THE EFFECTS OF SOCIAL NETWORKS AND MIGRATION ON THE HEALTH OF MEXICAN IMMIGRANT MOTHERS AND THEIR CHILDREN:

A BI-NATIONAL CASE STUDY

Abstract[1]

Theresa L. Thompson-Colón, Ph.D.
University of Wisconsin Survey Center
University of Wisconsin-Madison
1180 Observatory Dr., Madison, WI 53706
Tel.: 608-262-2164/ Fax: 608-262-8400
E-mail: tthompson@ssc.wisc.edu

OVERVIEW OF THE STUDY

In this paper I propose to examine the effects of social networks and migration on Mexican immigrant mothers' and their children's health status. Recent health literature on Mexican immigrant families recognizes the importance of understanding the impact of social networks, namely, immediate and extended ties, on the health and well-being of mothers and their young children. While there is a growing wealth of theoretical discourse and empirical research uncovering the associations or mechanisms by which social relationships may influence health among the general population, there is a lack of consideration of how larger macro-social and cultural context in which networks form and are sustained in the understanding of the influences of network structure and function on health (Berkman et al. 2000). Investigating social network effects on the health of Mexican immigrant population thus provides this opportunity, in great part, because of the strong cultural component defining social relationships among Mexican families, which has often been used as an explanation for their advantageous health outcomes (*e.g.*, Guendelman, Gould and Hudes 1990; Scribner 1996; Scribner and Dwyer 1989). Nonetheless, larger macro-social processes such as migration effects (including self-selection) shapes the structural character of these immigrant networks, often setting the social conditions by which social interactions among Mexican families take place, ultimately consequential to the health of Mexican immigrant families. Therefore, it is not only important to understand the role migration plays in shaping social networks, but also in explaining the health profiles of this population group.

The objective of this paper is threefold: First, to examine the underlying factors in the associations among social networks, social support, and the health status of Mexican immigrant mothers and their children. Second, to test whether social networks do mediate or buffer the expected negative effects of social and psychological health-risk conditions—such low socioeconomic status (SES), being a recent migrant, and being undocumented[2]--that may impinge upon maternal and child health. Third, to evaluate the role that migration plays in explaining health outcomes of Mexican immigrant mothers and their children.

DATA AND SAMPLES

The data for this study come from the Health Migration Survey (HMS) (Kanaiaupuni and Donato 1996). The HMS is a longitudinal, bi-national project that examines the health consequences of Mexico-U.S. migration, focusing primarily on reproductive and child health outcomes. The present analysis is limited to the first wave of panel data from six communities in the state of San Luis Potosí, Mexico, and two immigrant receiving communities in the US. A total of 1181 households were surveyed in San Luis Potosí, Mexico during the spring of 1996; while 150 households were surveyed in an immigrant community in Houston, Texas during the fall of 1996. Another 150 households were surveyed subsequently in San Diego County, California, during the fall of 1998.

The bi-national samples were restricted to matching records of women whose children were born within the last seven years before the survey, and that of their children born during that time frame. Consequently, the mothers' samples include 141 immigrant women, and 379 women interviewed in

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[2] By *undocumented*, I mean entering the US without the proper legal immigration documentation, and undergoing the legal, social, and economic consequences related to living in the US under this non-citizen status.

Mexico. As for the children's samples, 239 children were included in the US sample, and 623 children in the Mexican sample.

PROPOSED ANALYSIS

The particular health outcomes of interest are *poor* health status of mother's and children's (reported by mothers), respectively. Therefore, I will use logistic regression methods to predict *poor* health, a dichotomous measure.

For the mother's health model, I will control for her age and education. I will also include a dummy variable indicating whether there is a child with poor health living in the household to control for any effect this factor might have on mother's health outcome. For the child's health model, I will control for a number of socio-demographical variables that have been consistently shown to affect the probability of children' poor health. These variables include breastfeeding, child's age, child's birth order, and maternal age and education. Therefore, in the model I will include dummy variables indicating whether the child had been breastfed, whether he or she was an infant (0-1 years), whether child was a high parity (4 or higher), and whether child was mother's first birth. I will also include mother's age and her education to control for any effects mother's characteristics might have on children's health outcome. For all models, both mother's and child's, I will control for household characteristics such as number of young children at home because other young children in the household may compete for the few limited resources shared, likely to impinge on individual's health. I will also control for household socioeconomic status (SES) because wealth is a key determinant of better health.

Finally, in order to better understand the relative role migration plays in explaining differences in health status between the US and Mexican samples, taking advantage of uniqueness (bi-national character) of the data, I will undertake a number assumptions and analytical steps to decompose migration effects in explaining the health disparity between bi-national samples.

PRELIMINARY FINDINGS

Preliminary results show that immigrant women were more socially and physically isolated compared to those sampled in Mexico. To be exact, immigrant women had smaller networks, were more spatially dispersed, and visited less frequently compared to the women's networks in Mexico. Nevertheless, there seems to be a significant relationship between the health and well-being of mothers and children and social networks both in the US and in Mexico, but the underlying factors seems to differ between the two samples. While the focus of this study is mostly immigrant families, preliminary results suggest that families in Mexico benefit more from having larger social networks. Moreover, contrary to the general expectation, preliminary results do not provide evidence to support the notion that social networks do mediate or buffer the expected negative effects of social and psychological health-risk conditions on maternal and child health. I expect to find, however, that migration effects (including self-selection) to account for a large proportion of health differences between across both the US and Mexico samples. I will further the decomposition of migration effects in explaining the relationship between social networks and poor health among Mexican immigrant mothers and their children in the final paper.