

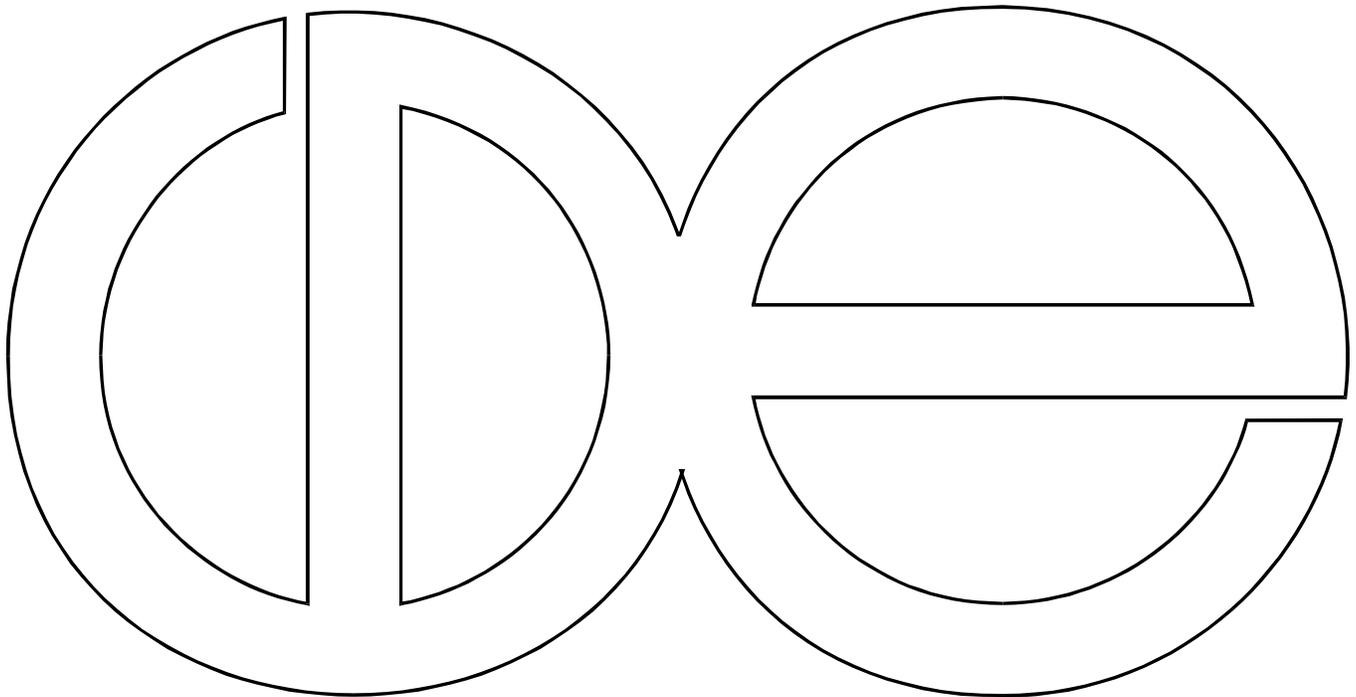
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**The Effects of Migration, Household Income,
and Gender on Mexican Child Health**

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Despite worldwide progress in the eradication of poor health outcomes, persistent inequalities remain. In most countries, the poor bear the burden of disease. This is certainly true in Mexico, where inequities in wealth, gender, and ethnicity have polarized health outcomes. For example, infant mortality has dramatically improved since the beginning of the 20th century in Mexico but notable variation by socioeconomic status remains. Poor rural populations have infant mortality rates that are much higher than the rate for the nation as a whole (53 vs. 30 deaths per thousand live births in 1990) (CONAPO 1995). Similar socioeconomic differences exist with respect to the reemergence of epidemic diseases once thought to be controlled or eradicated, such as dengue fever, malaria, and cholera (Frenk et al. 1989), and the poor also have higher rates of infectious disease, malnutrition, noncommunicable diseases, and injury (Bobadilla et al. 1993).

The idea that gender influences health outcomes in Mexico also merits attention. Globally, and in Mexico, studies report that girls have less favorable health outcomes than boys in places where gender inequality is greatest and that poverty often exacerbates these sex differences (CONAPO 1995; United Nations 2000). In Mexico, sex differences in health may be linked to traditional gender relations and power inequities in households, where men are more likely to make important decisions and women are more likely to provide the support necessary to permit the realization of these decisions. Recently, however, some studies suggest that traditional gender relations in Mexican families have begun to break down (Stephen 1991; Gutmann 1996). Although considerable research has

been devoted to the larger context of these transformations, the direct impact of shifting gender relations on the well-being of young Mexican children remains a salient concern.

Recent studies also suggest that migration affects health. Mexican well-being has been linked to longstanding traditions of U.S. migration that have intensified as a result of social and economic changes in Mexico during recent decades (Durand and Massey 1992). From some communities, for example, estimates suggested that more than 90 percent of men will migrate on a first U.S. trip by age 40 (Donato et al. 1992; Donato 1998).¹ As a result, some have argued that Mexico-U.S. migration has become an institutionalized and self-sustaining process (Massey et al. 1987; Massey 1988; Donato et al. 1992; Massey et al. 1994). Despite the voluminous literature on Mexico-U.S. migration, however, few studies have focused on exactly how migration affects health. Using infant mortality in Mexico as an indicator of overall well-being, Kanaiaupuni and Donato (1999) represent an exception. They found that migration affects health in a non-linear way, raising the risks of infant death in the short run, but over time, lowering these risks as communities and individuals benefitted from social and economic resources linked to migrants.

In this paper, we rely on new binational data on the health of Mexican children to understand sex differences in the effects of migration and income on health during childhood. We assess whether migration and income equally affect the health of young boys and girls. To do this, we examine the health of young children in three types of households: those with current U.S. migrants, those with prior migrants, and those without

¹Since the mid-1980s, female migration from Mexico has grown (Donato 1993; Kanaiaupuni 2000). Despite women's increasing presence, however, the migration flow from Mexico remains mostly male.

migrants. To our knowledge, no prior studies of child health have made these comparisons because they usually rely on data sources that describe Mexicans in the United States.

Gender Relations and the Mexican Family

Before we begin our analysis of the health of young Mexican children, we describe men's and women's roles in Mexican families and how sex differences manifest themselves in the processes of migration and employment. On the whole, studies published throughout much of the twentieth century agree that Mexican women have been linked to the domestic sphere and men were obligated to meet the financial needs of their families. In recent studies, however, critics argue that these depictions are too simplistic because they represent ideal types that never typify real behavior and because they conceal the diversity of experience that is certainly possible.² Reflecting larger societal shifts in the social norms that govern the behavior of men and women, and institutional and labor market changes that affect the extent to which women depend on men, gender relations in Mexican families are in flux, shifting as a result of, and in response to, the larger social context. One consequence is that contradictions have emerged in parent's behaviors and expectations about their children.

In general, gender and power relations in Mexican families define the actions and roles of individual members, especially men's and women's roles and statuses (Benería & Roldán 1987; Chant 1991; LeVine 1993; Kanaiaupuni 2000). Men are culturally obligated to provide for the economic needs of their families and to protect women (Beals 1946;

²See Stephen (1991), Hondagneu-Sotelo (1992), Gutmann (1996), among others.

LeVine 1993). Women are usually subordinate to men, and their role is primarily domestic in nature (Belshaw 1967; Casillas Moreno 1985; Elu de Lenero 1973; González de la Rocha 1994; Lewis 1959, 1960; Lomnitz 1977; Loyden Sosa 1986; Solorzano y Rivera 1980; Tanori-Villa 1989).

Traditional gender expectations remain integral to the daily activities of women. Mexican women's identity is so embedded in domestic spheres that when they need to leave that domain, they are usually accompanied by a family member (Kanaiaupuni 2000). This culture of caring operates to protect women and young girls from being seen alone too frequently on the streets, a behavior that contrasts sharply with angelic images of women as guardians of the home. Girls learn domestic tasks at a very young age, and they expect to be responsible for these tasks as future mothers with their own children in their own households. Moreover, when girls enter adulthood, they (more so than boys) remain subject to their parent's will and are often isolated within households until marriage (González de la Rocha 1994: 135).

Other studies have painted a more nuanced picture of gender relations and roles in Mexican families – one that moves us away from unidimensional stereotypes of what is male and what is female. In a study of several Zapotec communities, Stephen (1991) describes how commercial weaving for export has changed the lives of women during the twentieth century. Expanding capitalism in these areas affected women in different ways, and as a result, gender representations within and across social situations have become dynamic and fluid. For example, women have used their female identities in traditional and nontraditional ways both to separate themselves from some women and to create unity among others. Similarly, Gutmann's (1996) study of machismo in Mexico City reveals

that men have developed a complicated sexual identity that includes substantial child care responsibilities and recognizes female autonomy.

Related findings also illustrate complexity in parents' perceptions of their children across gender lines. For example, although parents described girls as having "positive qualities and capabilities," they also consistently marked their children along traditional gender lines beginning at childbirth (Gutmann 1996: 105). As newborns, parents described boys as strong and big, and girls as pretty and fragile. Later when children were four or five years of age, they participated in school events in ways that were highly gendered. For example, boys strutted around "in black pants, white shirts with suspenders, bow ties, and black fedoras," whereas girls dressed in "black miniskirts, fishnet tights, red leotard tights, and berets" with a "sexy, come-hither look" (1996: 105).

On the whole, these findings reveal contradictions in parents' reports of their expectations for sons and daughters. Although many parents reported gender neutral expectations with respect to the qualities and capabilities of their children, they also discussed their children in traditional sex-typed ways. Gutmann (1996) argues that these are gendered contradictions linked to larger changes now underway in contemporary Mexican society, and that they illustrate the extent to which the gender lines traditionally drawn between men and women are shifting (Gutmann 1996).

Migration and Employment

Gender is also embedded in institutions outside the family. For example, many studies have described decision making about migration and income generation activities as constrained by patriarchal norms and gender-linked power differences (Benería and Roldán 1987; Pedraza 1991; Kanaiaupuni 2000; Cerrutti and Massey 2001). Because

women often have less power than men, they have been routinely excluded from household decision making about migration (Hondagneu-Sotelo 1992) and from participating in the labor force in the same (or comparable) jobs as men (Benería and Roldán 1987).

Let us first consider migration. In some ways, U.S. migration from Mexico has reinforced traditional gender roles. Throughout much of the twentieth century, the U.S. economy has relied on the seasonal migration of men (Massey et al. 1987; Grindle 1988; Stephen 1991; Donato 1994). The U.S. Congress encouraged male-specific migration when it passed temporary worker programs between 1942 and 1964, amendments to the Immigration and Nationality Act in 1965, and the Immigration Reform and Control Act (IRCA) in 1986 (Donato 1994; Kanaiaupuni 2000). The 1965 amendments permitted more women to legally enter, but usually did so as the spouses or children of male migrants. Furthermore, IRCA's amnesty programs offered legal papers to many more men than women in large part because women lacked the connections to the formal economy that men had. Without documentation of formal sector employment, women's chances for amnesty were much lower than men.

When women do migrate, Mexican families attempt to maintain traditional gender divisions by protecting women and girls in the process more so than boys and men. Evidence from several sources supports the existence of a culture of caring in the migration process. Field reports from Mexico suggest that women and girls are much more likely than men to use border smugglers when crossing into the United States without legal documents. In one community, informants discussed the emergence of sophisticated border smugglers who informally advertise their protective services for

pregnant women who want to join their husbands and boyfriends in the United States before giving birth. Empirical studies document that women do not migrate unless they have family members who are active U.S. migrants (Lindstrom 1991; Donato 1993). By having an immediate family member in the United States when women migrated, families ensured women's safety either as they crossed the border, arrived in destinations, or both.

In other ways, however, Mexico-U.S. migration has encouraged shifts in the gender lines traditionally drawn between husbands and wives. For example, after their husbands migrate, the women who remain in origin communities become key decision-makers in their households and often begin to generate income for the family (Kanaiaupuni 2001). Among the women who migrate with their partners to the United States, studies suggest that they become more powerful participants in their households after migrating in large part because they are working for pay and contributing to family income (Grasmuck and Pessar 1986; Hondagneu-Sotelo 1992). As a result, these studies document a sex difference in the desire to return to Mexico: men wanted to but women did not.

Employment and income opportunities in Mexico also reflect traditional divisions of labor in the workplace. As expected, men participate in the labor force more than women, especially in formal sectors of the economy. On average, women tend to work in just a small number of occupations; most are traditionally female and include domestic, sales, clerical, and agricultural workers (Oliveria 1990; Kanaiaupuni 2000). Yet Mexican women's labor force participation has increased markedly since the 1970s. During the 1980s, the demographic composition of the female labor force shifted as more married women entered the labor force to meet pressing economic needs during the national

economic crises in Mexico. However, because much of their employment was in the informal sector and frequently involved women working at home either assembling or selling goods (Benería and Roldán 1987; Oliveria 1990), these changes still reflected patriarchal divisions of labor in the home (Hondagneu-Sotelo 1992).

To sum, gender is embedded in migration and employment processes as well as in Mexican families. Although its form has been largely defined along traditional lines in the past, recent studies suggest that gender relations are in flux. The behaviors of men and women are rooted in traditional patriarchy, but old stereotypes no longer neatly describe how gender operates in Mexican families. As we see below, this flux has implications for our analysis.

