

# MIGRATION AND HEALTH

## MEXICAN IMMIGRANT WOMEN IN THE U.S.

### The Issue

A great deal of what is said about the disadvantaged condition of the Mexican immigrant population in terms of access to health in the United States combines information for both sexes from national data sources. However, women have different experiences, as well as different health needs and vulnerabilities. It is essential to understand biological, gender, environmental, social, cultural and economic differences between men and women, which influence their state of health, their search for health care, and their utilization patterns. For instance, women's reproductive health needs; their higher prevalence rates of certain chronic diseases; and their greater life expectancy; coupled with changing gender roles brought on by migration, call for more in-depth knowledge and policy actions addressing their particular needs in terms of health and well-being.

This fact sheet is based on the binational report "Migration and Health. Mexican Immigrant Women in the United States"<sup>1</sup> produced by the National Population Council of Mexico (CONAPO) and the University of California (UC), through various campuses and centers, and with the support of the Mexican Health Secretariat, the Institute for Mexicans Abroad and the United Nations Population Fund. The analysis relies on estimates by CONAPO, based on the Current Population Survey, the American Community Survey, the National Health Interview Survey, the Hispanic Healthcare Survey, and vital statistics provided by the National Center for Health Statistics.

### Characteristics of Mexican Women in the U.S.

- The female Mexican population currently accounts for 46% of the nearly 12 million Mexican migrants living in the United States.
- Mexican women are largely concentrated in the adult group - 84% of the population is between the ages 18 to 64 (with the majority concentrated between the ages of 18 and 44).
- Adult Mexican women are more likely to be married or living with their partners than any other group: two out of three are married, as opposed to one out of every three U.S.-born African-Americans.
- In 2005, Latinas had the highest birth and fertility rates in the U.S.
- Mexican-born women tend to become mothers at earlier ages - nearly 40% of Mexican-born women that gave birth in 2007 were under 25.
- In total, 72% of adult Mexican women have children that are under the age of 18, a much higher figure than women from other immigrant and U.S.-born groups.

### Social Determinants of Health

Mexican women are characterized by low educational attainment and limited English proficiency, low naturalization rates, low participation in the formal work force, and the majority live in low-income households.

- Although Mexican women tend to achieve a higher educational attainment than their male counterparts, compared with other fe-

male populations they are at a disadvantage. The majority (58%) have less than a high school education; whereas the proportion of other immigrants (14%), U.S.-born African-American (12%) and U.S.-born white women (12%) are far less likely to have such a limited level of education.

- The linguistic barrier affects nearly 3 out of every 5 Mexican women, whereas this ratio is 1:5 among immigrants from other countries.
- There are nearly 7 million undocumented Mexicans residing in the U.S., most of whom have lived in this country for less than a decade. Although there are no specific estimates for women, this undoubtedly affects a significant proportion of Mexican women.
- Approximately 26% of adult Mexican immigrant women living in the U.S. have U.S. citizenship, despite the fact that the vast majority (over 70%) have spent over 10 years in the country. The low rates of citizenship of Mexican women contrasts with that of other immigrants (54%).
- Mexican women are the immigrant group with the lowest activity in the formal labor market compared with other immigrant groups and U.S.-born non-Hispanic white and African-American women. This is largely due to the influence exerted on them by traditional roles, such as motherhood, child-raising, and housework.
- 48% of adult Mexican women live in low-income families (150% below the U.S. Federal Poverty Line). This is higher than African-American women (36%) and nearly three times higher than that of immigrant women from other regions and U.S.-born white women (21% and 15%, respectively).

### Health Insurance Coverage

- Over half (52.3%) of all adult Mexican immigrant women in the U.S. are not covered by some health insurance system.
- Mexican immigrant women with fewer than ten years' residence in the U.S. have a non-insurance rate of 64%, which falls to 48% among those that have been living in the U.S. for over ten years.

### Type of Health Insurance

- Mexican immigrant women have the lowest indices of health insurance and the lowest likelihood of obtaining health insurance through work. The highest concentration is among young adult females.
- The least protected group is that of textile workers, three out of four lack health insurance coverage.
- In the case of Mexican immigrant women, the index of non-insurance among those living in poverty is dramatic: 68% lack health insurance.

