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Child Abuse & Neglect



Does a paradox exist in child well-being risks among foreign-born Latinos, U.S.-born Latinos, and Whites? Findings from 50 California cities



Michelle Johnson-Motoyama

University of Kansas, School of Social Welfare, 1545 Lilac Lane, Lawrence, KS 66045, USA

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ABSTRACT

Past research has identified “paradoxes” in infant health and child welfare services involvement, whereby children of Latinos and immigrants often demonstrate better health and decreased risk for child protective services involvement when compared to whites of similar socioeconomic position. This population-based study examined whether a paradox exists among immigrant and U.S.-born Latino caregivers in the prevalence and magnitude of risks to child well-being when compared to whites of similar socioeconomic position. Data were drawn from a random, general population telephone survey of parenting practices in 50 California cities ($n = 2,259$), which was administered in English and Spanish. The sample included 1,625 U.S.-born whites (72.0%), 351 U.S.-born Latinos (15.5%) and 283 foreign-born Latino respondents (12.5%). After adjusting for covariates in logistic regression models stratified by household income, immigrant caregivers in lower income households reported odds of insufficient food for the child that were 12 times as large as those for whites (OR 11.97, 95% CI 2.87, 49.86); odds of reported inability to take the child to the doctor and leaving a child in a place of questionable safety were nearly eight times as large (OR 7.92, 95% CI 2.38, 26.36 and OR 7.93, 95% CI 1.73, 36.46 respectively). These relationships were attenuated or insignificant for immigrant caregivers in households with greater resources. Therefore, a paradoxical relationship between socioeconomic position and risks to child well-being was not identified. Further research is needed to better understand the complex relationships between such risks, child health, and child protective services involvement.

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Introduction

In 2010, Latino children represented nearly one-fourth of all children in the USA, or 23% of all children under the age of 18 (U.S. Census Bureau, 2011). The well-being of Latino children of immigrants (i.e., children with at least one foreign-born parent) is of particular relevance given that they are the fastest-growing segment of the U.S. child population (Passel, 2011), and a group for whom eligibility for many health and social programs is tied to birthplace.

For more than two decades, trends in the physical well-being of Latino children and children of immigrants have been described as a *health paradox*, a term that typically refers to a pattern of morbidity and/or mortality for a particular group that is at odds with what would be expected given the group's socioeconomic profile (Acevedo-Garcia & Bates, 2008). In the USA, health paradoxes have been observed for health indicators such as infant low birth weight and infant mortality

in epidemiological contrasts between (a) Latinos and whites and (b) foreign-born Latinos and U.S.-born Latinos (Franzini, Ribble, & Keddle, 2001; Hayes-Bautista, 2002; Jasso, Massey, Rosenzweig, & Smith, 2004; Palloni & Arias, 2004; Palloni & Morenoff, 2001) [Note that among Latinos, the presence of paradoxes varies by health condition and nationality subgroup (Acevedo-Garcia & Bates, 2008)]. The presence of health advantages among Latinos and immigrants, despite socioeconomic disadvantage, has been attributed widely to protective social and cultural dynamics within these groups (e.g., *familism*, religiosity, salutary health behavior).

This social-cultural explanation is often presented in association with an acculturation hypothesis that predicts the deterioration of health among Latinos over time and across generations in the USA (i.e., *health assimilation*). Indeed, a small but growing body of longitudinal research suggests that when compared to U.S.-born Latinos and whites, the initial advantages in health observed among infants of immigrant mothers erodes into childhood (Schmeer, 2012) with variation observed depending on the health condition under study (Hamilton, Cardoso, Hummer, & Padilla, 2011). Declines in the physical health of Latino children of immigrants have been attributed partly to the multiple challenges that immigrant caregivers face in addressing their children's basic needs such as economic hardship (Lopez & Velasco, 2011; Schmeer, 2012), hunger and food insecurity (Capps, Horowitz, Fortuny, Bronte-Tinkew, & Zaslou, 2009; Chilton et al., 2009; Kalil & Chen, 2008; Kersey, Geppert, & Cutts, 2007; Nord, 2009), and limited access to health care (Blewett, Johnson, & Mach, 2010; Flores et al., 2002; Perreira & Ornelas, 2011).

Such challenges are compounded by policies and practices at the federal level and in many states and localities that restrict the access of undocumented individuals to health and social assistance and typically require waiting periods for legal permanent residents. Approximately 82% of children of immigrants are U.S. citizens (Passel & Cohn, 2011) and are therefore eligible to apply for most programs. However, research suggests that policies that negatively impact immigrant caregivers typically have downward effects on citizen children's participation in public programs (Fix & Zimmerman, 2001; Seiber, 2013).

In many families, problems such as food insecurity, lack of access to medical care, and inadequate supervision are not intentional. Rather, these families care deeply for their children and are trying their best to provide for their children's basic needs with extremely limited resources. However, when chronic, a caregiver's inability to meet a child's basic needs represents a risk for poor child health and for physical neglect, particularly in the context of concerns such as parental substance abuse, domestic violence, and poor mental health.

Belsky's (1993) developmental-ecological framework suggests that physical neglect is produced in the context of caregiver and child characteristics, parent-child interactions, social support, and the broader societal-cultural context (e.g., societal and cultural values embodied in norms, laws, and social policies). Although child protection policies typically focus on caregiver behavior, a caregiver's ability to provide for a child's well-being is informed by multiple factors and processes occurring within this developmental-ecological context. Of these, poverty is recognized as one of the most important correlates (Jonson-Reid, Drake, & Zhou, 2013; Sedlak et al., 2010; