

Health of Migrants: Working Towards a Better Future

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INTRODUCTION

In a world where profound inequalities exist, migration continues to be a fact of life. While migration enhances the diversity of our nations, it also brings about a number of challenges in particular when addressing health and social welfare. Countries are faced with the challenge of not only understanding and acknowledging the specific needs of migrant populations, but most importantly of finding the best way to meet those needs in the context of social, economic and political pressures.

Regardless of the individual motivations behind migration, the experience presents a series of health challenges. For international migrants, in particular for those who cross without the required documentation, there are a number of health threats and problems that may begin during transit; these include contracting disease, becoming sick en route, and a series of physical and emotional effects due to moving across borders that may be dangerous and with increased propensity for violence. It is important to note however that migration, in and of itself, does not exclusively lead to poor health; it is the stress of the migration process and the inequities that migrants face in their host country that exacerbates the risks to health and threatens their livelihood. Governments face the challenge of integrating the health needs of migrants into national plans, policies and strategies, taking into account the human rights of these individuals, including their right to health. Not doing so creates marginalized groups in society, infringement on migrants' rights and poor public health practice [1]. On the other hand, health professionals need to understand why people migrate, the situations they live in, and the factors influencing their health seeking behaviors.

There have been many articles focused on infectious and chronic diseases among migrants [2, 3, 4], but few tackle the social determinants of health in this population. We will approach this article from that perspective in presenting the health status of Mexican immigrants

in the United States. We first discuss access to health care and then look at the social determinants of health among this population and its impact on the health of Mexican immigrants, with a focus on women and children.

The article looks at Mexican immigrants because they are the largest and fastest growing immigrant group in the U.S. and they are likely to remain so for the foreseeable future. It is estimated that a third of all foreign-born people and two-thirds of all foreign-born Latinos in the U.S. are from Mexico. As a prominent group in the U.S., the health of this community is a concern for all Americans today and for future generations. While the length of this article does not allow for an extensive look at the health status of Mexican immigrants in the U.S., we hope the overview provided will increase awareness among clinical practitioners of some of the specific health issues affecting this population and will help create better solutions to health concerns of this vulnerable population.

METHODS

Much of the data presented in this article comes from the annual Migration and Health Issues Reports produced through joint efforts between the National Population Council of Mexico (CONAPO by its Spanish acronym) and the Health Initiative of the Americas (HIA) at the University of California Berkeley School of Public Health in collaboration with the UC Migration and Health Research Center (MAHRC) at the University of California Davis. For the past six years, these organizations have collaborated to publish annual Health Issues Reports as part of a Migration and Health report series that details current demographic trends in the health of Latino immigrant groups in the United States. Specifically, the series has dedicated full reports to the U.S. populations of Mexican, Central American, Colombian and Ecuadorian descent in the United States. Issues have been devoted to health access and health insurance

matters, and other significant health issues among Latinos in the US. Demographic data for these reports is based on estimates from CONAPO derived from the U.S. Department of the Census' *Current Population Survey* and the *National Health Interview Survey*.

For this article, information was drawn from the annual health issues reports on Immigration, Health and Work: The Facts behind the Myths [5]; Latinos in the United States [6]; The Children of Mexican Immigrants in the U.S. [7]; and Mexican Immigrant Women in the U.S. [8]. Information was updated with other relevant sources including, demographic data from the U.S. Department of the Census, and other relevant immigrant health. Data on occupational health was also gathered from the Bureau of Labor Statistics, as was data from the U.S. Department of Health and Human Services.

RESULTS

While the last four decades have seen a prominent shift and increase in migration, human movement is not a new phenomenon. Whether stemming from international forces or domestic migration as a result of rural-to-urban relocation, the movement of people is one of the driving forces for the formation of the world we know today. Currently, over 214 million people worldwide live outside of their home country [9].

The United States: A Nation of Immigrants

In the U.S., immigration has been a major source of population growth and cultural change throughout much of the country's history and it can be argued the entire U.S. population (minus Native Americans) originated as immigrants. Today and throughout its history the U.S. has been one of the most prominent receiving countries for international migration. The country is currently home to over 38 million (U.S. Census) or 42 million immigrants (according to the IOM), comprising approximately 12 percent of the total U.S. population. Of those 38 million

immigrants, 53.6 percent were born in Latin America [10]. This included an estimated 12 million undocumented immigrants, of whom 56 percent —6.7 million people—were born in Mexico, followed by El Salvador, Guatemala, and Honduras [11]. Several other Latin American countries figure among the top ten sources of undocumented immigration, including Brazil and Ecuador [12]. The Latino population is one of the fastest growing groups in the U.S. and it is estimated that by 2050, Latinos will comprise about 25 percent of the total population [13].

