

The Mexican children of immigrants program: Interpreting the numbers

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Language barriers, fear of deportation, and community prejudice are problems often faced by Mexican immigrants that contribute to dramatic disparities in health and well-being between immigrants and the native-born U.S. population. These problems may be compounded by family and community characteristics, making it especially difficult for the children of immigrants to receive the basic services needed to promote a healthy future. Such complexities are the focus of a three-pronged program of investigation by a research team at Penn State's Population Research Institute (PRI).

The numbers themselves are daunting—there are more than 40 million documented [immigrants](#) in the United States today, including 11.6 million from Mexico, according to the 2011 American Community Survey by the U.S. Census Bureau. The Pew Hispanic Center in Washington, D.C., estimates that an additional 6 million undocumented Mexicans are currently living in the United States.

Much of the media attention surrounding immigration focuses on how to stem the flow, and how to keep track of the immigrants who are already here. Much less attention is paid to the health and well-being of this [population group](#), and to the fact that many [children](#) of immigrants were born within U.S. borders and as such are citizens from birth.

Led by Nancy Landale, Liberal Arts Research Professor of Sociology and Demography, the Mexican Children of Immigrants Program is an interdisciplinary project involving eight primary researchers that

examines the health, development, and healthcare access of this growing group of children. Started in 2011, and funded through 2015 by a grant from the Eunice Shriver National Institute of Child Health and Human Development, the study is already beginning to produce results.

The three branches of the project examine health and development, obesity, and healthcare access, focusing on Mexican children of immigrants from birth to 18 years of age, and accounting for [migration patterns](#), legal residency status, and acceptance within the resident community. Most of the data are being amassed from national longitudinal studies such as the Survey of Income and Program Participation, a statistical survey by the Census Bureau; the Early Childhood Longitudinal Study, a national study focused on education conducted by the National Center for Education Statistics; and the Mexican Family Life Survey, a multi-investigator longitudinal database on children in Mexico.

These surveys have already gathered the basic data; the project's challenge is to identify information in the data sets which can be used creatively to address important unanswered questions about the health and health-related behaviors of Mexican children of immigrants. "There is a lot of information in these existing data sets, and we'd like to use this information to deliver the best possible answers to some important questions," Landale says.

Charting health outcomes

Landale's focus is on health and development in early childhood, specifically on how child health outcomes are related to family changes that come about with immigration and assimilation. Evidence from the Early Childhood Longitudinal Study Birth Cohort, which follows a nationally representative group of children from birth to kindergarten, shows that children of Mexican origin are similar to non-Hispanic white

children in terms of their overall physical health. However, their cognitive skills rank lower, suggesting the potential for future developmental and educational problems.

The question, Landale says, is why does this disparity exist? The most obvious answer is the language barrier: The tests themselves are administered in English, which may not be the primary language the child hears at home. But is language the only issue?

To Landale, Mexican-origin children's relatively low cognitive test scores point to additional socioeconomic factors, such as the limited education of their parents and a high poverty rate. On average, foreign-born Mexicans have completed eight and a half years of education, compared with about twelve years for native-born Mexicans and more than thirteen years for native-born whites. Combined with their limited English proficiency and frequently unauthorized legal status, the low education of Mexican immigrant parents limits their opportunities for stable, well-paid employment.

Today, also, over one-third of Mexican children of immigrants are poor, compared with less than 10 percent of white children of natives. Together, these socioeconomic disadvantages contribute to relatively low levels of enrollment in preschool, and environment which generally enhances cognitive development and school readiness. Landale notes, "Mexican-origin children enter school with lower levels of school readiness than their non-Hispanic white peers, which creates real challenges in terms of their early academic performance."

With team members Marianne Hillemeier and Sal Oropesa, Landale is also studying how migration and assimilation bring about changes in children's family circumstances that may influence their health. Compared with Mexican children with native-born parents, Landale explains, Mexican children of immigrants are more likely to live with

both parents at the time of their birth and less likely to transition out of a two-parent family to a single-parent family. But children of immigrants are more likely than children in Mexico to transition from a two-parent to a single-parent family and from an extended family household to a simple household during the preschool years. In future research, the team will investigate how these changes in family structure that occur with immigration influence children's daily circumstances and health.

"What we are hoping for is a more accurate and complete portrait of Mexican children of immigrants," Landale says. "We'd like to better understand the roles of families and communities in children's early health and development."

