Trends in the Well-Being of America's Children & Youth

PART 2

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THE WELL-BEING OF IMMIGRANT CHILDREN, NATIVE-BORN CHILDREN WITH IMMIGRANT PARENTS, AND NATIVE-BORN CHILDREN WITH NATIVE-BORN PARENTS

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EXECUTIVE SUMMARY

The children of today are the parents, workers, and citizens of America's future, and no group of American children is expanding more rapidly than those from immigrant families. During the seven years from 1990 to 1997, the number of children (ages 0-17) with at least one immigrant parent grew by 47 percent, compared to only 7 percent for children with native-born parents, and by 1997, 1 of every 5 children (19.8 percent or 14.1 million) was the child of an immigrant. Most growth in the number of children during the next three decades will occur through immigration and births to immigrants and their children. Mainly because the majority of children in immigrant families are of Hispanic or Asian origin, the proportion of children in the United States who are non-Hispanic white is projected to drop from 69 percent in 1990 to 51 percent in 2030. Meanwhile, as the baby-boom generation reaches retirement ages, the vast majority (about 75 percent) of the elderly will be non-Hispanic white. Thus, as the predominantly white, non-Hispanic baby-boom generation ages, it will depend increasingly for its economic support on the productivity, health, and civic participation of adults who grew up as first- or second-generation children in minority immigrant families (See Table 1).

Table 1.

Immigrant Generations of Children as Defined in this Chapter*

First-generation children:

- Children born in a foreign country

Second-generation children:

- Children born in the United States with at least one parent who was born in a foreign country

Third- and later-generation children:

- Children born in the United States to parents who were both born in the United States

Children in immigrant families:

- First-generation and second-generation children

*For definitions of additional variables see Technical Appendix or the source documents listed in table 2.

In this context, the Committee on the Health and Adjustment of Immigrant Children and Families was established by the National Research Council and the Institute of Medicine to assess the development of children from immigrant families and to identify the factors that affect their health and well-being. The committee found, as it began deliberating, that research necessary to consider many important questions did not exist. In response, the committee commissioned eleven new, detailed analyses of nationally or regionally representative surveys and censuses which constitute a large share of the national system for monitoring the health and well-being of the U.S. population (See Table 2). This essay presents key indicators and results from many of these eleven studies regarding the socioeconomic and family circumstances and the physical and mental health of children in immigrant families, compared to children in native-born families.

Table 2.

Primary Data Sources for: *Children of Immigrants: Health, Adjustment, and Public Assistance*

(Donald J. Hernandez, editor, Washington, D.C., National Academy Press, 1999)

Chapter 1

Socioeconomic and Demographic Risk Factors and Resources among Children in Immigrant and Native-Born Families: 1910, 1960, and 1990

by Donald J. Hernandez and Katherine Darke (National Academy of Sciences)

Data Set: Decennial Censuses of the Population and Housing, 1910, 1960, 1990

Chapter 2

Immigration and Infant Health: Birth Outcomes of Immigrant and Native Women

by Nancy S. Landale, R.S. Oropesa, Bridget Gorman

(The Pennsylvania State University)

Data Set: National Linked Birth/Infant Death Data Sets (1989-1991)

Chapter 3

The Health and Nutritional Status of Immigrant Hispanic Children: Analyses of the Hispanic Heath and Nutrition Examination Survey

by Fernando S. Mendoza and Lori Beth Dixon (Stanford University)

Data Set: National Health and Nutrition Examination Survey (1996)

Chapter 4

The Health Status and Risk Behavior of Adolescents in Immigrant Families

by Kathleen Mullan Harris (University of North Carolina at Chapel Hill)

Data Set: National Longitudinal Survey of Adolescent Health (1995)

Chapter 5

Psychological Well-Being and Educational Achievement among Immigrant Youth

by Grace Kao (The University of Pennsylvania)

Data Set: National Educational Longitudinal Survey of 1988

Chapter 6

Passages to Adulthood: The Adaptation of Children of Immigrants in Southern California

by Ruben Rumbaut (Michigan State University)

Data Set: Children of Immigrants Longitudinal Survey (1992-1996)

