

## **The Nourishment and Well-Being of Young US Citizen Children of Mexican, Central American, and Caribbean Mothers**

**Citation:** Chilton, M, Ettinger de Cuba, S, and Cutts, DB et al. La alimentación y el bienestar de los ciudadanos estadounidenses más jóvenes de madres mexicanas, centroamericanas, y caribeñas. *Cahiers Alhim de la Universidad de Paris 8 de Saint-Denis*. May 2008.

This study investigated the relationship between participation in federal nutrition and cash assistance programs and maternal and child well-being among immigrant households in the United States. The objective was to establish whether there are differences in well-being between US born families and immigrant families who come from Mexico, Central America and the Caribbean (Haiti, the Dominican Republic, and Jamaica). Level of well-being was measured using indicators of household and child food insecurity, maternal depressive symptoms, and child health and development.

### **Study Summary**

Prior work by Children's HealthWatch (previously known as C-SNAP) demonstrated that rates of household food insecurity in the Children's HealthWatch sample increased systematically since 2000. The increases in food insecurity were especially high for Latinx children. The results also showed that food insecurity was related to fair or poor child health and greater odds of child hospitalization. Additionally, Children's HealthWatch research showed that there is a relationship between material depressive symptoms and high rates of household food insecurity, loss of SNAP, and poor infant and child health. On the other hand, the findings also showed a beneficial relationship between infant and child health and participation in SNAP and WIC.

Approximately one-third of the caregivers in the Children's HealthWatch sample were immigrant mothers and the majority came from Mexico. Mexican, Central American, Haitian, Jamaican, and Dominican immigrants arrive in the US in search of better paid work, and to improve the well-being and conditions of their children. The health experiences of immigrant and migrant women and children are difficult to determine because national surveys do not capture the perspectives of this vulnerable population. The immigrant population of the US has very high rates of food insecurity and hunger. In this study, we considered 2 levels of food insecurity – household and child. Parents tend to try to protect their children from hunger and food insecurity by sacrificing their own nourishment on behalf of their children. When food insecurity reaches children that demonstrates the severe hardship in the household. We also examined child health status and parents' reports of concerns about their child's physical, socio-emotional and cognitive development, known as developmental risk.

### **Methods:**

This study sought to establish whether there are differences in well-being between US born families and immigrant families who come from Mexico, Central America and the Caribbean (Haiti, the Dominican Republic, and Jamaica). We also investigated the adjusted odds of maternal and child health with relation to their participation in SNAP and WIC using multivariate logistic regression adjusting for site, child low birth weight and breastfeeding history, and mothers' race/ethnicity and education.

Inclusion criteria: birth place of the mother in one of the above countries and child public or no insurance and US citizenship

Predictor variable: Mothers' country of origin

Outcome variables: household and child food insecurity, maternal depression, child health, child developmental risk