Mexican Immigrants in the US- An Overview

According to the Census Bureau's American Community Survey, a total of 30.7 million Latinos of Mexican origin resided in the U.S. in 2008, making them the largest immigrant group in the country [14]. Nearly four-in-ten (37.0%) reported being born in Mexico [15]. The Mexican origin population in the U.S. is younger than the U.S. population and Latinos overall; the median age of Mexican immigrants is 25, while the median ages of the U.S. population and all Latinos are 36 and 27, respectively [16].

Despite being the largest immigrant group in the U.S., Mexicans are one of the most disadvantaged populations in terms of education, earnings, and legal residence status in the U.S. In 2007, 58 percent of non-elderly Mexican adults in the U.S. did not have a high-school degree, and it is estimated that 60 percent of all Mexican immigrants, and 80-85 percent of recent Mexican immigrants, are undocumented.

While there undoubtedly exist cultural, social and family ties that surround the migration processes taking place between Mexico and the U.S., the role that Mexicans so prominently display in the U.S. workforce is a clear indicator of their primary motivation for migrating. Mexican recent immigrant men have a workforce participation rate of nearly 94% in the U.S.

[17]. In comparison; a substantially smaller proportion of U.S.-born, non-Latino white men participating in the workforce (84.8%).

The distribution of the Mexican immigrant population in the labor market is paradoxically associated with their poor access to health care services and health insurance. Whereas normally employment is associated with increased health care benefits, the opposite is the case with Mexican immigrants. In fact, their disadvantages in terms of health insurance are associated with the demand for labor that stimulates migration and places immigrants into poorly-paid, often dangerous jobs that are largely non-skilled, lack health insurance and provide little opportunity for personal growth or development. Indeed, labor and workforce issues are at the center of the system of poverty, poor health and lack of access to care. In the case of the undocumented, employers may be complicit in the exploitation of a low-wage class of workers that have limited social and workplace rights. As a result, over 25 percent of recent Mexican immigrants and nearly 20 percent of long-stay Mexican immigrants live with incomes below the poverty line and have associated lower access to health care and other negative effects on their health status.

Mexican Immigrants in the US- Access to Care

Among Latinos, Mexicans are one of the most disadvantaged groups in terms of access to care. A series of barriers, of which poverty, lack of insurance, and cultural and linguistic barriers are the most prominent, prevent Mexican immigrants from seeking health services.

Health Insurance

Latinos have lower rates of health insurance than other ethnic groups, with Mexican immigrants facing the greatest burden (Figure 1). Parallel to the growth of Mexican migration, the size of the uninsured Mexican population more than doubled over the past 13 years from 3.3 to 6.7 million people. Today 56 percent of the Mexican immigrant population lacks any kind of

health insurance coverage. This situation is particularly dramatic among recent arrivals in the U.S.: those with fewer than 10 years of residence in the country have “vulnerability rates” (lack of health insurance) of approximately 70 percent, whereas those who have lived in the U.S. for over 10 years have vulnerability rates that are 20 to 30 percent lower.

*** Figure 1

One of the greatest factors causing the low rates of health insurance among Mexican immigrants is the lack of employer-based insurance. In the U.S. most health insurance is provided by employers, yet for the low-paid immigrant workers this is rarely the case. The major industries that provide significant employment opportunities for the U.S. Mexican labor force include agricultural, manufacturing, construction, and service sectors (Figure 2). They are not only low paying industries, but also less likely to provide health insurance coverage and other employer sponsored benefits for their employees. Furthermore, the low incomes make it difficult, if not impossible, for individuals to purchase private health insurance.

*** Figure 2

Social Determinants of Health

The economic and social conditions in which Mexican immigrants in the U.S. live determine in great part their access to health services and ultimately their health status. Among these are poverty, documentation status, and cultural and linguistic barriers.

Poverty

The inability to pay for health services is frequently noted as a primary reason for limiting or avoiding all together medical care. It is therefore not surprising that noncitizens of Mexican or Central or South American origin, who are the among the poorest immigrant groups in the U.S., are twice as likely to report having no regular source of care as their naturalized counterparts [18] (Figure 3). In addition, basic necessities to keep families healthy, including adequate housing, nutritious food, and needed medical care including preventive services are hard to attain with limited incomes.