Linking Gender, Migration, and Income to Child Health

Our prior work has documented how health consequences of migration in Mexican origins unfold over time. In this paper, we build on these findings by understanding how migration and income differentially affect the poor health of young boys and girls living in households in Mexico and the United States. Migration may affect health on many fronts, serving to improve health (by increasing economic resources of individuals and communities, shifting familial social networks, or providing new information about health and lifestyles) or worsen health (because it produces economic insecurity or introduces new health risks related to life in U.S. neighborhoods and/or dangerous border crossings). Therefore, a priori, we do not have clear expectations about exactly how the migration status of households will affect child health. On the one hand, in households where parents are current U.S. migrants, we may expect lower likelihoods of poor child health (compared to nonmigrant households in Mexico) in large part because current migrants

should have better economic resources that reduce the risks of poor health. On the other hand, in these same households children may have worse health (compared to nonmigrant households in Mexico) because they face health risks they would not have faced had they not resided in migrant households.

As a starting point, we begin with an expectation that derives from neoclassical economics. This permits us to generate the hypotheses of key interest in this paper: those related to gender differences. Therefore, in households where parents are current U.S. migrants, we expect lower likelihoods of poor child health. We expect that improved health of boys and girls is a result of changing gender relations in Mexican families. With gender relations now in flux in many Mexican families, we expect that the norms and behaviors embedded in their culture of caring will extend to boys. However, because Mexican families have a long history of maintaining traditional gender roles and gender relations that, among other things, emphasize the protection and care of Mexican women and girls at home and in the migration process, we also expect that current migration in households will improve girls' health more so than boys'.

In theory, changing household income should also reduce the likelihood of poor health among boys and girls. Just as the culture of caring embedded in Mexican families has often been centered around girls and is expected to protect girls more than boys, traditional gender relations make it likely that parents will invest more in boys than girls, and that they are more willing to permit boys to become economically independent than girls. For example, ethnographic field reports on both sides of the Mexico-U.S. border suggest that young boys (often younger than eight years old) help parents generate income either by running the items to be sold, i.e., tortillas, to the homes of persons who will buy

them, advertising the services offered by their parents on the street to attract new buyers, assisting parents in agricultural work, or sitting in front of homes selling small food items such as gum and soda. In return for their efforts, these young boys receive a small portion of their parents earnings which they may use to purchase small food items and clothing. Therefore, we expect that the health of young boys is more closely linked to the economic status of households than the health of girls, who will also experience a significant positive effect albeit smaller. If these differential effects for household income are observed, we will interpret them as a sign of the changing gender norms underway in contemporary Mexican families.

Data and Methods

To test these hypotheses, we use data from the Health and Migration Survey (HMS) developed as part of a binational longitudinal data collection and analysis project that examines the health consequences of Mexico-U.S. migration. Our communities in Mexico represent various types of climatic conditions, population compositions, and economic productions. For this analysis, we used data from the 1998 representative samples of households in eight communities in San Luis Potosí, Mexico (roughly 1200 total households). In each community, we conducted interviews with a random sample of 200 households, or in smaller communities, we interviewed the entire population of households. To complement the data from Mexico, we use data collected from a total of 262 households randomly chosen in two neighborhoods that were primary U.S. migrant destinations from the eight Mexican communities.

In each city, we began by defining neighborhoods (using census tract and block information) that contained high concentrations of foreign born persons and those of

Mexican national origin. Because census data were relatively dated by the time of our surveys, we then spent several days walking through the neighborhoods defining and redefining their boundaries. This process was especially important in Houston, a city without zoning laws. As a result, we defined our neighborhoods to exclude 1-2 block groups, where relatively large commercial establishments were situated (typically on the edges of our neighborhood area). Once the definitions and boundaries for each neighborhood were established, we obtained a list of all household addresses in the neighborhood and randomly chose our sample households from this list.

A strength of the U.S. sample is that the two neighborhoods are very different from each other. The San Diego neighborhood contains a relatively young population, with many young children, few home owners, and many recently arrived Mexican migrants. The Houston neighborhood is more established, older, with fewer recent Mexican arrivals, but more home owners and more two-parent households. To the extent that other immigrant destinations areas share the same characteristics, we argue that our sample data are representative of these areas.

The key respondent to the HMS was the “senora” of the household, who was either the wife of a male household head or in a few households (about 2 percent), the head. The HMS asks women respondents about their marriage, work and fertility histories as well as household migration, labor and asset acquisitions. It also contains data on adult and child health, including histories about live births that occurred in the six years prior to the survey date, infant mortality, immunizations, breastfeeding, health service utilization and beliefs, and prenatal health. We also gathered data about household members’ migration, labor and asset acquisition histories (MMP 1999).