### Use of Health Care Services

- Nearly 1/3 of Mexican immigrant women in the United States reported that they did not have a usual source of care, compared to 15% of the other immigrants and 13% and 11% of U.S.-born African-American and white women respectively.

- Mexican immigrant women are less likely to be attended by private physicians. 54% of the Mexican immigrant women with a regular source of health care use public centers or clinics. The proportion with a regular source of private medical care (44%) is significantly lower than that of immigrants from other parts of the world (71%) and U.S.-born African-American (73%) and white women (80%).

## Health Disparities

In general, Mexican immigrant women have better health than other immigrant and U.S.-born women. However, a more detailed analysis reveals considerable differences in the prevalence of certain diseases and ailments that reflect different patterns of health needs between the populations.

### Diabetes

- Diabetes, including gestational diabetes that occurs during pregnancy, is more common in Latinos than in Whites. Mexican immigrant women are more likely to develop this type of diabetes.
- Diabetes is more common among Mexican immigrant women who have been living longer in the US (9.1%), compared with the prevalence among non-Hispanic whites (5.7%). Only 4% of recently-arrived Mexican immigrant women report suffering from this disease.

### Prenatal Care

- Mexican-born mothers are less likely to receive prenatal care since the first trimester of pregnancy (59%) than other immigrants (67%) and U.S.-born whites.
- 7% of Mexican immigrant women that gave birth began receiving health care during the last months of pregnancy while 3% did not visit a doctor during their entire pregnancy. These figures are lower among other immigrant women, 5% and 1% respectively and 4% and 1% among U.S.-born whites.

### Musculoskeletal Disorders

- Nearly one out of every five Mexican immigrant women reports that they suffer from musculoskeletal disorders, usually associated with intense pain and the loss of physical functions, causing them difficulties in their everyday activities.

### Peptic Ulcers

- Mexican immigrant women are more likely to suffer from peptic ulcers: nearly half (46%) reported suffering from some type of ulcer, whether gastric or duodenal, in the 12 months prior to the interview. This proportion is much higher than for non-Hispanic U.S.-born white (27%) or African-American women (33%). The most common cause is infection from *Helicobacter pylori* bacteria while the second cause is linked to the prolonged use without professional supervision, in other words, self-medication, of drugs to reduce the symptoms of inflammation, pain and fever. The latter may particularly affect Mexican immigrant women, who are less likely to have medical supervision and more inclined to self-medicate.

### Overweight/Obesity

- Mexican-born women are more likely to be overweight or obese than other immigrant or U.S.-born white women.
- Mexican immigrant women, together with U.S.-born African-American women, are far more likely to suffer from disorders related to being overweight (74% and 79% respectively).
- Mexican-born women are more prone to physical inactivity than other women. Structured physical activity is not a part of the lives of nearly half the Mexican female immigrant population (49%). The second most sedentary group are U.S.-born African-Americans (45%), with non-Hispanic U.S.-born whites at the lowest level (28%).

## Conclusion

Inequities in health access in the United States reflect and reinforce broader social and economic disparities based on race/ethnicity and citizenship status. The status of Mexican-born women in comparison with immigrants of other nationalities and U.S.-born, non-Hispanic women clearly points to their disadvantage. Mexican immigrant women are at a disadvantage when it comes to educational attainment, income, access to health care, and they are at increased risk for a number of health conditions that could be prevented.

Mexican immigrant women are an important demographic group in the U.S. This country is currently home to five million Mexican-born women, constituting the largest female immigrant group (five times larger than the second largest, Filipina immigrants). Mexican immigrant women account for more than 40% of all immigrant women in at least ten states and are therefore mothers of a large number of U.S.-born children. Given the crucial role of women in our society, Mexican immigrant women's health is of growing importance to the determination of the nation's health.

## Public Policy Recommendations

- Mexican and American governments should explore the possibility of implementing a binational medical insurance program in order to provide immigrants with full medical attention.
- Expansion of culturally and linguistically competent community health centers.
- Increased outreach and services emphasizing family and maternal care.
- Ensure that Mexican-born women gain access to the American healthcare system, and to the benefits derived from regular medical supervision.

## References

1. Leite, P, Castañeda, X, et al. (2010) *Migration and health. Mexican Immigrant women in the U.S.* CONAPO, Health Initiative of the Americas. University of California Berkeley, School of Public Health.

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