caregiving	4	3	3	4
Relationship (caregiver to care receiver)				
Daughter	41%	48%	50%	54%
Wife	27%	26%	22%	30%
Grand daughter	15%	11%	11%	4%
Daughter-in-law	10%	7%	-	8%
Sibling	5%	6%	11%	4%
Other	2%	2%	6%	-
Shared household	97.5%	80%	72%	85%
Care Receiver Characteristics				
Mean age in years (SD)	75 (10.8)	73 (10.1)	76 (11.0)	72 (8.9)
Median age in years	74	73	77	71
Main illness complaint				
Diabetes	12%	5%	-	8%
High blood pressure	7%	2%	-	4%
Mental illness	5%	25%	44%	12%
Other chronic condition	25%	2%	-	4%
Multiple conditions	19%	41%	33%	46%
Unspecified condition	5%	20%	17%	22%
None	27%	5%	6%	4%
Needed help with ADLs				
0 ADLs	41%	5%	5%	4%
1-2 ADLs	22%	20%	28%	15%
3-5 ADLs	37%	48%	39%	54%
6+ ADLs	-	27%	28%	27%

Sources: Mendez-Luck & Anthony (in press); Mendez-Luck, et al., 2008.