Dependent Variables. The first dependent variable is child health status based on information collected from mothers who had experienced a live birth in the six years prior to the survey. From these mothers we obtained information about 802 young children (under seven years old). Health status was assessed with a five-point scale ranging from very poor to excellent, based on mother reports at the time of the survey. Although self-reported health may be subject to reporting errors, studies have found it a surprisingly accurate predictor of subsequent morbidity and mortality (Idler & Benyamini 1997; Mare & Palloni 1987) and use of medical services (Ferraro & Farmer 1999).

Independent Variables. We examined child health outcomes controlling for migration status, and the characteristics of children, mothers, and households. Child health was regressed on the attributes of children (their sex and age), attributes of mothers (their age, education and general health), and attributes of households (monthly income, socioeconomic status, and the presence of other young children). We measured migration status by whether heads and/or spouses in households were currently in the United States, had previously migrated and then returned to Mexico, or had no U.S. experience (the reference category).

To capture differences in household income between the United States and Mexico, we used place of interview to examine separate income distributions and means. From these, we construct three dummy variables for each country of interview. The three variables assess whether households 1) reported more income than the lowest 10 percent of households but less than the mean value; 2) reported income at the mean value or above; and 3) less than 10 percent of the income distribution (the reference category). We also measured socioeconomic status by, first, creating an index of household wealth. Each

of the following assets was scored one and summed to create an index: ownership of home, second property other than the home, vehicle, business, five or more hectares of land (a little over 12 acres), second vehicle, second business, or additional real estate property.³ The overall index ranged from 0 (minimum) to 8 (maximum). Based on the index values, we categorized households into high (three or more), low (no assets) and medium socioeconomic status.

We begin the analysis by comparing the health of young children in three types of households: those without migrants, those with returned migrants (in Mexico), and those with current immigrants (in the United States). Using logistic regression, we then examine how household migration and income improve or worsen child health with several models that successively add control variables for individual and household characteristics including age, education, total income, socioeconomic assets and number of children. We also examine the extent to which sex differences in the effects of migration and monthly income exist with a series of interactions that summarize these effects. Finally, we estimate separate models for boys and girls to gain further insight about how migration and income differentially affect child health.

Findings

Table 1 shows the descriptive characteristics of the sample by migration status. Of the 802 children in our sample, 42 percent lived in households that contained parents with no U.S. experience. Approximately equal shares of children lived in households with

³We also created an SES variable that replaced owning any home with owning a home that contained five or more rooms. We did this because most of our Mexican respondents owned their homes. This recode did not change the effects observed below.

prior experience or with current migrants (31 vs. 28 percent). These children were, on average, three years old and equally likely to be male or female.

TABLE 1 ABOUT HERE

Significant differences emerged in the attributes of mothers in our sample between households with no migration experience and those with either prior or current experience. The average age of mothers in households with current migrants was about one year younger than those in household with no U.S. experience. Moreover, compared to these households, those with prior U.S. experience were less likely to have mothers who were younger than 25 years old, more likely to have mothers between the ages of 25-34, and less likely to have mothers 35 years and older. Mother's education was also significantly different between households with no migration and those with prior experience (6 years vs. 6.7 years, respectively).

Table 1 also described household differences in average income. The average income of households in our entire sample was \$594. Breaking income down by whether households had parents who migrated or not, we see significant differences in the expected direction. Households with at least one parent residing in the United States reported the highest average income, households with prior migration experience reported the next highest income, and those with no U.S. migration experience reported the least (\$1,350 vs. \$404 vs. \$230, respectively).

Although households with current migrants report more average income, income distributions by migration status reveal that U.S. migration experience increases the likelihood that households are in the two higher income brackets. Three-quarters of nonmigrant households reported income in this range, compared to 63 percent of

households with prior U.S. experience and 45 percent with current migration. Households with prior or current migration experience were considerably more likely to report income at the mean value or above: 30 percent of households with prior migrants and 44 percent of those with current migrants did so.

Interestingly, our measure of socioeconomic status reveals no significant advantage of households with current migrants compared to those without migrants. The only substantial differences appeared between nonmigrant households and those with prior migration experience. Approximately 13 percent of these households reported assets that scored low on our socioeconomic index, compared to 26 percent of nonmigrant households. Households with prior migration were also more likely to report assets that scored in the medium range of the socioeconomic index compared to nonmigrant households (69 vs. 59 percent). Surprisingly, no significant differences emerged in high socioeconomic status across the three groups.