Chapter 7

Educational Profile of 3 to 8 Year Old Children of Immigrants

by Christine Winquist Nord (Westat), and James A. Griffin (National Institute on Early Childhood Development and Education)

Data Set: National Education Longitudinal Survey (1996)

Chapter 8

Public Assistance Receipt of Mexican- and Cuban-American Children in Native and Immigrant Families

by Sandra Hofferth (University of Michigan)

Data Set: Panel Study of Income Dynamics (1990-1992)

Chapter 9

Public Assistance Receipt of Immigrant Children and Their Families: Evidence from the Survey of Income and Program Participation

by Peter Brandon (University of Massachusetts)

Data Set: Survey of Income and Program Participation (1986-1992)

Chapter 10

Access to Health Insurance and Health Care for Children in Immigrant Families

by E. Richard Brown, Roberta Wyn, Hongjian Yu, Abel Valenzuela, and Lianne Dong (University of California at Los Angeles)

Data Sets: Current Population Survey (1996) and National Health Interview Survey (1994)

Chapter 11

Children of Immigrant Farm Workers

by Richard Mines (U.S. Department of Labor)

Data Set: National Agricultural Workers Survey (1993-1995)

Poverty, low parental educational attainments, and living in a family with one parent absent or a large number of siblings has each been demonstrated, for children and youth generally, to result in negative health and other important outcomes. Overcrowded housing conditions can facilitate the transmission of communicable diseases such as tuberculosis, hepatitis A, and other enteric and respiratory infections.

First- and second-generation children experienced somewhat higher poverty rates, overall, than third- and later-generation children in the 1990 census (for income in 1989), but the differences are concentrated among first-generation children. Second-generation children were only slightly more likely to be poor (19 percent) than were third- and later-generation children (17 percent). In addition, first-generation children from most countries of origin and, to an even greater extent, second-generation children were less likely to live in a one-parent family in 1990 than were third- and later-generation non-Hispanic white children. The proportions of children whose parents have graduated from college and whose fathers are in the labor force are highly similar for first-, second-, and third- and later-generation children. At the other end of the spectrum, however, first- and second-generation children are substantially more likely than third- and later-generation children to have a father with no more than eight years of schooling and a father who does not work full-time, year-round.

These general patterns camouflage the enormous diversity in socioeconomic circumstances that characterizes first- and second-generation children from various countries of origin; for example, first- and second-generation children from more than two dozen countries in South America, Asia, Africa, the Middle East, and Europe are somewhat, to considerably, more likely than third- and later-generation non-Hispanic white children to have a father in the home who has graduated from college. Similarly, first- and second-generation children from about two dozen countries have poverty rates that are equal to or lower than the poverty rate for third- and later-generation non-Hispanic whites.

On the other hand, first- and second-generation children from 12 countries of origin that account for close to half of all children in immigrant families had poverty rates (over 25 percent) in the range experienced by third- and later-generation Hispanic and black children. The 12 countries from which these children or their parents have immigrated are the source of many officially recognized refugees (the former Soviet Union, Cambodia, Laos, Thailand, Vietnam), include three war-torn countries in Central America (El Salvador, Guatemala, and Nicaragua); or are major sources of both legal and illegal unskilled labor migrants (Mexico, Honduras, Haiti, and the Dominican Republic). In every case except the former Soviet Union, children with origins in these countries are likely to be classified as Hispanic, Asian, or black. The situation of children from these 12 countries is of particular concern in view of the risks of negative life outcomes that are associated with poverty generally.

Poverty within this group of 12 countries did not consistently show the associations with other sociodemographic factors that have been found repeatedly for children in third- and later-generation families. Although first- and second-generation children from these 12 countries (except the former Soviet Union) were very likely to have poorly educated parents and to live in overcrowded housing, they did not necessarily show high rates of living in a one-parent family or a family with many siblings. Moreover, children from most of these countries had quite high rates of father's labor force participation (exceptions were Laos, Cambodia, and Thailand), although their fathers did not necessarily work full-time, full-year. These children were also distinguished, however, by their particularly high rates of living in linguistically isolated households, of not speaking English very well, and of not being U.S. citizens.