*** Figure 3

Documentation Status

The many undocumented Mexican immigrants in the U.S. face even greater barriers to health insurance. For the native-born in financial need, the U.S. health system designates limited funds to providing health coverage to the most vulnerable; however, immigrant families are often not eligible for these programs. It is estimated that undocumented migrants make up 15% of the total uninsured population in the U.S., accounting for approximately 6.8 million people. Moreover, increasing anti-immigrant sentiments and policies in the U.S. are further limiting the resources available to non-citizens, and at the same time making people more fearful of seeking services.

Cultural and Linguistic Barriers: One Size Doesn't Fit All

Along with a lack of health coverage, there are several additional barriers to care. These include: lack of knowledge of available services and lack of comfort with health care services/facilities [19]. More than 1 in 10 U.S. residents now speak Spanish at home, and

approximately half of these persons report they speak English less than “very well” [20]. While attempts have been made to increase bilingual services, cultural sensitivity continues to be a barrier. The under-representation of Latino health care professionals and culturally sensitive professionals in general is a great barrier to care. Providers are often times unaware of the cultural differences between themselves and their patients, creating an environment conducive to mistrust and even fear.

Mexican Immigrants in the U.S. - Health Status

While much of the data around Mexican immigrants does not address gender differences, it is important to understand each group individually. Women, for example, 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 addressing their particular needs in terms of health and well-being.

Mexican Immigrant Women in the US

Mexican-born women constitute the largest female immigrant group in the U.S. (five times larger than the second largest, Filipina immigrants) (Figure 4). They account for approximately 46% of the nearly 12 million Mexican migrants in the U.S. The majority is characterized by low educational attainment, limited English proficiency, low naturalization

rates, low participation in the formal work force, and many live in low-income households, all of which have negative implications for their health.

*** Figure 4

Access to Health Insurance and Health Services

Over half (52.3%) of all adult Mexican immigrant women in the U.S. are not covered by some health insurance system, a figure lower than for other immigrant women (Figure 5). Consequently, nearly 1/3 of them do not have a usual source of care and have much lower utilization of prevention services compared to other women in the U.S. Those with a regular source of health care are less likely to be attended by private physicians, and instead they use public centers or clinics.

*** Figure 5

Health Status

In general, Mexican immigrant women have better health than other immigrant and U.S.-born women, but this advantage disappears with increased time living in the U.S. Further, a detailed analysis reveals considerable differences in the prevalence of certain preventable, so-called *lifestyle* diseases. For instance, diabetes, including gestational diabetes, is more common among Mexican immigrant women. Similarly, Mexican-born women are more likely to be overweight or obese than other immigrant or U.S.-born white women, and they are also more likely to suffer from disorders related to being overweight.

Of great concern for the health of women themselves and for future generations is a lack of prenatal care among this population. Mexican-born mothers are less likely to receive prenatal care in the first trimester of pregnancy than other immigrants and U.S.-born whites. Even more alarming, 7 percent of Mexican immigrant women that gave birth began receiving health care

during the last months of pregnancy while 3 percent did not visit a doctor during their entire pregnancy.

The U.S. provides a number of programs for pregnant women regardless of documentation status, services that are not being used. Whether it is for a lack of information, language barriers, or cultural differences, more needs to be understood about this situation. The health of the children of immigrants demands special attention as they are the face of our nation's future and thus manifest the future health of the nation.

The Children of Mexican Immigrants

As a result of increased immigration from all countries, the children of immigrants constitute a key segment of the young population in the U.S., representing approximately 24% of the total number of children in the country. In other words, nearly one out of every four children under 18 in the U.S. has at least one immigrant parent. The number of children with parents from Mexico is particularly high, equal to 6.3 million or 39% of the total number of all children with immigrant parents and close to the total number of African-American children in the U.S. (Figure 6).

***** Figure 6**

A significant proportion of the 6.3 million children of Mexican immigrants in the U.S. are under six years old (38%), while 62% are ages 6 to 17. The vast majority was born in the United States (86%) and only 14% were born in Mexico. As one would expect, the proportion of those born in the U.S. is higher among children under the age of 6 (95%). One would also expect that because these children were born in the U.S., they have U.S. citizens' rights and thus full access to health insurance and health services. Nevertheless, because most of these children are from households where neither parent has U.S. citizenship (59.8%) (Figure 7), they often reflect

the disadvantaged situation of their parents. The aforementioned barriers to care (i.e. documentation status, cultural and language barriers, poverty) prevent the children of Mexican immigrants from fully accessing their U.S. citizenship rights.