The only remaining attribute that differed substantially by migration status was the percent of other children in the household. Here the story lies in the differences between nonmigrant households and those with current migration experience. Nonmigrant households were considerably more likely to have no other children, whereas they were less likely to have one or more young children, compared to households with current migrants.

Table 2 describes mothers' reports of the general health status of their young children by household migration status and income. From Panel A, we see that more than half of the young children in our sample had good or excellent health, with approximately one third being in fair health and just two percent in poor health. Compared to young

children in nonmigrant households, those in prior U.S. migrant households had worse health but those in current migrant households had better health. In particular, children in households where parents had migrated in the past were significantly less likely to be in excellent or good health and more likely to be in fair health. On the other hand, children in households with current migrants were significantly more likely to be in excellent health and less likely to be in good or fair health. These differences in the health of young children between nonmigrant and migrant households are salient. Less important, however, are differences across income categories. Panel B of Table 2 shows some tendency toward children having better health if they reside in moderate and affluent households, but the differences are not statistically significant.

Table 3 presents these relationships separately by children's sex. We begin by examining sex differences in health among children in the total sample, and find that girls were more likely than boys to be in excellent health. Moving across the columns in Panel A of Table 3, we see that this sex difference holds for only children in households with current migrants. In these households, 53 percent of girls were reported to be in excellent health compared to 30 percent of boys. As a consequence, girls in households with current migrants were significantly less likely than boys to be in fair or poor health. The only other sex difference that appears is among nonmigrant households, where boys were more likely than girls to be in poor health.

Panel B presents the relationship between child health and household income separately for boys and girls. Once again, among the total sample, girls were more likely to be in excellent health than boys. Interestingly, the difference holds for children in the poorest households, and for those with incomes that range between 10 percent of the mean

and the mean itself. In these households, girls were more likely to be in excellent health than boys. Among the poorest households, boys were considerably more likely than girls to be in fair health. Approximately 59 percent of boys in these households reported fair health compared to 23 percent of girls.

In the multivariate models that follow, we collapsed children's general health into two categories, where one equals poor or fair and zero equals good or excellent. We used logistic regression to estimate the likelihood of poor/fair relative to good/excellent child health. Table 4 presents four models. The first summarizes the baseline effects of household migration status on children's poor health. The second adds individual and household attributes to the model. The third model adds to these variables effects for interactions between child's sex and household migration status. The final model adds another set of interactions, those between child's sex and household income.

If our hypotheses are supported, we will observe significant differences in the effects for the interactions. We will observe sex differences in effects for household migration and income to assess whether hypotheses about the culture of caring for girls and household income for boys are supported. However, because ethnographic studies have documented shifts away from traditional gender divisions in Mexican households, we expect that the effects will operate in the same direction for boys and girls.

The first model in Table 4 documents significant effects for household migration status on the likelihood of poor child health. Compared to young children resident in households with no migration experience, those in households with prior experience have a higher likelihood of being in poor health. Children in households with current migrants,

however, have a much lower likelihood of being in poor health.⁴

The second model documents that migration effects on child health remain net of other household and individual characteristics that together play some role in explaining variability in the health of young children. Those children living in households with current migrants were less likely to have poor health, whereas those living in households where parents had prior experience were more likely to have poor health. Only two other variables significantly influenced the likelihood of poor child health. Having a mother aged 25-34, and living in a household that reported income greater than the mean, lowered the risk of poor child health.

In the third model, we enter interactions between sex and migration status to the model and ask whether there are sex differences in the effects of migration status on child health. Being female and living in households that contain parents who are current migrants substantially lowers the likelihood of poor health [b= -.71+(-1.61)]. Furthermore, the effect for boys also lowers the likelihood of poor child health [b= -.71]. These findings support the idea that active migration benefits the health of young children, and the difference of magnitude in these effects shows that girls appear to benefit more than boys.

In the final model, we enter interactions between sex and household income. Coefficients from this model suggest that household income works differently for the health of boys and girls. Being male and living in these households significantly lowered the likelihood of poor health [b = -1.06 and -1.37, respectively]. In contrast, being female

⁴In analyses not shown, we also controlled for the duration of U.S. trip (in years). It did not change these findings.

and living in households that earned above 10 percent of mean income worsened health [$b = 1.51$ and 1.46 , respectively]. Thus, although we have support for our hypothesis that the health of young boys is linked to their economic independence in their households, there is no evidence that the same effect exists for girls. In fact, household income appears to worsen the health of young girls.

