

Chapter I. Characteristics of Adult Mexican-born Women in the United States

This chapter provides evidence of the growing importance in the United States of the Mexican female population aged 18 to 64 in both absolute and relative terms. It also deals with certain aspects of their familial and socio-economic structure that determine the context in which their health practices are carried out.

Since social inequities in the U.S. are based on race/ethnicity, the analysis of Mexican immigrant women in the U.S. follows classic studies on integration. The principal reference used is the U.S.-born white population, given its advantageous socio-economic position. In order to have more parameters for a comparison of the scope of the differential between the various populations, another two groups were considered: one with immigrants, comprising the set of immigrants of other nationalities, with distinctly more favorable integration indicators than that of Mexicans; and one with U.S.-born women, including African-Americans, who have high indices of marginalization.

Scope and socio-demographic profile

Mexican women: the largest female immigrant contingent in the United States

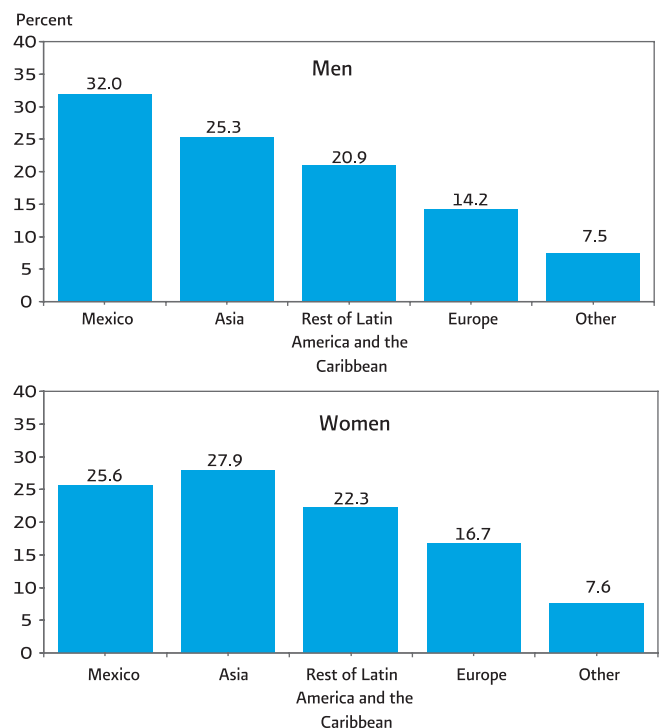
As has been widely documented, Latin American and Caribbean countries with geographical proximity have been the main source of contemporary migratory patterns into the United States. Within this context, Mexico has continued to be the country that sends by far the most migrants to the U.S. Approximately 1.2 million Mexicans and 2.1 million second, third and beyond generations of Mexicans currently reside in the U.S.

In a scenario of progressive demographic ageing, Mexican immigration has significantly contributed to invigorating the U.S. demographic profile. In addition, this immigration has also impacted the growth of the U.S.-born population, through the children of Mexicans born in the U.S..

A previous report documents that one out of every four children under age 18 living in the U.S. has at least one immigrant parent, with the children of Mexicans constituting the largest group.

The Mexican population, both male and female, represents by far the largest immigrant minority in the U.S., with the male Mexican population exceeding immigrant populations from other parts of the world (Figure 1).

Figure 1. Distribution of the immigrant population residing in the United States, by sex, based on region or nation of origin, 2008

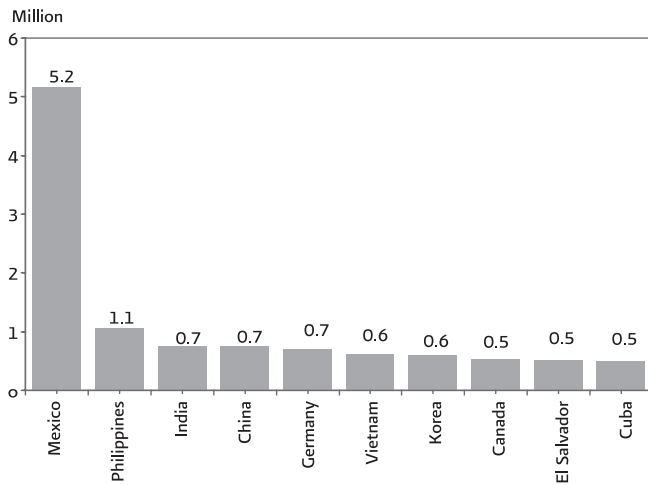


Source: CONAPO estimates based on American Community Survey (ACS), 2008.

