

# The Hispanic Family and Male-Female Relationships: An Overview

GERI-ANN GALANTI, PhD

California State University, Los Angeles

California State University, Dominguez Hills

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*An overview of the traditional Hispanic family and male-female relationships is presented, with an emphasis on issues relevant to providing health care to Hispanic populations. Aspects of the family presented include visitation, decision making, self-care, and emotional problems. Male-female relationships stem from traditional gender roles. Machismo and patriarchal authority characterize the male role; the roles of a traditional woman are housewife and mother. Women are expected to defer to the authority of their husbands. The negative aspects of machismo can result in heavy drinking and the pursuit of high-risk activities, leading to domestic violence and HIV/AIDS. These health risks are exacerbated by such cultural factors as male dominance, female modesty, and the practice of keeping problems within the family. The importance of personalismo in patient-provider encounters is emphasized.*

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Hispanics are one of the fastest growing populations in the United States, increasing by 13.2% in the last decade of the 20th century. Numbering 35.3 million in 2000, they account for 13% of the total U.S. population (Kaiser Permanente National Diversity Council [KPNDC], 2001). Although often grouped together as "Hispanics" or "Latinos," they represent a diverse group of cultures and national origins, and many prefer other terms, including *Spanish surname*, *Latin American*, *Raza*, and *Chicano* (for Mexican Americans) among others (Marín & Marín, 1991). According to the 2000 census, 58.5% are Mexican American, 9.6% are Puerto Rican, 4.8% are Central American, 3.8% are South American, 3.5% are Cuban American, and the remaining 19.8% are "other"

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Latinos. Because Mexican Americans comprise the largest group by far, they will be the focus of this article. The mean age of the Hispanic population is 25.9 years, with Mexican American and Puerto Rican populations being among the youngest (Therrien & Ramirez, 2001). The median household size varies among different Hispanic groups, with the average Mexican American family having 4.15 members compared with 2.66 for the United States as a whole (KPNDC, 2001). Educational levels among Hispanics vary, although they are generally low according to the National Health Interview Survey (1992-1995), with the lowest found among Mexican Americans; only 8.6% graduated college, whereas more than half did not finish high school. Although most Cuban American families would be considered middle class according to income, only 22% of Mexican American families earn \$35,000 a year or more, whereas 27% live below the poverty line. Because many of the jobs held by Mexican Americans do not provide health insurance, more than a third of the population was uninsured in 1999 (KPNDC, 2001). Given the demographics, it is not hard to see why it is essential for health care providers to know something about Hispanic culture in general and Mexican American culture in particular.

This article presents an overview of the traditional Hispanic family and male-female relationships to set the context for the other articles in this special issue. In particular, it will focus on the implications for health care providers.

### STEREOTYPES VERSUS GENERALIZATIONS

Before beginning, a disclaimer is warranted. All comments here are meant to be generalizations, not stereotypes. The difference between a stereotype and a generalization lies not in the content but in the use of the information. A stereotype is an ending point; a generalization is a beginning point (Galanti, 1997). For example, take the statement, "Mexicans

tend to express their pain loudly." Using this information to stereotype a Mexican patient who is moaning and complaining, I might ignore him, assuming that he's merely being a typical loud Mexican. I do not examine the situation further, thinking I already know everything there is to know. To use the same statement as a generalization, I would examine whether there is a physical problem causing the patient to complain so loudly. Some Mexican patients will always be loud and expressive; others never or rarely will. It is important to take each case individually. So why even bother with a generalization? Because it can help us understand and anticipate behavior. Rather than becoming annoyed because my Mexican patient is moaning and groaning, I might note, "Ah, Mexican culture encourages emotional expressiveness." I might also anticipate a potential problem if I put a Mexican patient in with a Chinese patient because, to make another generalization, the latter tend to be more stoic. With respect to this article, the information is meant to provide the reader with generalizations; do not make the mistake of stereotyping your patients. There will also be a great deal of variation depending on which Latin American countries patients are from, whether they are from rural or urban areas, how long they have been in the United States, their levels of education, and whether they are upper, middle, or lower class (KPNDC, 2001). The degree of acculturation (i.e., the extent to which the individual has taken on American culture) will also play a significant role in the health of Hispanics, particularly in terms of alcohol and/or drug use, sexual mores, domestic violence, and HIV risk behaviors, especially in women. This article highlights the culture and values of traditional (unacculturated) Hispanics, particularly Mexicans and Mexican Americans.

