

THE RELATIONSHIP OF FAMILY STRUCTURE, MATERNAL
EMPLOYMENT AND FAMILY CONFLICT WITH DIABETES SELF-CARE
OF ADOLESCENTS WITH TYPE 1 DIABETES

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Purpose: The study evaluated the relationship of general and diabetes-specific conflict on diabetes self-care in young adolescents with type 1 diabetes within the context of family structure and parental employment. Purposes addressed 1) whether family structure and maternal employment were associated with diabetes-specific and general conflict and diabetes self-care, and 2) the relationship of conflict with diabetes self-care.

Method: A total of 161 adolescents with type 1 diabetes and their parents were recruited from the outpatient endocrinology clinic of a children's hospital in the southeast and enrolled in a two-year longitudinal study on family, autonomy and self-care in adolescents with type 1 diabetes. The number of families available for these analyses was 158. Diabetes-specific family conflict and mother-adolescent general conflict were assessed with self-report questionnaires administered to parent and adolescent, and self-care adherence was assessed based on a highly structured interview with the adolescent during data collection in the home.

Findings: Results indicated that neither family structure nor maternal employment groups differed on any of the measures of conflict or on diabetes self-care. Neither diabetes-specific conflict nor general conflict were related to diabetes self-care when background variables were controlled statistically. However, diabetes self-care declined with advancing age and pubertal status, and there was a decline in adolescent-mother conflict with advancing pubertal status.

Discussion: Maternal employment, a common occurrence in contemporary families, seems to have no effect on their adolescent's ability to manage diabetes self-care tasks in the ages 11-15, although it has an important bearing on the family's socioeconomic status. Conflict did not demonstrate an association with family structure, contrary to reports of other researchers with smaller and more age diverse samples. Developmental status as indicated by chronological age and pubertal status appeared to be more important in diabetes self-care. Practitioners should not assume that poor diabetes self-care is a product of the conflict they observe in families. Longitudinal results may be more informative about whether there are specific transition periods in the development of adolescents when illness management begins to be influenced by conflict within the family and whether the impact is initiated by either diabetes related or general conflict in the parent adolescent relationship. It is still conceivable that these processes may unfold differentially in differently structured families.

