Health and Type 2 Diabetes Perspectives of At-Risk, Mexican-Origin Males (HD-MxOM): A Qualitative Study

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INTRODUCTION

BACKGROUND

Elevated rates of obesity and diabetes among the Hispanic population reveal significant health disparities compared to other ethnic groups. More specifically, recent findings convey an alarming 24.6% total diabetes prevalence for the adult Mexican population in the United States [1]. In addition to the highest rates of diagnosed and undiagnosed diabetes, Mexican-origin males lead all ethnic groups in prevalence of overweight and obesity (body mass index (BMI) >25 kg/m²) at 82.7% [2]. Given worse diabetes related outcomes among Hispanics [3], the present health disparities indicate a disturbing trajectory for this at-risk subgroup. Despite the gaping disparities in diabetes and obesity, the interrelation of barriers and facilitators to preventative health behavior remains largely unexplored in at-risk, Mexican-origin males.

PURPOSE

To investigate perspectives of diabetes, nutrition, and health among underrepresented Mexican-origin males and elucidate on contributing factors of type 2 diabetes disparities.

METHODS

Audio recorded, semi-structured interviews were conducted with 15 native Spanish-speaking, Mexican-origin males. Men were between the ages of 40 and 64 and at risk for type 2 diabetes (T2D)- defined as >40 years of age, BMI >25, and sedentary over the last three months. Data collected included clinical measures (height, weight, waist circumference, blood pressure) and demographic characteristics (years living in the U.S., marital status, employment, occupational physical activity, income, educational attainment, and average physical activity levels). The audio recordings, each lasting approximately 60 minutes, were transcribed verbatim and underwent three cycle coding with analysis for codebook formation, categorization, and thematic extraction.

RESULTS

Theoretical Framework

The Socioecological Model

The Health Belief Model

Domains

Health Belief Model

The Health Belief Model (HBM) proposes that an individual's belief in their susceptibility to a disease (perceived susceptibility) and severity of the disease (perceived severity) will influence their health behavior. The model includes five key constructs: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, and cues to action. The perceived susceptibility and severity of diabetes are key factors in the decision to adopt healthy behaviors.

Intense Perceptions of Diabetes Severity

Medical machismo/Valemadrismo

Rejection of Fatalistic Beliefs

Personal Responsibility

Future studies should explore the efficacy of health programs that integrate cultural tailoring and theoretical frameworks for Mexican men at risk for type 2 diabetes.

REFERENCES


2National Center for Health Statistics (US). Health, United States, 2015: with special feature on racial and ethnic health disparities. 2017; p. 216


IMPLICATIONS

- Mexican-origin men exist within a nexus of determinants that impair the ability to develop, prioritize, or sustain health practices.
- Compassion, cultural awareness, appealing to values of personal responsibility for health, and specificity of recommendations represent essential components of effective patient care.
- Future studies should explore the efficacy of health programs that integrate cultural tailoring and theoretical frameworks for Mexican men at risk for type 2 diabetes.

NOVEL FINDINGS

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