Children with parent origins in Mexico account for about two-thirds of the first- and second-generation children from these 12 countries. Despite improvements across the generations, third- and later-generation Mexican-origin children are about 2.5 times more likely than their white non-Hispanic counterparts to live in poverty and to have parents who have not graduated from high school, and about four times more likely to live in overcrowded housing. The disadvantaged socioeconomic circumstances of third- and higher-generation Mexican-origin children suggests that ethnic stratification may, historically, have severely limited the resources and opportunities available to children in immigrant families from Mexico. Moreover, despite improvements among Mexican-origin children between the first and second generations in the risk of living in a one-parent family, the situation deteriorates substantially by the third and later generations, probably reflecting the role that economic insecurity plays in fostering divorce and out-of-marriage childbearing.

Many measures of physical health and risk behaviors that have been reported for first- and second-generation children and adolescents indicate that they are generally healthier than their third- and later-generation counterparts—a finding that is counterintuitive in light of the racial or ethnic minority status, overall lower socioeconomic status, and higher poverty rates that characterize many of the immigrant children and families. Evidence on this issue is patchy, however, focusing only on some immigrant groups and age groups and frequently relying on parental reports rather than direct medical examinations. Although the research that exists is quite consistent, the evidence also indicates that the relative health of immigrant children tends to decline with length of time in the United States and from one generation to the next.

Specifically, children born in the United States to immigrant mothers are less likely to have low birthweights and to die in the first year of life than are children of U.S.-born mothers from the same ethnic group, despite the generally poorer socioeconomic circumstances of the immigrant mothers for many specific countries of origin. Parents report that first- and second-generation children experience fewer acute and chronic health problems compared to third- and later-generation children. And, first- and second-generation adolescents report lower levels of neurological impairment, obesity, asthma, and health risk behaviors such as early sexual activity; use of cigarettes, alcohol, marijuana, or hard drugs; delinquency; and use of violence, compared to third- and later-generation children. Yet, the neonatal and adolescent health advantages of immigrants appear to deteriorate over time, raising the intriguing possibility that immigrant children and youth are somewhat protected, albeit temporarily, from many of the deleterious health consequences that typically accompany poverty, minority status, and other indicators of disadvantage in the United States.

Despite this generally positive portrait, not all conclusions that can be drawn about the health of immigrant children are favorable. First- and second-generation children with parents from Mexico, for example, are more likely to be reported by parents as being in poor general health, having teeth in only fair to poor condition, and especially for those in the first generation aged 12 to 16, to have vision problems. Exposure to pesticides is an additional health risk for children of migrant farm workers.

First- and second-generation adolescents appear as likely as their third- and later-generation counterparts to experience feelings of psychological well-being and positive self-concept and to avoid serious psychological distress that can, in the extreme, contribute to adolescent suicide rates. These positive signs of adjustment are maintained despite perceptions among first- and second-generation adolescents—particularly those who are of Hispanic and Asian origin—that they have less control over their own lives and are less popular with classmates, compared to their third- and later-generation peers. In contrast to measures of physical health, these measures of mental health actually appear to improve from the first to the second generation. By the third generation, however, there is evidence again of deterioration.

First- and second-generation adolescents also, on average, perform just as well if not better in school than their third- and later-generation peers, achieving somewhat higher middle school grade point averages and math test scores than do third- and later-generation children. Reading test scores among the first generation are, however, lower than for later generations probably as a result of their poorer English proficiency. Not all immigrant children manage to perform well in school, however; for example, first- and second-generation Chinese adolescents tend to have higher grades and math test scores than do third- and later-generation adolescents who are either Chinese or non-Hispanic white. But first-, second-, and third- and later-generation with origins in Mexico have grades and math test scores that are similar to each other and lower than among third- and later-generation non-Hispanic white adolescents. Most of the lower grades and math test scores of Mexican-origin adolescents of all generations, compared to third- and later-generation non-Hispanic whites, are accounted for by lower parental educational attainments and family income.

