Margarita Mooney
Assistant Professor
University of North Carolina at Chapel Hill
Chapel Hill, NC 27517
Email: margarita7@unc.edu

Title: Religion, Aging and International Migration: Evidence from the Mexican Health and Aging Survey

Please note: My computer at work broke on Friday, September 19th and they could not yet fix it. It appears to be a hardware problem. I drafted this abstract based on my memory of the literature review, a 2-page project proposal I had saved on a flash drive, and preliminary results I had sent to a colleague (and he sent back comments). So please pardon the lack of bibliographic references. I cited particular authors but could not the full reference from memory. I think I have very interesting preliminary results.

Introduction

The U.S. Bureau of the Census predicts that, between 2000 and 2025, the elderly population of Latin America (aged 65 and up) will grow by 82%. Two demographic trends—decreases in mortality and fertility—have contributed to the growing elderly population in Latin America. Scholars of global aging have begun to call attention for the need for greater research on infrastructures that support the elderly, such as pensions and health care. In addition, the economic processes underlying global aging—namely improvements in health and education in the developing world—are causing changes in family relations and influencing traditional cultural values that instructed younger generations to care for their parents in old age. Thus, research on global aging needs to pay attention to both the structural questions and the cultural questions about the changing role of the elderly in families and societies.

My proposed research focuses on how one largely structural process—international migration—and one largely cultural variable—religion—influence global aging. In many countries of Latin America, such as Mexico, international migration has led 10% of the population—mostly younger adults—to see work in the United States. What happens to those migrants who return to Mexico to retire? What types of support do elderly parents of migrants in Mexico receive? The savings and monthly remittances of international migrants could present one substantial flow of financial resources to support global aging.

Second, the trend of aging in the developing world coincides with changes in family residence patterns and patterns of support. In traditional societies, children took

care of their parents emotional and financial needs in old age. What happens when the aging population does not have this middle generation? In particular in places like Mexico, international migration of younger populations likely increases elderly populations' access to material resources to support them in old age, but it also changes the elderly's social networks in ways that may causes stress or depression. We know little about how the elderly in developing nations are adapting to their new roles. To better understand the cultural processes influencing how elderly respond to their changing role in families and society, we need more research on how religiosity influences their health and well-being.

Researchers have identified three ways that religiosity could impact health and well-being. First is the direct path. Believing in a God/supernatural being can provide a sense of meaning and coherence. For elderly people in particular, religiously-infused meanings and worldviews can help them cope with illness and stress (see the work of Ken Pargament and Neal Krause). Second is the indirect path. Religious beliefs may prohibit certain behaviors, like smoking and drinking, that negatively impact health. Using MHAS data, Maureen Benjamins found that elderly Mexicans who attend church weekly say they smoke less than those who do not, but religious attendance did not impact the likelihood of drinking. Another indirect path through which religion can influence health is by providing people access to social support that helps them deal with a health issue. For example, having friends at church may mean that elderly people in particular have someone who can help transport them to receive routine or chronic medial care. With elderly Mexicans, in analyzing MHAS data, Benjamins found that the religiously involved elders were more likely to have preventive screening for diabetes

and heart disease. This could be because churches in Mexico provided information about opportunities for such screening, provided transportation to the screening, or held the screening on the church grounds. A third way of understanding how religion may influence health is as a mediator (see the work of Chris Ellison and Linda George). For example, we know that the death of a spouse has a negative impact on the remaining spouse's mental and physical health. But being religiously active may weaken the relationship between a traumatic event and health. For the case of families affected by international migration, we might expect the migration of one's child to negatively impact mental health. But believing in God's providence or having strong social support at church may weaken that negative impact of family separation due to international migration.

In this paper, I will test hypotheses about religion and health for elderly Mexicans, comparing those who themselves are return migrants from the United States to those who are not return migrants. I will also compare the mental health respondents who currently have children residing in the United States to those who do not. As we know that migration is selective on characteristics such as motivation, I expect to find that return migrants have better mental health than those who are not return migrants. I further expect that a longer period of time spent in the United States will further improve the mental health of return migrants. However, I expect to find that having children living in the United States has a negative impact on mental health, and I expect mothers of current migrants to the United States to be more affected than fathers of current migrants to the United States. As female children often provide more emotional support to their parents than male children, I also expect that having female children living in the U.S. will have a

more negative impact on mental health than having male children living in the U.S.