In Table 5, we test to see whether this is the case. In particular, we examine whether the income coefficients for girls are significantly different from zero by estimating separate models for boys and girls. Our results show that household income significantly affects the health of boys but has no protective effects for girls. In other words, girls in higher income households are not more likely to report better health than their counterparts in lower income households.

Discussion

Findings from these analyses underscore that gender inequality in child health is related to both preferences built on traditional gender divisions and newly emerging ones that reflect shifting gender rules in Mexican families. Consistent with findings from studies conducted in other parts of the developing world, we found household income improves the health of boys but not girls. A strong protective effect of income protects the health of boys, but it did not exist for girls. This effect bodes serious consequences for the health of young Mexican children. It is in line with more traditional definitions of men and women in households, and contrasts with recent descriptions from the ethnographic literature suggesting a more equal division of labor in Mexican households.

Migration effects, on the other hand, demonstrated the extent to which gender roles are now in flux in Mexican families. Both girls and boys benefit from having a current

migrant in the household, although girls are still assigned a greater protective status than boys. These effects signal some shift in the gender definitions of Mexican families.

On the whole, our results raise issue with the simple way that researchers have described gender relations in Mexican families. Whether in terms of migration or income, existing gender preferences do not affect health in a uniform way. At times, our findings suggest that the power of traditional gender preferences, e.g., boys (not girls) benefit from the income of households, and girls benefit (more than boys) from residing in households with current migrants. At other times, our findings support the idea that gender rules are in flux, e.g., boys (like girls) significantly benefit from having current migrants in their households.

That sex-specific effects of income and migration are powerful predictors of the health of Mexican children is an issue that needs further study. Identifying the specific mechanisms through which migration and income affect child health is one key challenge. Another is charting whether and how effects for migration and income change as more and more Mexican families incorporate ideals of gender equity. Together, they represent a large research agenda for future work on the topic.

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Table 1. Descriptive Statistics by Parent's Migration Status				
	Total Sample	No U.S. Experience	Prior U.S. Experience	Currently in US
Migrant Status:				
No US experience	41.6	-----	-----	-----
Prior Migrant	30.7	-----	-----	-----
Currently in US	27.7	-----	-----	-----
Individual Attributes:				
% Female	49.8	47.5	53.4	49.3
Child's Age (mean yrs)	3.1	2.9	3.1	3.2
% Age:				
< 1year	15.2	17.0	14.2	13.4
1-5 years	68.1	68.4	67.2	68.6
6 years plus	16.8	14.6	18.6	17.9
Mother's Health (% poor health)	6.7	6.3	6.1	8.1
Mother's Age (mean yrs)	30.3	30.8	30.3	29.5**
% Mother's Age:				
<25	19.5	21.8	14.7**	22.0
25-34	53.4	48.1	61.9**	52.0
35 plus	27.1	30.2	23.9**	26.0
Mother's Education (mean yrs):	6.1	6.0	6.7**	5.7
Household Attributes:				
Mean Income (constant 1996 US \$)	\$594	\$230	\$404**	\$1350**
% Income				
Bottom 10%	8.6	8.4	6.9	10.8
Bottom 10% to mean	62.8	74.5	63.0**	45.1**
Mean or above	28.6	17.1	30.1**	44.1**
SES (low=ref)	21.6	26.3	13.4**	23.4
Med SES	63.1	59.3	68.7**	62.6
High SES	15.3	14.4	17.9	14.0
% Other young children				
None	30.7	32.5	32.8	25.6*
1 or more	69.3	67.5	67.2	74.4*
Number of Observations	802	334	246	222
Note: Asterisks denote significant differences between households with no migrant parents and those with prior migrant experience or those who are currently migrating. **p<.05 *p<.10				

Table 2. Child's Health Status by Parent's Migration Status and Household Income

PANEL A: Child's Health Status by Parent's Migration Status				
	Total Sample	No U.S. Experience	Prior U.S. Experience	Currently in US
General Health Status				
Excellent	13.7	4.2	1.6*	41.2**
Good	46.8	52.2	44.1**	41.7**
Fair	37.3	41.5	51.0**	15.7**
Poor	2.2	2.1	3.2	1.3
Very Poor	0.0	0.0	0.0	0.0
PANEL B: Child's Health Status by Household Income				
	Total Sample	Bottom 10%	10% to mean	Mean or above
Excellent	13.7	15.9	9.5	22.3
Good	46.8	40.6	48.4	45.0
Fair	37.3	40.6	39.7	31.0
Poor	2.2	2.9	2.4	1.7
Very Poor	0.0	0.0	0.0	0.0
<p>Note: In Panel A asterisks denote significant differences in households with no migrant parents and those with prior migrant experience or those who are currently migrating. In Panel B, asterisks denote significant differences in households in the bottom 10% of the income distribution compared with those in the middle or upper income category. **p<.05 *p<.10</p>				