The female Mexican population currently accounts for 46% of the nearly 12 million Mexican migrants living in the United States. The relative number of Mexican women living in the U.S. has not demonstrated significant variations over time, since a pattern of largely male Mexican migration has continued to prevail. In quantitative terms, however, the most substantial changes appear to have taken place in the pattern of female migration, with the growing participation of Mexican women as more active, autonomous agents in migratory processes and decreasing participation as primary companions to other immigrants.

In the main countries of origin of the female immigrant population in the United States, Mexico ranks first, with a figure that is five times higher than the Philippines, which ranks second (Figure 2).

Figure 2. Principal countries of origin of female immigrants to the United States, 2008



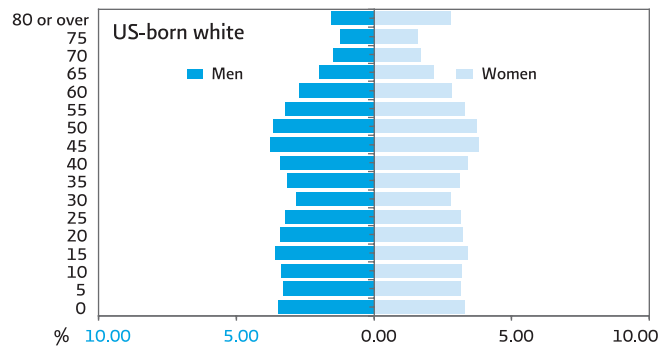
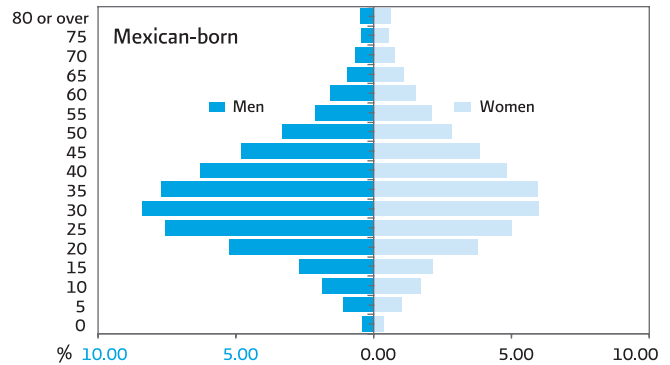
Source: CONAPO estimates based on American Community Survey (ACS), 2008.

Mexican women are largely concentrated in the adult group

There are striking differences between the age structures of immigrant populations and U.S.-born populations. Immigrants' age composition is characterized by a broad concentration in the intermediate ages of the life cycle. This is particularly obvious in the Mexican population, where the group aged 18 to 64—the age group selected

for analysis in this study—accounts for 84% of the population (with the majority concentrated between the ages of 18 and 44) (Figure 3). This reflects the fact that it is mainly young adults who participate in migration, with only a small proportion of the younger and older population participating in such patterns.

Figure 3. Age pyramid Mexicans and white residents in the U.S., 2008



Source: CONAPO estimates based on American Community Survey (ACS), 2008.

Given the long history of labor migration between Mexico and the U.S., it would be reasonable to expect a larger presence of Mexican-born senior citizens. However, senior citizens only account for 7% of the Mexican immigrant population. This low percentage is closely linked to the fact that permanent migration is a relatively recent phenomenon. In previous decades labor migrants followed a circular pattern, spending only a few years in the U.S before returning to their communities of origin.