Data

The Mexican Health and Aging Study (MHAS) is a prospective panel study of health and aging in Mexico. The baseline survey was conducted in the summer of 2001 and a follow up was conducted in 2003. MHAS is nationally representative of the 13 million Mexicans born prior to 1951 (i.e. aged 50+ at the time of Wave 1). In addition to national and urban/rural representation, the six Mexican states which are origin of 40% of all migrants to the U.S. were over-sampled at a rate of slightly less than 2:1. Spouse/partners of eligible respondents were interviewed, even if the spouse was born after 1950. The response rate was 90.1% in Wave 1, yielding 15,186 completed interviews in 9,862 households, with slightly more women than men. 14% of Mexican men aged 50 and over have either worked or lived in the United States.

Dependent Variable

The primary dependent variables I will focus on are measures of mental health. MHAS asked respondents whether or not in the previous week they had experienced any of the following mental health issues: 1) feeling depressed; 2) feeling like little things took a lot of effort; 3) feeling restless; 4) feeling sad; 5) feeling lonely; 6) feeling tired. For my preliminary analyses presented here, I ran a logit regression on each of these dependent variables. However, in subsequent analyses, I will conduct principal components analysis with varimax rotation to see if I can create one dependent variable that measures different elements of depression.

Independent Variables

For my preliminary analyses, I measured 5 things related to migration experience:

1) whether the respondent ever lived in the U.S. 2) how long the respondent lived in the U.S. 3) the number of children the respondent has in the U.S. 4) the number of female children the respondent has living in the U.S. and 5) the number of male children the respondent has living in the United States.

Religion Measures

Wave 1 of MHAS asked respondents whether or not their religion is very important to them, somewhat important to them, a little important to them, or not at all important to them. 60% respondent that religion was very important to them and another 20% said religion was somewhat important to them.

Wave 2 of MHAS repeated the above question about religious salience. Researchers also added a question about the frequency with which respondents attend church. Respondents were also asked in Wave 2 if they participated in social activities at their church.

Control Variables

In future analyses will control for other variables related to depression, such as sex, income, and education.

Results

Table 1: All Respondents

	Felt Depressed	Felt Like Little Things Required an Effort	Felt Restless	Felt Lonely	Felt Sad	Felt Tired
R has Migration Experience	Negative	n.s.	Negative	n.s.	negative	n.s.
# of Years R lived in US	n.s.	n.s.	n.s.	n.s.	n.s.	negative
# of R's Children Living in US	Positive	positive	Positive	Positive	positive	positive
# of R's Female Children living in US	positive	positive	Positive	Positive	n.s.	positive
# of R's Male Children living in US	Positive	positive	Positive	Positive	positive	positive

Table 2: For Women

	Felt Depressed	Felt Like Little Things Required an Effort	Felt Restless	Felt Lonely	Felt Sad	Felt Tired
R has Migration Experience	n.s	n.s.	n.s.	n.s.	n.s.	n.s.
# of Years R lived in US	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.
# of R's Children Living in US	Positive	positive	Positive	Positive	positive	positive
# of R's Female Children living in US	Positive	positive	Positive	n.s.	n.s.	positive
# of R's Male Children living in US	Positive	positive	Positive	Positive	positive	positive

Table 3: For Men

	Felt Depressed	Felt Like Little Things Required an Effort	Felt Restless	Felt Lonely	Felt Sad	Felt Tired
R has Migration Experience	n.s.	positive	Positive	Positive	positive	positive
# of Years R lived in US	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.
# of R's Children Living in US	Positive	positive	n.s.	Positive	n.s.	positive
# of R's Female Children living in US	Positive	positive	n.s.	n.s.	n.s.	n.s.
# of R's Male Children living in US	Positive	positive	n.s.	n.s.	positive	positive

Discussion

The preliminary results above indicate that, on three measures—sadness, restlessness and depression—return migrants report better health than non-return migrants. Return migrants do not report significantly better mental health than non-return migrants. The length of the respondents' stay in the United States does not seem to matter for mental health. Having children in the United States has a negative impact on the mental health of the parents of current migrants. Contrary to my expectation, this impact does not differ much depending on the sex of the migrant child.

Do elderly female and male Mexicans exhibit a different relationship between mental health and various measures of family international migration experience? Women return migrants do not report significantly different mental health than women non-return migrants. But for male return non-migrants, the mental health advantage associated with migration reverses direction: elderly Mexican men who are return migrants from the U.S. report worse mental health than those who never migrated to the United States. The total number of children in the United States increases reports of poor mental health for both elderly Mexican men and women, but having more male children in the United States increases reports of poor mental health whereas having female children in the United States does not.

Subsequent analyses for this paper will first control for demographic background variables (such as income and education) and then introduce the measures of religiosity.