### THE TRADITIONAL HISPANIC FAMILY

We were discussing the values of various ethnic groups in my undergraduate medical anthropology class. One of the Anglo-American students suggested that "family" was an important Anglo-American value. When I disagreed, he protested. I then asked him if he was married. "No," he responded. "Do you live at home?" I asked. "No," he replied. "How often do you speak with your parents?" I queried. "About once a week," he answered. At that point, several of the Mexican students in the class began to laugh. I asked a number of them the same questions. Most of the students who were unmarried still lived at home. Those who did not often lived with siblings or cousins and spoke with their family on a daily basis. After several minutes of discussion, the Anglo-American student finally agreed: Compared with Hispanics, Anglo-Americans do not place a very high value on family.

The family is the primary unit within Hispanic culture and a strong cultural value (Nuño, 1998). As indicated previously, children often live at home until marriage. Although they may not live in the extended family households that are common

throughout Latin America, they frequently live on the same block or in the same neighborhood as their relatives. The strong emphasis on family can create problems within a health care system that sees the individual as the primary unit. These problems include visitors, decision making, and self-care. Other issues related to the Hispanic family include the way emotional problems are dealt with and the importance of *personalismo* to the patient-provider relationship.

### Visitors

The American family is based on the concept of the nuclear family, and hospital privileges extend to the immediate family, defined as parents, siblings, spouses, and children of patients. American families also tend to be small, with an average of approximately two children per family. The small size of the American family and the emphasis on the nuclear family household can be understood as byproducts of an industrialized economy and the values of individualism and materialism (Osborne, 1978). Individuals must be prepared to move to find jobs; children are an expense rather than an economic asset. Small nuclear families are better suited to such conditions. Families in agricultural societies tend to be larger because the more individuals there are to work the farm, the better. Children are economic assets rather than economic liabilities, and individuals tend to remain tied to the land. Latin America is primarily agricultural, and thus the large, extended family has become the norm, even for those who are not farmers. The basic Hispanic family unit is thus larger than the typical American family unit and includes aunts, uncles, cousins, and godparents—all of whom will expect to visit hospitalized patients. This has significant implications for health care, discussed as follows.

American hospitals are built by Americans for Americans and are thus not equipped for more than one or two visitors at a time (Galanti, 1997). Visiting hours are often limited. This creates problems for typical Hispanic patients because families are often large and many will want to visit with patients far longer than most visiting hours allow. It is a way of showing love and concern for sick family members and is thus both expected and important. Health care providers should make every effort to be more flexible regarding visitors. They should also consider this factor when assigning patients to rooms with other patients.

### Decision Making and *Familismo*

Decision making often becomes an issue with Hispanic patients. The American medical system, which is based on individualism and autonomy, expects patients to make decisions regarding their own health. Traditional Hispanics, for whom *familismo* (loyalty, reciprocity, and solidarity within the immediate and extended family) is an important concept, value interdependence and cooperation and thus may want to include the entire family in the process (KPNDC, 2001) or may defer decision making to other family members. Related

to this is the fact that many Hispanics will want the physician to withhold information about a terminal illness from patients (De Paula, Laganá, & Gonzalez-Ramirez, 1996). Health care providers should discuss with their patients—ideally, long before it is needed—who to give information about their condition.