Conversely, the white U.S. population has a profile in which nearly two out of every three (60%) are concentrated in adult ages, with the population at either extreme, either under 18 (23%) or 65 and over (16%) comprising the remaining third (Figure 3). Given the aforementioned age patterns, in the following analyses, we focus on the female population aged 18 to 64.

Migratory characteristics of Mexican-born women aged 18 to 64

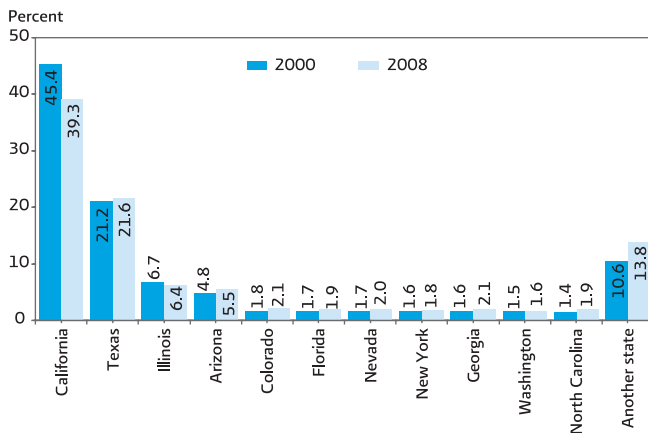
Female Mexican immigrants are distributed throughout the U.S.

The predominance of female Mexican immigrants aged 18 to 64 is observed throughout most of the United States, but a clear variation in time and cohort has been observed in the states receiving Mexican migration. Although California and Texas continue to be the home to the majority of Mexican-born women, other states have increased their share of this population (Figure 4).

The growing concentration of Mexican emigration to the United States has made their presence more visible throughout the country. Given that Mexican migration is predominantly for work, its presence in virtually all states reflects the nationwide demand in the U.S. labor market for foreign workers, specifically with Mexican characteristics. Figure 5 shows that the relative share of Mexican-born women aged 18 to 64 out of the total female immigrant population in this age group has increased dramatically in a number of diverse U.S. states.

