MIGRATION & HEALTH:
MEXICAN IMMIGRANT WOMEN
IN THE U.S.

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Binational Collaboration

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Characteristics of Adult Mexican-born Women in the United States

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Characteristics of Adult Mexican-born Women in the United States
Mexican women: the largest female immigrant contingent in the United States

Principal countries of origin of female immigrants to the United States, 2008

- 46% of the Mexican immigrant population in the United States are women (5.2 million).
- 84% of these women are between 18 and 64 years old, but are concentrated mostly between 18 and 44 years old.
- The predominance of female Mexican immigrants is observed throughout most of the United States. In 2008, there were 10 states where adult Mexican women accounted for over 40% of the total number of adult immigrants.

Source: CONAPO estimates based on American Community Survey (ACS), 2008.
Mexican women: the largest female immigrant contingent in the United States

- The union or marriage is more common among Mexican women in adulthood than any other group: two out of three are married.

- Mexican women tend to become mothers at younger ages: Nearly 40% of Mexican-born women that gave birth in 2007 were under 25 years of age.

- Mexican women are younger and are concentrated in the reproductive ages, 72% of adult Mexican women have children under 18 years, a higher rate than other immigrant groups and native.
Social determinants of health
Mexican-born women are characterized by their low educational attainment and limited English proficiency

- The majority of Mexican-born women (58%) have less than a high school education (High School); 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-born women, whereas this ratio is 1:5 among immigrants from other countries.

English proficiency of immigrant women ages 18 to 64 in the U.S. by race/ethnicity, 2008

Note: 1/ Includes those that do not speak it well or at all.
Source: CONAPO estimates based on American Community Survey (ACS), 2008.
The majority of Mexican immigrant women live in low-income households

Labor participation rates among women ages 18-64 living in the U.S. by race/ethnicity and presence of children under 18, 2009

- Mexican-born women are the immigrant group with the lowest activity in the formal labor market. This situation is especially exacerbated among women with children under the age of 6.

- A total of 48% of adult Mexican women live in low-income families. This proportion is higher than that of African-American women (36%) and nearly three times higher than that of immigrant women from other regions and U.S.-born white women.

Health Insurance Coverage
Over half of all adult Mexican immigrant women in the U.S. are not covered by some health insurance system

Women ages 18 to 64 living in the U.S. without health insurance, by race/ethnicity, 2009

- In general, Mexican-born adult women face great difficulties in gaining access to health insurance systems. Over half (52.3%) lack some type of health coverage.

- 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.
Having medical insurance depends largely on the possibility of obtaining health insurance through employment

Working women ages 18 to 64 living in the U.S. without health insurance by race/ethnicity, 2009

- Mexican immigrant women show lower rates of insurance coverage and are less likely to benefit from insurance through work.

- Nearly half the total number of Mexican-born female workers are uninsured, a rate that is four times higher than the rate for the white female U.S.-born labor force.

The concentration of Mexican female workers in hazardous exacerbates jobs their vulnerability in the face of the lack of medical insurance

Proportion of Mexican immigrant women ages 18 to 64 in the U.S. without health insurance in selected occupations, 2005-2009

- The least protected group is that of textile workers, three out of four of which 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.

- Mexican women benefit least from public health programs, which corroborates the socio-economic and migratory disadvantages of the Mexican population living in the U.S. (22% meet the eligibility criteria that enable them to benefit from public health insurance).

Disparities in Access to Medical Insurance
The laws targeting undocumented immigrants regarding access to public programs and benefits are largely restrictive.

State legislative activity targeting irregular immigrant population in the United States, 2005-2009

- Health insurance coverage varies significantly at the state level, which is closely linked to the enormous diversity of state policies.

- Arizona, Colorado, Florida, Georgia, North Carolina, South Carolina and Virginia have recently passed several immigration laws that implement practices severely restricting access to the advantages and benefits provided by the state to persons without citizenship or legal residence.

- The opposite is true of the laws passed in California and Illinois between 2005 and 2009 which, for example, permit medical care for undocumented immigrants through local programs.

Notes: 1/ Includes legislation on education, job regulations, people trafficking, issuing and use of driver licenses and identification documents, public advantages and benefits, security and law enforcement and health.

2/ N/A States whose legislatures did not pass laws on the issue and/or not significant for irregular immigration.

Source: Drawn up by CONAPO on the basis of the annual reports by the National Conference on State Legislature on the state legislation passed in the U.S. on immigration and Immigrants, 2005-2009.
La falta de seguridad médica de las mujeres mexicanas es dramática en los estados de inmigración más recientes y de mayor actividad anti-inmigrante

- The highest indices of non-insurance of Mexican immigrant women occur, in order of importance, in Mississippi, Georgia, Ohio, Oklahoma, New Jersey, Colorado, Florida and North Carolina (where it varies from 80% to 65%).

At the other extreme are the states of Michigan, Arkansas, Iowa, California and Illinois, where the index of noninsurance varies from 38% to 45%.
Use of Health Care Services
Nearly a third of Mexican immigrant women in the United States reported that they did not have a usual source of care. Half the Mexican immigrant women with a regular source of health care use public centers or clinics, a much higher proportion than that of other groups. Conversely, the proportion with a regular source of private medical care (40%) is significantly lower than that of immigrants from other parts of the world.

It is a common myth that immigrant populations without health insurance or a regular source of medical care tend to use hospital emergency services more often. But emergency use data reveal the opposite. The use of emergency services by other immigrant/ethnic groups is up to twice the low rate of use among Mexican immigrant women.
Health Disparities
Mexican immigrant women generally have better overall health than other immigrant and U.S.-born women.