***Figure 7

Access to Health Insurance and Health Services

In the U.S., nearly one out of every ten children under 18 (6.2 million) is not covered by a health insurance system. Within this group, the children of Mexican immigrants are overrepresented. While they account for 9 percent of all children in the country, they constitute 24 percent of uninsured children—approximately 1.5 million. Within this group are many U.S.-born children of Mexicans; they are far less likely than any other ethnic or racial group to have health insurance coverage. One of every five lacks health insurance, whereas in the case of the children of immigrants of other regions and U.S.-born whites and African-Americans, this proportion is less than one in ten (Figure 8). Moreover, the children of Mexican immigrants are less likely to have private health insurance and face more obstacles to access to public health programs due to their parents' situation (i.e. lack of info, language barriers and fear of accessing programs due to deportation). Consequently, Mexican immigrant children are less likely to meet the recommended schedule of doctor visits, and less likely to have a regular source of care (Figure 9).

*** Figure 8

*** Figure 9

The proportion of Mexican immigrants' children ages 2 to 17 that did not visit a doctor over the past year (one of every five) is double that of children of immigrants from other regions, as well as that of children of U.S.-born whites and Afro-Americans (approximately one in ten).

Thus, they are more exposed to the risks posed by not dealing with illness at the time they occur. Developmental problems may also be detected later, which, in the long run, may affect children's physical and academic performance and make them more vulnerable to a number of health-related disorders and problems. It is alarming that one out of every twenty children of Mexican immigrants (under age 18) has never visited a doctor in the United States.

Health Status

Studies indicate that Mexican children do not appear to have worse health than other children per se, but they do have a demographic profile that calls for more attention (Figure 6). Furthermore, under-diagnosis due to low utilization of health services could be masking the real health status of these children.

Mexican children in the U.S. are more likely to suffer from anemia, diarrhea and colitis, suggesting that one of the most common problems of these children is malnutrition. Among children under 3, the prevalence of attacks or convulsions is also higher than among children of other groups. Additionally, the children of Mexicans have a high incidence of low and high birth weight, and are disproportionately affected by two of today's biggest health concerns-- obesity/overweight and diabetes. Van Hook and collaborators (2009) found that beginning with the fourth year of elementary school, over 40% of U.S.-born Latino children suffer from being overweight or obesity, with boys at particularly high risk of being overweight [21]. In addition, Healthy People 2010 reported that Latino children are disproportionately affected by oral disease- among children aged 6 to 8 years, 43 percent of Latino children and 36 percent of non-Latino black children had untreated caries, compared with 26 percent of non-Latino white children.

The prevalence of so-called *lifestyle* diseases among women and children reflects in part their disadvantaged position in the U.S. These are ailments that could be prevented with proper education and care including regular medical check-ups, proper nutrition, and regular exercise, among others; all of which require *luxuries* (i.e. time, money) that are not easily available for low-income populations. Mexican parents who work in the most demanding jobs or in two jobs have little time and money to engage in some of these preventive measures, and for the undocumented, the fear of repercussion may keep them from seeking available services.

CONCLUSION

The situation of Mexican immigrants in the U.S. reflects inequalities and gaps in our current health system as well as in society overall. A great majority of Mexican immigrants do not have access to health insurance or health services, adequate housing, and they work and live under conditions detrimental to their health and well-being. They are disproportionately affected by *lifestyle* conditions such as diabetes, overweight/obesity and poor oral health among others, which point to factors associated with their immigration status including lower education levels, poverty, and unhealthy living environment. Yet, the disadvantaged health status of immigrants in the U.S. is not exclusive to Mexican immigrants; it is an issue relevant to those from many other regions of the world.

Migration is a global phenomenon that has existed for centuries and will continue to exist in the future. Even though the topic of migration and health has gained more interest in the last decade, it is still an area where academics and health professionals require more training and education, especially in regards to health promotion, to conduct better research and offer more effective interventions. In addition, enlightened policies are needed to address the unique health needs of this population. As economic and social inequalities among nations and the demand for

labor continue, the scope of migration will continue to grow. The health concerns of migrants are no longer minority issues; they are major demographic shifts affecting the countries of origin and receiving countries. Immigrants in the U.S. deserve recognition for their many contributions and should no longer be seen as “the other”. In the case of Latinos, both the U.S. and Latin American countries should recognize and acknowledge their role in the migration process and need to take the responsibility for the health and human rights of the millions that cross the border each year hoping to find better opportunities on the other side.

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