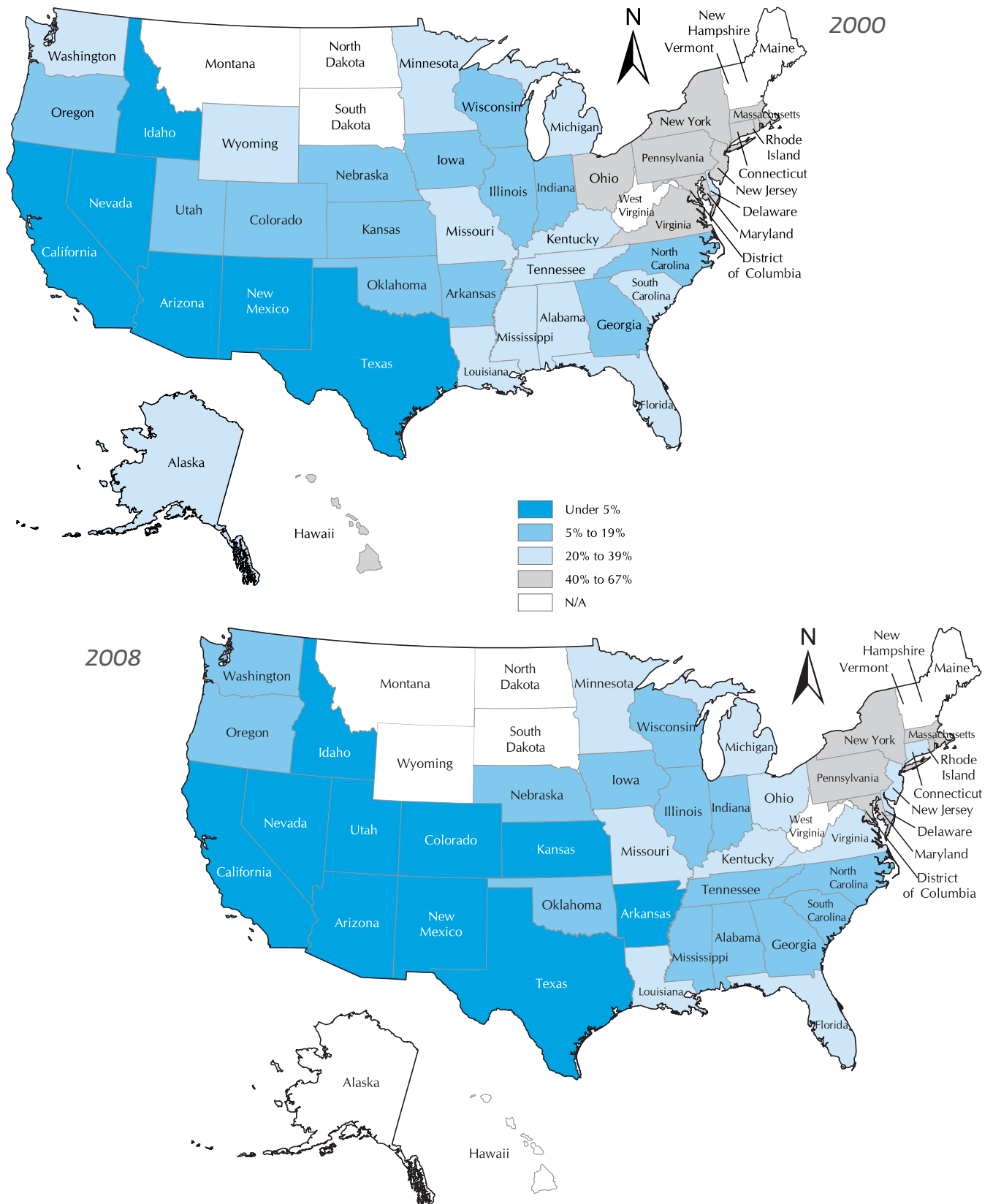
In 2008, there were 10 states where adult Mexican women accounted for over 40% of the total number of adult immigrants. This figure is particularly high in view of the importance of a single immigrant group in comparison with all other foreign populations being measured (Figure 5).

Figure 4. Mexican-born women ages 18-64, in the U.S., percent distribution by state, 2000 and 2008



Source: CONAPO estimates based on U.S. Census Bureau, 5% sample from 2000; and American Community Survey (ACS), 2008.

Figure 5. Proportion of female Mexican immigrants ages 18 to 64 among all immigrants by U.S. state, 2000 and 2008



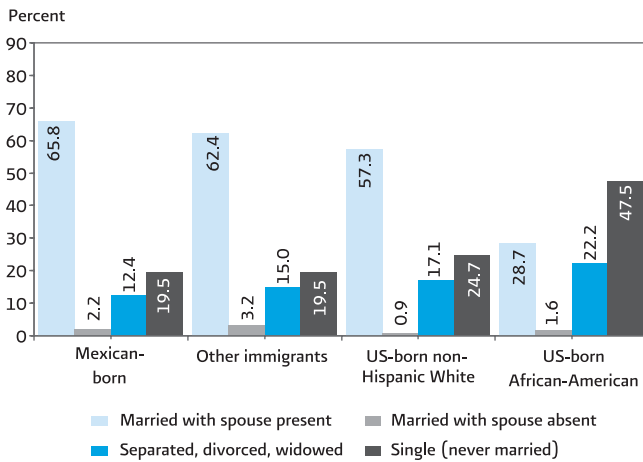
Source: CONAPO estimates based on U.S. Census Bureau, 5% sample from 2000; and American Community Survey (ACS), 2008.

Socio-demographic characteristics

Mexican-born women are more inclined to be married and to have children

Adult Mexican-born 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 (Figure 6). Conversely, reflecting their marital or co-habitation status, in comparison with other populations, Mexican-born women are less likely to be heads of household (only 38% are heads of householder).