### Self-Care

Self-care, or lack thereof, is another issue that creates conflict in American hospitals. Nursing culture values independence. Thus, great emphasis is placed on patients' learning to do their own activities of daily living. Family members may interfere with this goal by doing things for patients (De Paula et al., 1996). For example, the wife of Juan Martinez, a 36-year-old Mexican man with second-degree burns on his hands and arms, continued to feed her husband despite the nurse's explanation that feeding himself was an essential therapeutic exercise (Galanti, 1997). In most Hispanic families, family interdependence is valued more than independence. In addition, the concern that patients will have to care for themselves once they return home is far less likely to prove necessary than with Anglo-American families because there will frequently be family members at home to care for patients. In the Martinez's situation, because feeding himself was necessary for therapeutic reasons, the nurse might have given Mrs. Martinez something else to do for her husband. However, in many cases, an insistence on self-care is largely an imposition of American values on members of a culture that do not share those values. From a psychological perspective, this may also be a (passive) way for men to control family members at a time when illness makes them physically less imposing (Galanti, 1997).

### Emotional Problems

Emotional problems are generally kept within the family. Many Hispanics may be unwilling to discuss personal issues with health care professionals, believing that personal problems should stay within the family (Santana, 1998).

A 55-year-old Mexican American woman named Maria Ibañez presented with chest pains. She appeared depressed and continued to cry, even after her chest pains ceased. When her physician tried to find out what was wrong, she said, "Nothing." It was only later, when Mrs. Ibañez's daughter arrived, that the physician learned that her mother had been distraught since her father left 2 weeks earlier. At that point, Mrs. Ibañez cried out, "No, no! You must not say anything. It's private." She emphatically declined the physician's suggestion that she speak with a staff psychiatrist, exclaiming, "No! No other people should know about this!" This particular situation was exacerbated by the fact that a traditional Mexican woman's status is in large part derived from her role as a wife. If her husband leaves, she has lost more than just her husband. It turned out that Mrs. Ibañez did not have a heart

attack; she had somaticized her "broken heart" (Galanti, 1997).

### Personalismo

*Personalismo*—intimate, personal relationships—is important in many Hispanic cultures. Individuals may thus expect a high degree of intimacy and concern for families in their interactions with health care providers (Andrews & Herberg, 1999). A nurse in one of my classes reported that a Mexican patient with diabetes and renal failure was noncompliant regarding diet and fluid restrictions until they had developed a close, personal relationship. The nurse made several visits to Mrs. Sanchez's home when she was unable to make it to the clinic and encouraged her to talk about the children she left behind in Mexico. As their relationship developed, so did Mrs. Sanchez's compliance. As the nurse explained, "She knows we make these requests because we care about her." By interacting in a warm, friendly, and personal manner, the health care provider will be much more likely to earn the trust and confidence of patients, which will result in increased compliance and better care.

## MALE-FEMALE RELATIONSHIPS

Relationships between the sexes vary tremendously with age, education, and time in the United States, among other factors. The younger, more educated individuals who have spent most or all of their lives in the United States may have more in common with Anglo Americans than with traditional Hispanics, as the exchange in one of my undergraduate cultural anthropology classes illustrates. We were discussing male-female relationships. The Mexican female students said their grandmothers, who spent most or all of their lives in Mexico, told them that the husband was the boss and that it was the wife's duty to obey him. Their mothers, most of whom were born in Mexico but moved to the United States, taught them it was important to let their husbands think they were the boss but that they could manipulate them to get what they wanted. My students, on the other hand, had no intentions of letting their husbands even think they were in charge; they intended to share that position, although as one student put it, "It will be an embarrassment to my culture." The Hispanic men in general did not seem too happy with the situation but agreed that that was how things were.

Not all Hispanic women in the United States, however, attend college. For the remainder of the article, I will be discussing traditional roles among Hispanics.

## MALE ROLES

The two key features of the men's role are *machismo* and patriarchal authority. I surveyed a class of Hispanic college students. They universally agreed that the job of a man was to work hard and to provide financially for the family, to protect the family, and to be the decision maker.

