

Assimilation and birth outcomes of Hispanics in the US

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The immigrant health effect is a well-known public health fact observed in many advanced economies. Immigrants tend to be healthier than natives, though their health advantage erodes over time.

In the US the facts are particularly striking when analyzing Hispanics who share similar socioeconomic background with African-Americans, but score much better with respect to health outcomes. Indeed, despite a lower socioeconomic status, recent Hispanic immigrants are healthier than the average non-Hispanic white native. They have longer life expectancy, lower incidence of heart disease and cancer, and are more likely to give birth to healthier (and heavier) children than do US-born natives. The flip-side of the paradox is that the immigrant health advantage erodes with time spent in the US. While immigrants start climbing the socio-economic ladder, their health tends to deteriorate.

The Hispanic health paradox

These statistical facts are surprising given the expected positive socio-economic gradient in health (i.e., the better off you are socially and economically, the better your health is - on average) and have motivated a voluminous literature. Understanding the health trajectories of immigrant descendants can provide insights on the way behavioral and socio-economic factors affect the health of the entire population. Yet, we still know relatively little about the heterogeneity of this assimilation process within the immigrant population. Indeed, most studies focused on immigrant-native differences and were based on small sample size cross-sectional data.

Interethnic intermarriage is viewed by many as the final step in the assimilation process as it is importantly related with the resilience of traditional behaviors and the adoption of the social norms of the host country (Gordon, 1964). Therefore, intermarriage is often used as a proxy for cultural assimilation. Moreover, marrying a native has direct effects on language abilities, knowledge of the host country's social norms and labor market conditions, and the ethnic composition of one's social circle. Social norms and ethnic identity influence the

acceptability of risky behaviors (smoking, unhealthy eating etc.). Intermarriage may therefore have direct effects on health by changing the reference group and the relevant social norms affecting individual behavior.

In a recent study, [Giuntella \(2016\)](#) focuses on second-generation Hispanics to investigate the relationship between a metric of cultural assimilation, ethnic intermarriage, and the birth outcomes of their offspring, the third generation. This study sheds light on the mechanisms underlying the relationship between acculturation and adverse birth outcomes by showing that intermarried Hispanic women have less healthy behaviors during pregnancy, which in turn leads to poorer health.

Empirical results

Exploiting unique administrative birth records data, the study analyzes the birth outcomes of third-generation Hispanics born in California and Florida, two of the top immigrant destination states in the US. The study compares the assimilation patterns of second-generation Hispanics using intermarriage and the ethnic content of third-generation children's first names as metrics of cultural assimilation of second-generation Hispanics. Focusing on second-generation siblings and using only within-family variation, the study accounts for the effect of background characteristics that are common among second-generation sisters such as genes and family environment.

Intermarriage is shown to be positively associated with socio-economic outcomes, confirming the evidence from previous studies (e.g., Taylor et al., 2010). Second-generation Hispanic women who marry non-Hispanic men live in better neighborhoods, have higher education and are married to husbands with higher socio-economic status. As third-generation birth outcomes correlate significantly with quality of care, socio-economic status, and risky behaviors, we would expect children of intermarried Hispanics to have, if anything, healthier birth outcomes. However, surprisingly, third-generation children of Hispanic women married with non-Hispanic men are 9% more likely to be of low birth weight (<2,500 grams) than children of endogamously married Hispanics. Findings go in the same direction when considering alternative metrics of fitness at birth, e.g., [Apgar score](#), indicators for complicated pregnancy, assisted ventilation, premature birth.

There is instead no evidence of significant effects of intermarriage on birth outcomes when focusing on non-Hispanic native mothers, suggesting that the intermarriage "health penalty" among children of Hispanic mothers is not driven by confounding factors that could be peculiar to Hispanic fathers. In addition, there is no evidence of significant effects of intermarriage on second-generation Hispanics who intermarried into Hispanics coming from a different country (e.g., women of Mexican origin married to men of Puerto Rican origin). These findings suggest that the negative association between intermarriage and the health of third-generation Hispanics is not explained by the reality that mixed-ethnicity marriages may be causing worse pregnancy outcomes for reasons other than assimilation (e.g., stress induced by the collision of two different cultural backgrounds).

Risky behaviors

The "health penalty" observed among children of exogamously married second-generation Hispanic mothers can largely be attributed to their higher incidence of risk factors (such as higher rates of smoking, alcohol consumption, and hypertension) compared to their endogamously married counterparts. Intermarried second-generation Hispanic women are much less likely to maintain the health-protective behaviors and conditions that characterize

the first-generation immigrant Hispanic mothers. In particular, the study shows that they exhibit higher rates of tobacco and alcohol use during pregnancy, which are known to have negative effects on birth outcomes. Overall, these findings suggest that, despite its positive effects on economic outcomes, cultural assimilation may accelerate the adoption of riskier behaviors (e.g., smoking) and, therefore, have negative effects on the health of immigrant descendants.

The study finds similar results when using third-generation child's first name as an alternative metric of acculturation. Names are classified as Hispanic names based on whether the third-generation first name appears in a dictionary that includes the most common Hispanic first names or alternatively using the relative likelihood that a given name will be used by U.S. born non-Hispanics. Third-generation children with Hispanic names are 5% less likely to have low birth weight than those whose names do not appear in the Spanish names dictionary. Similarly, the more "American" the name, the higher the incidence of low birth weight.

Conclusions

Overall, these results highlight the importance of policies that encourage the maintenance of healthy behaviors, among everybody and particularly, in this case, among immigrant descendants. Educational and prevention programs targeting Hispanic mothers may have important effects, particularly on those who are highly acculturated, and thus have a significant potential to reduce these risks. These policies may partially counteract the tobacco industry's increasing efforts to market cigarettes to Hispanic immigrants in the U.S. More generally, abandoning "safe" traditional practices to adopt "trendy" lifestyles may have negative health consequences. Thus, these results are also relevant to sending countries, such as Mexico, that are undergoing important epidemiological transitions. As health transitions occur more rapidly in a migrating population, the health trajectories observed among immigrants can help predict the risks associated with the typical public health problems related to urbanization, the diffusion of sedentary habits, and substance abuse in developing countries.

References

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