Figure 6. Women ages 25-64 living in the U.S. by race/ethnicity and marital status, 2009



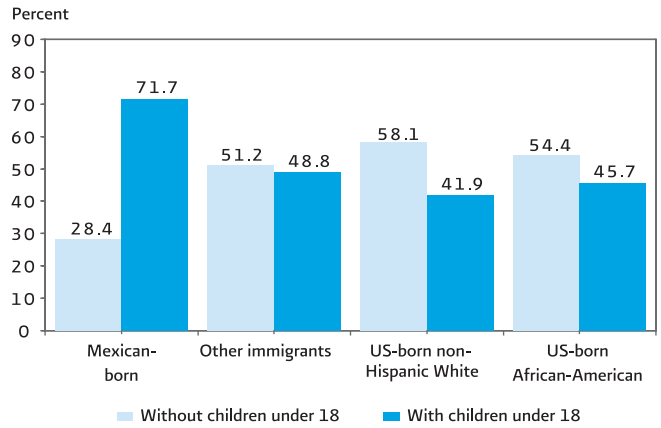
Source: CONAPO estimates based on *Current Population Survey (CPS)*, March 2009.

Women with children

In total, 72% of adult Mexican-born women have children under the age of 18, a much higher figure than women from other immigrant and U.S.-born groups (Figure 7).

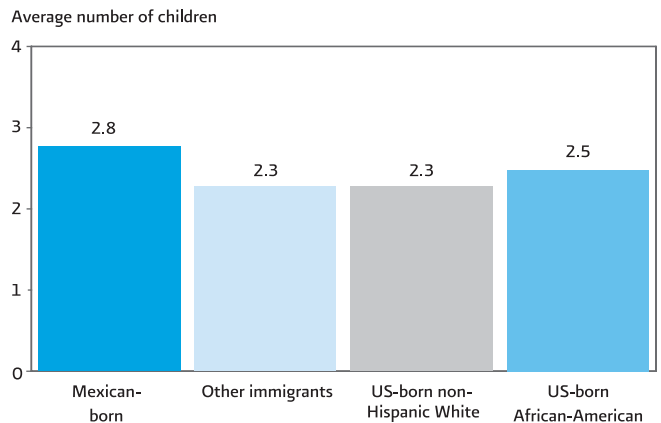
It is worth noting, however, that the great difference between Mexican-born women and other groups may partly be due to the distortion that occurs when populations with different age structures are compared. Figure 8 shows the average number of children per women for different ethnic/racial groups. This suggests that the discrepancies observed in Figure 7 are largely due to the fact that Mexican-born women are younger and are of reproductive age, thus far likelier to have children.

Figure 7. Proportion of women ages 18 to 64 living in the U.S. with/without children younger than 18 by race/ethnicity, 2009



Source: CONAPO estimates based on *Current Population Survey (CPS)*, March 2009.

Figure 8. Average number of children for women ages 18 to 64 living in the U.S. by race/ethnicity, 2009



Source: CONAPO estimates based on *Current Population Survey (CPS)*, March 2009.

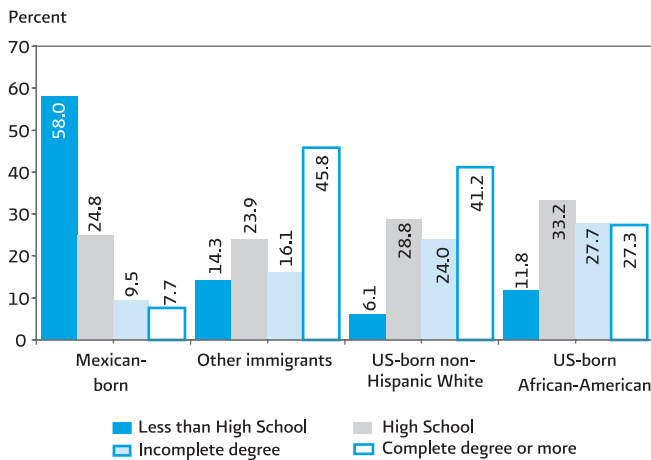
Social determinants of health

Mexican-born women are characterized by their low educational attainment and limited English proficiency