## Machismo

*Machismo* is a term commonly associated with Hispanic men. It can have both positive and negative associations. On the positive side, it dictates that men are expected to behave valiantly to protect the honor and welfare of their families. A man with machismo is one with a strong work ethic, who is a good provider, and who lives up to his responsibilities. On the negative side, a man with machismo can also refer to someone who is a heavy drinker and can hold his alcohol, traits that are both socially acceptable and proof of manhood (Redondo-Churchward, 1998). Alcohol dependence is a problem for many Hispanics, especially among Mexican Americans (KPND, 2001).

Machismo may also entail men's active subjugation of women and performance of high-risk activities to "prove" their masculinity (CHISPA, 2002), thus increasing health risks for men and the risk of domestic violence for women. Karen Faulkner (personal communication, October 25, 2002) stated that while in Colombia, she frequently observed patrons at barbeque-style restaurants playing a form of "chicken." One man would (for a fee) hold the ends of some wires through which the "seller" passed an electric current. Those holding on the longest were deemed the most "macho." She stated that this game was a common activity among the men.

## Patriarchal Authority

Also related to this view of men is the notion that the men are the boss and the head of the family. Mothers may make the day-to-day decisions, but fathers make or must be consulted for important decisions. Women may defer decisions regarding their own health to their husbands. One of my nursing students told me of an Hispanic patient who was discovered to have developed a life-threatening condition while her physician was on rounds. When the nurse learned that surgery would be required, she told the physician she would call the patient's husband. In class the week before, we had discussed how Mexican women might defer decisions to their husbands, and she wanted to be ready. The physician told her that it would not be necessary; as soon as he explained the urgency and severity of the situation to the patient, she would surely sign consent for the procedure. The nurse chose to ignore the physician and called the husband to come in. Fifteen minutes later, the patient refused to sign consent, saying that she had to wait for her husband before she could sign. Fortunately, at that moment, her husband arrived. The physician explained the situation, and he advised his wife to sign. Because timing was critical in this situation, knowledge of the patient's culture may have been an important factor in her successful outcome.

## Homosexuality and Bisexuality

Because the focus of this issue is on sex and violence, homosexuality should be addressed. It is generally not seen as

acceptable in Hispanic cultures, so individuals may be secretive about homosexual orientation and may not seek out treatment for HIV/AIDS (Hinojosa, 2000; University of California, San Francisco, n.d.). Bisexuality is not uncommon, especially among migrant workers who may have little other opportunity for sex. Because men who take the more active role in homosexual sexual relations do not necessarily perceive themselves as gay, they put the women with whom they have sex at greater risk for HIV (KPND, 2001), especially because condom use is low. These and other factors, which will be discussed in other articles in this issue, contribute to the high rate of AIDS/HIV in Hispanic populations.

## FEMALE ROLES

The role of the traditional Hispanic woman, according to the Hispanic students I surveyed, is to take care of the family. Her job is to cook, clean, and care for the children. A good wife should be submissive and take orders from her husband. She should not question him but rather should stand behind whatever he decides, even if she disagrees. She must also be tolerant of his behavior. These prescriptions have great consequence for issues of sexuality and violence among Hispanics.

## Marriage and Motherhood

Traditionally, the most important jobs of Hispanic women are wife and mother. The *Quinceniera*, a traditional celebration of girls' 15th birthdays, mirrors many of the features of a wedding, including bridesmaids and groomsmen. Although few Hispanic parents in the United States expect their daughters to marry at 15, the large amounts of money still spent on the ritual reflects the importance of the role of marriage in girls's lives.

According to the KPND (2001), fertility rates among Hispanics are among the highest in the United States. American-born Latinas begin childbearing at an earlier age than do non-Hispanic Whites and continue for a longer time. Children are highly valued, and women's status is related to her ability to bear children. Given the responsibility for the day-to-day raising of children, many Hispanic women may prefer smaller families; however, their husbands often oppose limiting family size because having a lot of children is seen as proof of their machismo.