Examining the roots of obesity

Childhood obesity is a concern in most U.S. communities, but it poses particular challenges among Mexican immigrants. According to a 2012 article in the Migration Information Source by Penn State investigator Jennifer Van Hook and her colleagues Elizabeth Baker, Claire Altman, and Michelle Frisco, simply being exposed to American society increases the chances that a Mexican-origin child will become overweight.

"Children in Mexico tend to be leaner than children in the United States, especially in regions of Mexico that send immigrants to the United States," says Van Hook, who is PRI's director and a professor of sociology and demography. "But there is a pattern where Mexican children who have been in the United States tend to weigh much more." In fact, second-generation Mexican children, those born in the United States to immigrant parents, have the highest obesity rates of any ethnic group, she says.

Poor nutrition is one likely factor in this increase. The easy availability

of high calorie, low nutrient foods in their adopted country is well-documented, Van Hook notes. But low levels of physical activity also seem to play an important role in immigrant children's weight gain.

Van Hook says these children tend to be more sedentary than their non-Mexican counterparts. "The surveys we've reviewed show that these children are less likely to participate in after-school activities like soccer and they are less likely to play outside," she says. "It could be partly due to poverty and the fact that their parents are working long hours. But children in Mexico aren't particularly heavy, so this also has something to do with them coming to the United States."

In fact, weight gain in Mexican immigrant children begins soon after the family initiates the process of migrating to the United States, Van Hook has observed. She believes this may be related to the staged migration pattern of many families, where one or both parents leave Mexico ahead of the children in order to get established in the U.S.

"We aren't sure exactly what's happening, but it may be that they have less supervision since the parent or parents are missing," Van Hook says. "The children may also be receiving remittances that the parents are sending home. This money may go toward eating more food or buying preprocessed food."

"About half of Mexican children of immigrants live in households that are food insecure," she adds. "So this may be a psychological dynamic where they don't limit their eating because they are worried about having enough food."

Once the children are in the United States, television viewing could be yet another contributor to the weight gain. "I think that when Mexican children come here, they may watch a lot of television because they are new to the area and don't know anybody," Van Hook says. Immigrant

families with working parents may also rely on the television as a way to entertain their children in place of childcare.

Documenting access to health care

Mexican immigrants have historically migrated to states such as California, Texas, New York, and Florida, drawn by job opportunities and a sense of community with earlier arrivals. These states have had the time to establish the health and social services needed to effectively care for migrant populations. In California, for example, many health clinics acted proactively to head off a potential tuberculosis outbreak in its immigrants during the 1990s, says PRI research associate Deborah Graefe.

Changing 21st-century labor markets have created migration streams to areas unfamiliar with the unique challenges posed by large-scale immigration. In some cases, Mexican immigrants are being directly recruited to new areas where low-skill workers are needed, notably in northeastern and midwestern states, including Pennsylvania, notes Graefe. At other times, patterns change by word of mouth, as a small number of immigrants become familiar with a new area and communicate opportunities to distant family members. "When I talk about new destinations, I'm referring to areas that are going to be less familiar with the specific needs of immigrant families," she says.

"We are looking at the availability of low-cost clinics and physicians who are culturally sensitive and who speak Spanish," she adds. "But we have little information on whether or how well the health care needs of Mexican immigrant children are being met. We hypothesize that children of undocumented parents will have a harder time getting access to health care, even for children who are born here. The family's legal status can make a big difference."

Another important factor may be the resident community's receptivity toward immigrants. Graefe, with colleagues Gordon De Jong and John McCarthy, is working with a team of students on a content analysis, sampling local newspapers across the country and their reporting on immigration as a way of gauging community attitudes.

"We're looking at whether a newspaper indicates a negative or positive climate," she says. "Our hypothesis is that hostility toward immigrants sets up a situation where people might not be inclined to take advantage of routine medical care."

In cases of trauma, she explains, immigrant parents might be expected to take their children to the emergency room regardless of climate. But if they are not getting routine care, parents might not realize that a child is overweight or behind on immunizations. "Those kinds of things may be deterred by a negative attitude," Graefe says.

Moving forward with the data

As the study progresses through its second year, Landale and her colleagues hope their findings will aid in developing understanding of the needs of [Mexican immigrants](#) and the communities in which they settle.

"We are still early in the project, but we hope to contribute to new ways of looking at important questions," she says. "Our main goal is to conduct innovative research and to publish our findings, but we have an agreement with the Migration Policy Institute to disseminate them beyond the academic journals. Their goal is to take these scientific research findings and use them to inform policy makers."

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