One characteristic that has prevailed among the Mexican population residing in the U.S. is their low educational attainment. This factor negatively impacts their socio-economic integration and therefore, their access to health among a number of other social, economic, and health factors. Although Mexican-born women tend to have a

higher educational attainment than their male counterparts, compared with other female populations, they are at an obvious disadvantage. The majority (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 extremely low proportion of Mexican-born women with a bachelor’s or higher degree (8%), contrasts with the substantially higher levels achieved by other populations (Figure 9).¹

Figure 9. Educational attainment among women ages 25-64 living in the U.S. by race/ethnicity, 2009

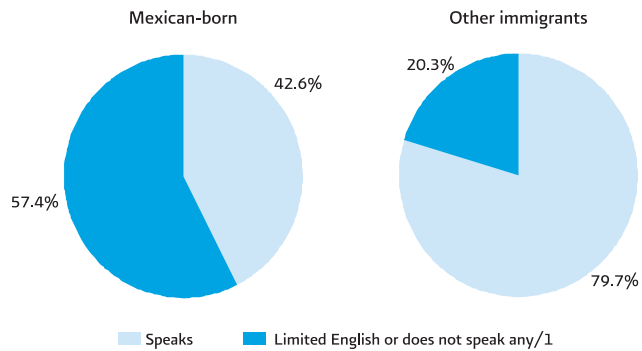


Source: CONAPO estimates based on *Current Population Survey (CPS)*, March 2009.

Another aspect hindering the process of socio-economic integration of immigrant populations (particularly access to health services) is their limited English proficiency. The linguistic barrier affects nearly 3 out of every 5 Mexican-born women, whereas this ratio is 1:5 among immigrants from other countries (Figure 10). Both aspects —low educational attainment and limited English proficiency— are directly related to health literacy and problems navigating an increasingly automated health system that can only be accessed by computer.

¹ Nevertheless, in absolute terms, there are a significant number of Mexican-born female professionals: the nearly 700,000 Mexican-born women with this level of academic achievement constitute the third largest national group of qualified female immigrants in the United States, exceeded only by Indian and Filipino women.

Figure 10. 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.

Adult Mexican-born women are characterized by having low naturalization rates

The high rates of undocumented workers and the low levels of citizenship among the Mexican population living in the U.S. create obstacles to their integration into society and restricts their access to health insurance, among other things.

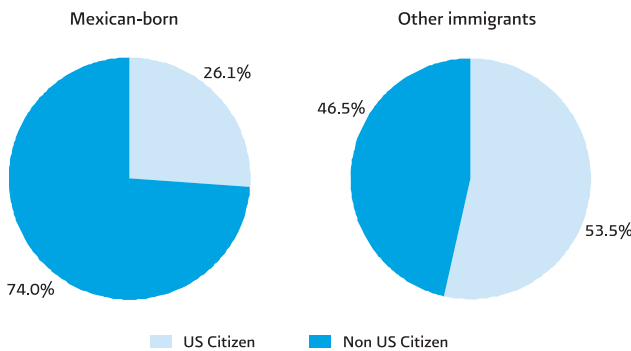
No source of nationally representative data provides an accurate estimate of the volume of undocumented migrants living in the United States. The Pew Hispanic Center estimates that there are nearly 7 million undocumented Mexicans residing in the U.S., most of whom have lived in this country for less than a decade. Although there are no specific estimates for women, this condition undoubtedly affects a significant proportion of Mexican-born women. For this group and their families, if comprehensive migratory reform is passed, (which has apparently been postponed until at a minimum 2011) it will largely define the possibility of their emerging from the shadows and aspiring to a better socio-economic level in the United States.

The *Current Population Survey* provides information on citizenship status; the proportion of the immigrant population without citizenship gives a rough idea of the number of undocumented immigrants. Not all those who are not citizens are undocumented migrants, although all undocumented workers are non-citizens. Granting citizenship constitutes an element that enhances immigrants’

integration into the receiving society, since it creates more stable immigrants, with labor and social rights, and mechanisms that facilitate and promote family reunification. In short, citizenship provides a series of rights that permit the development of human potential and participation in society similar to those of U.S.-born citizens.