- According to data from the National Health Interview Survey (NHIS), Mexican immigrant women are less likely to suffer serious chronic conditions, such as cardiovascular disease (5.5%), cancer (3%), hypertension (12%) and asthma (4%) than are other ethnic or racial groups.

- Certain diseases such as diabetes, peptic ulcers and musculoskeletal diseases are frequent among Mexican immigrant women.

Note: 1/ Includes coronary disease, angina pectoris, heart attacks and other heart diseases.
Source: CONAPO estimates based on National Health Interview Survey (NHIS), 2007-2009.
Diabetes is particularly common among Mexican immigrant women

Women ages 18 to 64 living in the U.S. diagnosed with diabetes by length of residence and race/ethnicity, 2007-2009

- Diabetes is particularly common among Mexican immigrant women who have lived longer in the U.S. (9.1%), compared with the prevalence among non-Hispanic whites (5.7%).

- Mexican-born women have a tendency to develop diabetes during pregnancy

Source: CONAPO estimates based on National Health Interview Survey (NHIS), 2007-2009.
Mexican-born women are more likely to be diagnosed with certain diseases

Women ages 18 to 64 living in the U.S. with musculoskeletal disorders by race/ethnicity, 2007-2009

- 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. This same condition was reported by a similar proportion of women from the other groups.

- However, Mexican immigrant women experience far greater difficulties than other groups in receiving proper medical supervision and treatment, since 63% lack health insurance. This percentage of women without insurance is far higher than that for women from other ethnic and racial groups.

Source: CONAPO estimates based on National Health Interview Survey (NHIS), 2007-2009.
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 of peptic ulcer is infection with Helicobacter pylori. The second leading cause is 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.

Mujeres de 18 años a 64 años residentes en Estados Unidos diagnosticadas con úlceras pépticas, según etnia o raza, 2007-2009

Mexican immigrant women, together with U.S.-born African-American women, are far more likely to suffer some disorder related to being overweight

Women ages 18 to 64 living in the U.S. by body mass index categories and race/ethnicity, 2007-2009

- **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).

- **Structured physical activity is not an important part of the lives of half the Mexican female immigrant population (49%), representing an additional risk factor for cardiovascular disease.** The second most sedentary group are U.S.-born African-Americans (45%), with non-Hispanic U.S.-born whites at the other extreme (28%).
Smoking and drinking are more widespread among women than among native immigrant women

• Immigrant women are very likely to be never smokers: 52% of Mexican-born women and 54% of other immigrant women reported never having smoked.

• Mexican immigrant women report having drunk less alcohol in the year prior to the interview (33%). U.S.-born white women are at the other extreme, since two out of three report drinking alcohol
Mexican-born mothers are less likely to receive antenatal care in the first trimester of pregnancy

- Mexican-born mothers are less likely to receive antenatal care in the first trimester of pregnancy (62%) than other immigrants (72%) and U.S.-born whites (76%).

- 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.

Births in the U.S. by trimester when doctor’s visits started and mother’s race/ethnicity, 2007

Note: 1/ Also includes those that went beyond the third term of pregnancy.
**Conclusiones**

- Mexican immigrant women tend to be younger than those in other ethnic or racial groups. They are also more likely to marry and start families at young ages, making them responsible for the care of small children. Mexican born women share the same disadvantages as their male counterparts regarding citizenship status, limited English proficiency, and low educational attainment.

- In comparison with other U.S.-born women, Mexican immigrants are at a disadvantage regarding health insurance (over half do not have this benefit) and tend to receive less medical and health care when they need them.

- Mexican-born women’s greater vulnerability regarding health insurance and services is reinforced to varying degrees at the state level.

- Mexican immigrant women have strikingly high rates of overweight and obesity. Another closely related factor is the lack of regular, structured leisure-time physical activity in Mexican-born women’s lives.

- Analysis of the illnesses diagnosed among Mexican-born women reveals a lower prevalence of chronic diseases, such as cancer, hypertension, asthma and cardiovascular diseases in comparison to women belonging to other ethnic or racial groups. It is worth noticing, that, in some cases, lower prevalence might be associated with the younger age-structure of Mexican-born population. Conversely, data shows that Mexican-born women are more frequently diagnosed with diabetes and peptic ulcers.

- In regards to maternal health, the data fail to show significant inequalities for Mexican migrant women regarding risks and health problems during pregnancy, or the incidence of congenital anomalies in their babies. Regarding medical services, the data reveal Mexican–born women’s vulnerability, given the lack of antenatal care.
• The recently passed U.S. health care reform legislation will have a likely positive impact on legal Mexican immigrant women. They are likely to benefit from at least three different provisions:

  ▪ First, Mexican immigrant women will benefit from the provisions designed to increase the eligibility threshold of federal health care programs (Medicaid) that benefit low-income populations.

  ▪ Second, federal subsidies to assist low-income individuals purchase health insurance will benefit the many immigrants who are in low-wage jobs where the employer is unlikely to offer health insurance benefits.

  ▪ And third, the expansion of community health centers will improve the availability of services, especially as most community clinics emphasize family and maternal care.

• Health care reform package can be regarded as a significant improvement. Nevertheless, efforts are still underway to achieve equitable health access in which people's right to these services will be guaranteed, regardless of their citizenship status.

• Thus, Mexican and American governments should explore the possibility of implementing a binational medical insurance program in order to provide immigrants with full medical attention.

• This shared insurance could also contribute to the process of immigrant integration to American society, promoting more favorable legal conditions, and thereby reducing their current status of vulnerability.

• The feminization of the migratory phenomenon has proved the need to empower Mexican-born women so that, among other things, they will be able to demand and obtain the right to health access that is currently denied them. Given the crucial role of women in our societies, obtaining this right will also have a direct effect on helping their communities of ‘origin’ and ‘destination’ to progress.