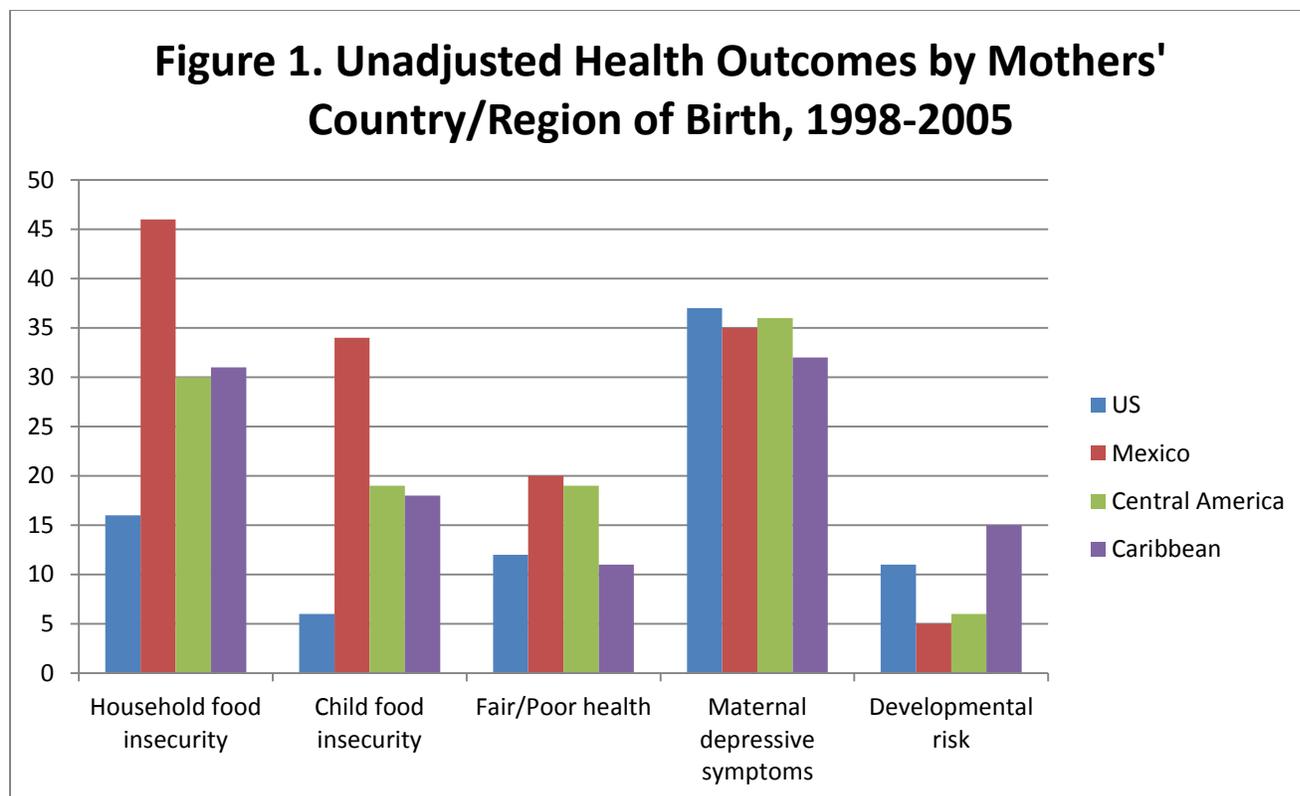
**Results:**

The demographic characteristics of the immigrant mothers differed greatly compared to those born in the US. For example compared to mothers born in the US, the majority of the immigrant mothers were married, had lower educational attainment and were generally older. Among the immigrants there were also notable differences. The Caribbean mothers were similar to those born in the US while among the Mexican and Central American mothers there tended to be a greater proportion who were married and had many fewer years of schooling.

**Table 1. Characteristics of Mothers and Children in the Children's HealthWatch Sample, 1998-2005**

Variable	Mothers' Place of Birth				P
	United States (n=12,059)	Mexico (n=2,726)	Central America (n=1,109)	Caribbean (n=983)	
Average Age, Child	12.7 months	11.71 months	13.90 months	10.55 months	<0.0001
Average Age, Mother	25.6 years	27.32 years	29.08 years	26.85 years	<0.0001
Married Mothers	25%	66%	63%	41%	<0.0001
University Graduates	43%	9%	9%	37%	<0.0001
Race/Ethnicity					<0.0001
Black	65%	<1%	1%	71%	
Latina	13	99.8	99	29	
White	20	<1	<1	<1	
Participation:					<0.0001
TANF	35%	14%	8%	18%	<0.0001
SNAP	49	19	11	26	<0.0001
WIC	78	88	89	90	

The unadjusted results for each health outcome showed that children of Mexican mothers had a rate of household food insecurity more than twice as high and a rate of child food insecurity more than 5 times as high compared to mothers born in the US. Other immigrant groups also showed elevated rates of other outcomes. Children of mothers born in Mexico and Central America had the greatest risk of fair or poor health compared to children of mothers born in the US or the Caribbean. Immigrant families in general had household and child food insecurity rates notably higher than US born families. Maternal depressive symptoms were slightly lower among immigrant mothers though Caribbean mothers had the greatest concerns about the development of their children (Developmental Risk).



Source: Children’s HealthWatch data, 1998-2005.

Further analyses [available in the manuscript](#) explored health outcomes disaggregated by country of origin within the grouped regions displayed in Figure 1. Additional unadjusted and adjusted analyses explored comparisons of health outcomes between Latinas born in the US and those born outside of the US (specifically in Mexico, Central America, or the Dominican Republic).

**Conclusion:**

Although immigrant mothers arrive in the US in search of a better standard of living, compared to children of non-immigrant parents, the high level of food insecurity and poor health of their children is a source of deep concern. These data suggest the need to change the policies that govern public assistance program and a deeper evaluation of the living conditions of immigrant families. Moreover the high risk of poor child health can seriously inhibit normal development and limit families’ capacity to

care for their children. Federal program policies that limit access to assistance to immigrant families, even when their children are citizens, not only increase costs to the medical system and the use of emergency clinics and services, but also leave young citizen children in high risk situations, further increasing their vulnerability.

The high risk of fair or poor health is a violation of rights of the child, just as it is a violation of the rights of the parents. As declared in the International Convention on the Rights of the Child (1989), “each child has the right to a standard of living that is adequate for his/her physical, mental, spiritual, and moral development.” When immigrant families’ access to medical care, SNAP, and TANF is limited, the US could very well be violating the rights of children born in the US who are the country’s own citizens, just as they violate the rights of their immigrant parents. The US should provide these children – those at high risk – the same rights as children from all places, no matter their parents’ country of origin - and especially because their parents have tried to come to the US to improve their own lives and those of their children.