Just over a quarter 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-born women contrasts with that of other immigrants (54%) (Figure 11).

Figure 11. Immigrant women ages 18- 64 by citizenship status by race/ethnicity, 2009



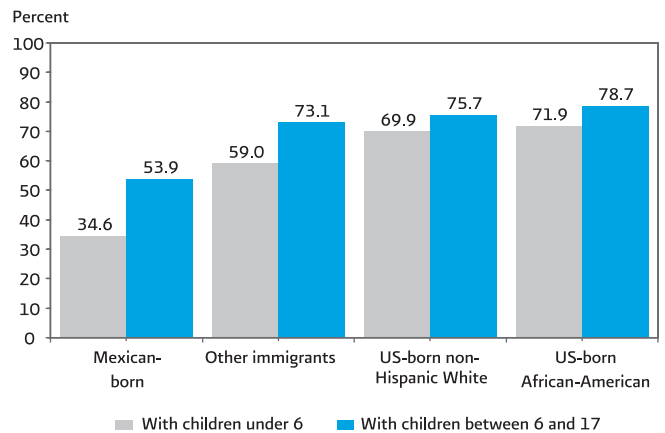
Source: CONAPO estimates based on *Current Population Survey (CPS)*, March 2009.

Mexican-born women’s participation in the formal work force is relatively low

Women display different patterns of entry into and permanence in the formal labor market as compared to men, largely due to the influence exerted on them by traditional roles, such as motherhood, child-raising, and housework. Analysis of the economically active female population living in the United States reveals differences between groups of different racial/ethnic origins. Figure 12 clearly shows that Mexican-born women are the immigrant group with the lowest activity in the formal labor market as compared with other immigrant groups and U.S.-born non-Hispanic white and African-American women. This situation is especially exacerbated among women with children under the age of 6. Mexican-born women prob-

ably find it more difficult to combine work and child-raising (Figure 12) as they often have limited resources to support child care as well as low levels of formal education that limit the types of jobs that they are eligible for in the U.S. labor market.

Figure 12. Labor participation rates among women ages 18-64 living in the U.S. by race/ethnicity and presence of children under 18, 2009



Source: CONAPO estimates based on *Current Population Survey (CPS)*, March 2009.

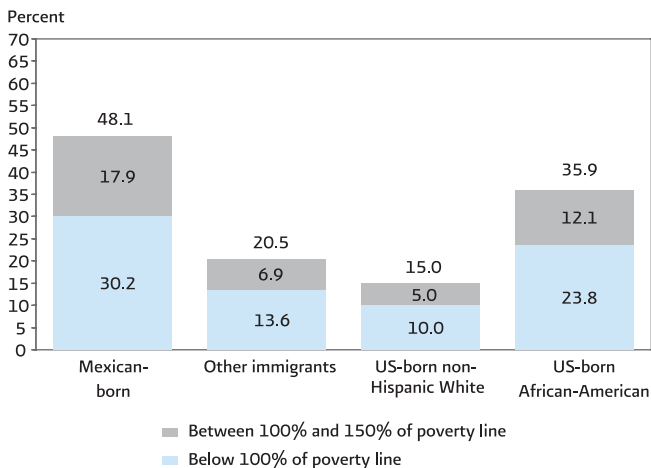
The majority of Mexican immigrant women live in low-income households

Lower access to the labor market by Mexican immigrant women, particularly in formal occupations with decent salaries and job benefits, restricts them to living in more precarious financial conditions. A total of 48% of adult Mexican women live in low-income families, in other words, in families with incomes 150% below the U.S. *Federal Poverty Line*.² 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 (21% and 15%, respectively). Likewise, figures on the prevalence of poverty (100% below the *Federal Poverty Line*) show that Mexican-born women are at a greater disadvantage than African-American women (30% and 24% respectively).

² In 2009, 100% of the *Federal Poverty Line* corresponded to \$21,756 for a family of four with two children under 18.

Closing the social and economic schism between Mexican female immigrants and African-American and white women will require major investments (Figure 13).