Table 3. Child's Health Status by Sex of child, Parent's Migration Status, and Household Income

PANEL A: Distribution by Sex and Parental Migration Status

	Total Sample		No U.S. Experience		Prior U.S. Experience		Currently in US	
	Males	Females	Males	Females	Males	Females	Males	Females
Excellent	10.2	17.3**	2.9	5.7	1.7	1.5	30.1	53.2**
Good	48.8	44.7	53.1	51.6	48.3	40.1	42.5	40.4
Fair	38.3	36.3	40.6	42.1	48.2	53.8	24.8	6.4**
Poor	2.7	1.7	3.4	0.6*	1.8	4.6	2.6	0.0**
Very Poor	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
N	402	400	175	159	114	132	113	109

PANEL B: Distribution by Sex and Household Income

	Total Sample		Bottom 10%		10% to mean		Mean or above	
	Males	Females	Males	Females	Males	Females	Males	Females
Excellent	10.2	17.3**	2.9	28.6**	7.3	11.8*	19.2	25.0
Good	48.8	44.7	32.3	48.6	51.7	44.9	46.8	43.3
Fair	38.3	36.3	58.8	22.9**	38.2	41.2	32.1	30.0
Poor	2.7	1.7	5.9	0.0	2.7	2.0	1.8	1.7
Very Poor	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
N	402	400	34	35	259	245	109	120

Note: Asterisks denote significant sex differences in percentages within parental migration status and household income groups.

**p<.05 *p<.10

Table 4. Logistic Regression Results Predicting Children's General Health

	Poor or Fair vs Good or Excellent							
	(1)		(2)		(3)		(4)	
	B	SE	B	SE	B	SE	B	SE
Migration Status								
Prior U.S. experience	0.44*	0.22	0.54**	0.23	0.34	0.31	0.34	0.31
Currently in United States	-1.31**	0.28	-1.26**	0.29	-0.71**	0.35	-0.72**	0.36
Individual Attributes								
Sex: female (male=ref)			-0.18	0.20	-0.06	0.30	-1.44**	0.70
Age: 1-5 years (<1 year=ref)			0.16	0.29	0.14	0.29	0.10	0.30
6 years plus			-0.18	0.36	-0.15	0.37	-0.17	0.37
Mother's Health (not poor = ref)			0.54	0.45	0.48	0.44	0.50	0.44
Mother's Age (<25= ref)								
25-34 years			-0.50*	0.29	-0.48*	0.29	-0.50*	0.29
35+ years			-0.45	0.32	-0.37	0.32	-0.42	0.33
Mother's Education (< 7 years=ref)								
7+ years			-0.0	0.23	-0.16	0.23	-0.02	0.23
Household Attributes								
Monthly Income (< 10%=ref)								
10% to mean			-0.32	0.35	-0.43	0.37	-1.06**	0.43
> mean			-0.68*	0.41	-0.78*	0.43	-1.37**	0.50
SES (low=ref)								
Med SES			0.04	0.28	0.04	0.28	0.14	0.29
High SES			0.63	0.39	0.59	0.39	0.57	0.40
Other Young children (0=ref)								
1+ other young children			0.02	0.21	0.04	0.22	0.03	0.22
Sex Interactions:								
Female*Prior migrant					0.38	0.43	0.35	0.43
Female* Current migrant					-1.61**	0.67	-1.53**	0.67
Female*income (10% to mean)							1.51**	0.70
Female*income (> mean)							1.46**	0.75
Intercept	-0.27*	0.15	0.30	0.53	0.31	0.56	0.97	0.61
-2 Log Likelihood	-499.75		-489.32		-480.73		-477.53	
Chi Square	36.5		47.2		38.7		46.5	
N	802		802		802		802	

** p<.05; * p<.10

Table 5. Logistic Regression Results Predicting Health of Boys and Girls

	Girls		Boys	
	B	SE	B	SE
Migration Status				
Prior U.S. experience	0.66**	0.32	0.38	0.31
Currently in United States	-2.31**	0.58	-0.72**	0.37
Monthly Income (< 10%=ref)				
10% to mean	0.44	0.62	-1.06**	0.45
> mean	0.21	0.68	-1.49**	0.52
** p<.05; * p<.10				

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