## Female Modesty and Sexuality

Modesty is very important, especially among older women. Health care providers should try to keep them covered whenever possible. An older Mexican woman on dialysis came in to the clinic one day, and when she saw that her usual station was unavailable, she told the nurse she would come back another day. Unfortunately, this was not an option; she had to have dialysis at that time. After much discussion, what came out was the fact that her usual station was unusual in that it could not be observed from the nurses' station or

from other dialysis stations. She did not feel comfortable receiving dialysis where she would be exposed to the view of others. The nurse in charge came up with a simple solution: She put a screen around one of the other stations (Galanti, 1997). Understanding the importance of modesty will help ensure compliance with treatment regimes and will make the hospital experience less unpleasant.

According to the Centers for Disease Control and Prevention (2002), Hispanic women are one of the fastest growing AIDS populations in the country. Explanations for the high rates include constraints imposed by gender roles. The influence of Catholicism along with the values of motherhood, female modesty, and male dominance make it less likely for women to suggest men use condoms (KPNDC, 2001). Furthermore, if women ask their husbands to use condoms, their husbands may see that as an indication their wives think they are being unfaithful, an unwelcome inference. Rather than risk losing their husbands by asking that they use condoms, the women will keep quiet and thus increase their own risk of contracting HIV/AIDS (Greeley, 1995).

Concerns for modesty may also make Hispanic women less likely to do breast self-exams or get Pap smears (Papanicolaou test). The rate of cervical cancer is twice that of non-Hispanic White women; although the rate of breast cancer is lower, it is generally more advanced at diagnosis (KPNDC, 2001). Thus, modesty may affect the health of Hispanic woman to a great degree. When possible, female providers should be used for pelvic and breast exams.

### Domestic Violence

Domestic violence is not uncommon among Hispanics (Kemp, n.d.). According to Safehouse/Sexual Assault Services (n.d.), rates of domestic violence are higher among Hispanics than among non-Hispanics. Women are expected to help maintain their families' social respectability and thus may be reluctant to report domestic violence (De Paula et al., 1996), especially because they may not want to speak to outsiders about personal problems. Migrant women are at particular risk because they are separated from family support systems (Lauderdale, 1999). This is where personalismo may help to gain the trust of patients so they will confide in health care practitioners.

### SUMMARY

Among Hispanics, family is one of the most important values. Hispanic families tend to be larger than are Anglo-American families, a fact that creates problems in hospitals with regard to visitors. Because the family is seen as the primary unit, decision making may be deferred to other members of the group. Emotional problems are generally kept within the family. Self-care is often seen as less important than is having family members demonstrate their love and concern by car-

ing for their ill loved ones. Personalismo is a key ingredient in relationships with health care providers.

Although the relationship between educated Hispanic men and women more closely approximates that of Anglo-Americans, in traditional Hispanic families, the relationship is an unequal one. Machismo and patriarchal authority dictate that men be the provider and the primary decision maker while their deferential wives take on the role of mother. The negative aspects of machismo often result in heavy drinking and high-risk activities. Many cultural factors, including male dominance, female modesty, and the tendency to see homosexuality in terms of sexual position rather than sexual activity, have resulted in high rates of AIDS/HIV and domestic violence. Cultural barriers, such as the propensity to keep emotional problems within the family and the importance of female modesty, may make it difficult for health care providers to deal with issues of sexuality and violence among Hispanic populations; however, incorporating personalismo into the encounter will help encourage trust and openness.

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*Geri-Ann Galanti is on the faculty in the Department of Anthropology at California State University, Los Angeles, and in the Division of Nursing, California State University, Dominguez Hills. She received her PhD in anthropology from the University of California, Los Angeles. Her research interests include cross-cultural misunderstandings. She is the author of "Caring for Patients From Different Cultures," which is currently going into a third edition.*