Figure 13. Women aged 18 to 64 resident in the United States in a condition of low incomes,¹ by race/ethnicity, 2009



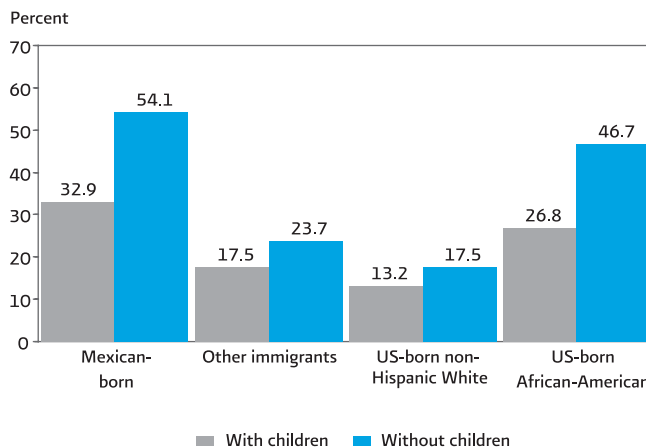
Note: 1/ Income below 150% of US Federal Poverty Line.
Source: CONAPO estimates based on *Current Population Survey* (CPS), March 2009.

The incidence of poverty and low income varies according to family structure. Although having children under 18 affects households' economic level across all groups, the greatest vulnerability is observed among Mexican-born women: 54% are included in the low-income category as compared to 47% of African-American women. Among other immigrants and U.S.-born white women these figures drop to 24% and 18%, respectively (Figure 14).

The lack of a father in the household noticeably affects women from all ethnic groups. Once again, however, Mexican-born women raising their children on their own are the most likely to experience financial difficulties: 78% of Mexican women in single-parent households have low incomes, a much higher figure than for other groups (Figure 15).

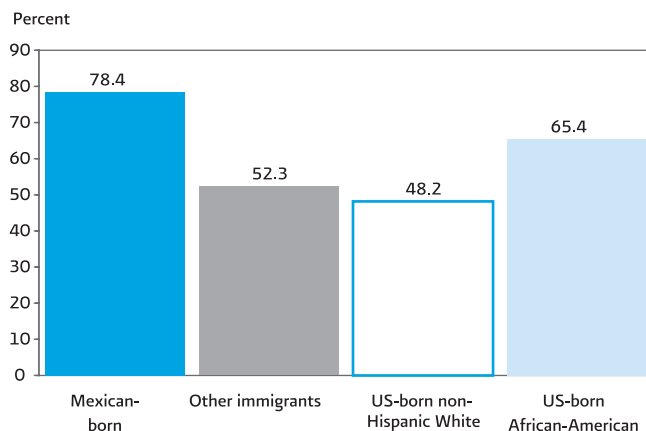
The information on the characteristics of Mexican female immigrants, analyzed in this chapter, provides the background for a better understanding of the specific needs and experiences of this population in terms of health. For

Figure 14. Women aged 18 to 64 resident in the U.S. with/without children in a condition of low incomes¹ by race/ethnicity, 2009



Note: 1/ Income below 150% of US Federal Poverty Line.
Source: CONAPO estimates based on *Current Population Survey* (CPS), March 2009.

Figure 15. Women aged 18 to 64 resident in the U.S. with single parenthood status¹ by low incomes² and race/ethnicity, 2009



Notes: 1/ Single mother.
2/ Income below 150% of US Federal Poverty Line.
Source: CONAPO estimates based on *Current Population Survey* (CPS), March 2009.

example, their high concentration in young adult ages and the characteristics of their family structure suggest the need to provide productive health and maternal and child health services. On the other hand, the crudeness of the figures analyzed evinces the low degree of integration of Mexican female adult immigrants in the U.S. compared with other immigrant and U.S.-born groups. They

are at a noticeable disadvantage regarding citizenship status, English proficiency, work performance, income, etc. These factors condition their ability to have medical insurance coverage and therefore to regularly attend health services.