Higher educational attainments are important for obtaining well-paid jobs during adulthood. By age 17, the proportions not enrolled in school in 1990 were similar for second-generation adolescents and third- and later-generation non-Hispanic whites, but one-third to one-half higher for third- and later-generation black and Hispanic adolescents. First-generation adolescents were more than twice as likely as the second generation to not be enrolled in school (20 percent), but nearly all of the difference is accounted

for by the very high non-enrollment rates for foreign-born adolescents from Mexico and eight other impoverished or war-torn countries of origin who experience very high U.S. child poverty rates. Many of these youth probably immigrated recently, and may have educational and related needs quite different from children who immigrate at younger ages, and from adolescents born in the U.S.

INTRODUCTION

The parents, workers, and citizens of America's future are the children of today, and no group of American children is expanding more rapidly than those from immigrant families. Between 1990 and 1997, the number of first- and second-generation children grew by 47 percent, compared to only 7 percent for third- and later-generation children, and more than 1 of every 5 children (19.8 percent or 14.1 million) in 1997 was the child of an immigrant (Hernandez and Charney, 1998). During the next three decades, immigration and births to immigrants and their children will account for most growth in the number of children. The proportion of children in the United States who are non-Hispanic white is projected to drop from 69 percent in 1990 to only 51 percent in 2030 (Day, 1996), mainly because the majority of children in immigrant families are of Hispanic or Asian origin. Meanwhile, as the baby-boom generation reaches retirement ages, the vast majority (about 75 percent) of the elderly will be non-Hispanic white; thus, as the predominantly white, non-Hispanic baby-boom generation ages, it will depend increasingly for its economic support on the productivity, health, and civic participation of adults who grew up as children in minority immigrant families.

In this context, the Committee on the Health and Adjustment of Immigrant Children and Families was established by the National Research Council and the Institute of Medicine to assess the development of children and youth in immigrant families, both citizen and noncitizen children, and to identify the factors that affect the health and well-being of these children and youth (Hernandez and Charney, 1998). At the beginning of its work, the committee found itself without the research or data necessary to consider many questions related to its charge. In response, the committee commissioned eleven new, detailed analyses of 12 nationally or regionally representative surveys and censuses which constitute a large share of the national system for monitoring the health and the family and socioeconomic well-being of the U.S. population (Hernandez, 1999).

Publicly available computer files for six of these data sets are organized with adults or households as the primary unit of analysis (Decennial Census of Population and Housing, Current Population Survey, Survey of Income and Program Participation, National Health Interview Survey, National Agricultural Workers Survey, and Panel Study of Income Dynamics); thus, the creation of data sets that were essential in order to develop estimates for children, that is, computer files organized with children as the unit of analysis, involved data management activities that were not only innovative but which also required enormous effort. Equally innovative is that all eleven of these new studies distinguish, to the extent possible, first-, second-, and third- and later-generation children, usually using variables not explicitly intended for this purpose (for the committee's recommendations for new data collection needed to improve future studies, see Hernandez and Charney (1998)).

Because, prior to these new studies, few of these data sources had been used to assess the circumstances of children in immigrant families, the new studies enormously expand our knowledge about the physical and mental health status and risk behaviors, the educational experience and outcomes, the socioeconomic and demographic circumstances, and the participation in public programs of first- and second-generation children, compared to third- and later-generation children. This essay presents key indicators and results from many of these eleven studies (See Table 23 for list of studies and data sources).

The indicators presented here distinguish, insofar as possible, among children (ages 0-17) who are first generation (foreign-born), second generation (native-born in the United States with at least one foreign-born parent), and third or later generation (native-born with native-born parents). To reflect the sometimes great differences between immigrants that are associated with the social, economic, and cultural conditions of their countries of origin, indicators presented here also distinguish, insofar as possible, among children in immigrant families according to their country or region of origin. Because life chances differ greatly according to race and ethnicity in the United States, and because the racial and ethnic composition of immigrants has shifted markedly during recent decades toward a larger representation of Hispanic and nonwhite minorities, this essay often compares the situation of immigrants and natives who are white, black, Hispanic, or Asian. Limitations of available data for these purposes are discussed in the technical appendix.