

HEALTH STATUS OF 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 wellbeing.

Characteristics of Mexican Women in the U.S.

- The female Mexican population currently accounts for 47% 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 2012, Latinas had the highest birth and fertility rates in the U.S.
- In total, 72% of adult Mexican women have children 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 have achieved a higher educational attainment than their male counterparts, compared with other female populations, they are at a disadvantage. The majority (58%) have less than a high school education; whereas the proportion of other immigrants, U.S.-born, African-American and white women are far less likely to have such a limited level of education - 14%, 12% and 6%, respectively.
- 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 condition undoubtedly affects a significant proportion of Mexican women.
- Approximately 25% 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 (in families with incomes 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: 70% 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. 50% 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%).

Latinas in the U.S.- Health Disparities

In general, Mexican immigrant women have better health than other immigrant and U.S.-born women. Mexican-born women, like the majority of the U.S. female population, are mostly healthy and able-bodied. It is, however, possible to identify a different pattern of health needs for this group on the basis of information on their health conditions.

Breast and Cervical Cancer

- Breast cancer is the most commonly diagnosed cancer and the

leading cause of cancer death among Latinas. Although breast cancer is diagnosed about 30% less often among women of Latino origin, it is more often diagnosed at a later stage (when the disease is more advanced) than when found in non-Latina women, even when access to health care is adequate.

- Overall, the death rate from cervical cancer is 40% higher among Latina women than non-Latina women.

HIV

- Even though males account for the largest proportion (81%) of AIDS cases reported among Latinos in the U.S., the number of cases among females is rising.
- In 2012, the HIV/AIDS death rate was more than 4 times higher for Latina females (than for non-Latina white females).

Cardiovascular Disease

- Cardiovascular disease, including stroke, is the leading cause of death for Latina women.
- Among Hispanic Americans/Latinos, the risk of stroke is 1.3 times higher at ages 35-64 than for non-Hispanics.

Diabetes

- Diabetes, including gestational diabetes that occurs during pregnancy, is more common in Latinos than in Whites. Mexican and other immigrant women are more likely to develop this type of diabetes.
- Diabetes is particularly 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 only 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.
- In a 2010 study, only 42% of migrant and seasonal farmworker women (the majority Mexican) reported accessing prenatal care services early on in their pregnancy (within the first 3 months). Compared with the 76% of women who access early prenatal care nationally.

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 some disorder 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 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 other extreme (28%).

Conclusion

A variety of socioeconomic, political, and biological factors weigh heavily on the health of Mexican immigrant women in the United States. They are often marginalized as a group, and as a result they face a disparity in health care when compared to non-Hispanic white women and African American women. Mexican immigrant women are underinsured and lack access to adequate prenatal care. They are at high risk of HIV, cardiovascular disease, diabetes, and other chronic health issues. Hispanic immigrant women must be institutionalized into the United States healthcare system for them to have their health care needs addressed.

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Author Information

Xóchitl Castañeda, Director, Health Initiative of the Americas, School of Public Health, University of California, Berkeley.
Nemeh Michael, undergraduate research associate, UC Berkeley School of Public Health
Chatzimpyros Vassileios, PhD candidate, Aristotle University, Fellow in UC Berkeley School of Public Health*

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