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Original research article

Family cohesion and a father's warmth are related to the positive lifestyles of female university students

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ABSTRACT

One of the main strategies that healthy universities implement among their students is that of promoting healthy lifestyles. However, behind these healthy lifestyles, there may be some aspects related to family functioning that favour or limit its implementation. Consequently, the objective of this study is to establish whether there is a relationship between lifestyles and family cohesion, family ethnic socialization and the affective behaviour of the father and the mother. A cross-sectional study was conducted with a representative sample of 159 female university students from an indigenous area of Oaxaca, Mexico. The Healthy Lifestyle Scale for University Students, the Self-Assessment Scale of Affective Behaviour (with regard to the father and the mother) and the Family Cohesion Scale were used. Family ethnic socialization revealed a significant interrelationship with lifestyles in all ethnic groups. However, these scores were higher in the indigenous groups. Although the moderate hostility from the father did not show any relationship with lifestyles in either ethnic group, the scores for hostility from the father were higher in indigenous groups than in the mestizo group. A multivariate analysis confirmed better lifestyles when better family cohesion and greater warmth of the father were observed.

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Introduction

Family is the main social unit and has both consanguineous and affective bonds. It is in the family setting where long-lasting relationships are born, while at the same time patterns for future relationships are also established therein. The family is responsible for the satisfaction of its members' affective needs and ensures their stability [1]. Thus, the family's affective behaviour plays an important role in the emotional and behavioural expressions of its members [1].

Low levels of family cohesion were found to be associated with behavioural problems in children [2]. Similarly, family aggression and harsh parenting trigger everyday life problems, while family cohesion minimizes any negative impact [3]. Better family cohesion in adolescent women influences the reduction of depressive symptoms during the transition period from middle school to secondary school; this relationship is mediated by changes in self-esteem and optimism [4]. Family cohesion is also inversely related to physical aggression [5], and it is a protective factor for generalized anxiety disorder [6].

Evidence also shows a relationship between some lifestyles and certain conditions within family dynamics. Lifestyles are conditions that can favour health or put health at risk. Lifestyle components pertaining to health include physical activity, food, daily behaviour, health risk behaviour, responsibility with regard to health, social support, stress management and appreciation for life [7–9]. Lifestyles change throughout the stages of life. The adoption of unhealthy lifestyles that has been observed during the period of university studies is an example of this [10].

High levels of family functioning lead to lower risk behaviours for health in adolescents [11]. Anxiety and depression symptoms during adolescence are associated with unhealthy lifestyles [12]. Adequate levels of moderate to vigorous physical activity in young women are associated with family cohesion [13], although another study in Mexican adolescents found no association between family structure, dynamics, physical activity and physical inactivity [14].

Family cohesion is an intermediary between parental problems with alcohol and externalized behaviour in adolescents (men and women) [15]. The proportion of adolescents or adults who start consuming alcohol is low in families where cohesion is high [16]. However, this association was not found in young Latinos [17]. Low levels of acculturation in women are associated with alcohol intake [18], and low levels of family cohesion and a diminution of family cohesion levels have been associated with the initiation of smoking habits in young offspring of Mexican families [19].

Differential treatment from parents is a common phenomenon in family dynamics, and it has been linked to the disruption of well-being during adolescence and youth [20]. In adolescent descendants of Mexicans, the perception of low parental warmth in comparison to their siblings' is associated with greater risk behaviours and depressive symptoms [20]. Although this association is observed when children are treated differently by both the father and the mother, said association is mediated by cultural socialization when the father treats differently [20]. For both siblings, the perception

of differences in parenting diminishes the warmth between siblings, while higher warmth between siblings is associated with lower depressive symptoms [21].

In contrast, parents' warmth is directly related to the low internalization and externalization of problems in children, as well as higher academic achievements [22]. The presence of parental warmth can reduce the severity of depressive symptoms especially when the warmth of both the father and the mother are consistent over a long period of time [23]. Low parental warmth is associated with a high incidence of the onset of alcohol consumption during adolescence and early adulthood, as well as the probability of being arrested in the following 8–14 years [24].

Harsh parenting discourages physical activity in adolescents and contributes to an increase in body mass index [25]. When health is at risk due to the emotional distance of one parent, even if the warmth of the second parent seems to protect the health of adolescent, the warmth of the second parent contributes to aggravating the association between the toughness of the first parent and the changes in body mass index BMI [25].

BMI is also associated with low parental warmth and high parental hostility [26]. Particularly in adolescent women, low parental warmth is associated with bulimic behaviours [27]. Meanwhile, the sense of belonging to an indigenous group (such as the Zapotec) has been associated with better eating habits [28].

Promoting healthy lifestyles is a strategy implemented among young university students. However, family is rarely included within these processes or even taken into account when designing programmes, despite the evidence that family functioning [29], family ethnic socialization [30], ethnicity [28], parental warmth [26] and family cohesion affect the incidence of obesity. That said, the evidence of the direct influence of family functioning on lifestyles is scarce in the mestizo population, and practically non-existent in indigenous Mexican people. Thus, it is only possible to derive a hypothesis from what is observed in terms of obesity.

In Mexico, there are 68 ethnolinguistic groups with a total of 12,025,947 indigenous people that represent 10.1% of the Mexican population. Mexico is composed of 31 states, from which Oaxaca is the state with the largest number of indigenous inhabitants (1,734,658), representing 43.7% of the state population (Chart 1). The Zapotec, Mixe and Huave people are distributed throughout the country, but most of them live in Oaxaca. Oaxaca is the second state in importance regarding the presence of Zoque groups. Chontal people from Oaxaca are only found in this region [31].

Theoretical definition of the problem

Assuming that family harmony promotes healthy life styles, while a dysfunctional family is linked to hazards, family is considered as a decisive factor for the well-being of its members. Seeing the family as a symbolic space where interactions between genders and generations, and social and affective mediation take place [32] is a novel way to evaluate their association with healthy lifestyles. The analysis of how cohesion in families and affective relationships with parents influence the lifestyles of young women can provide

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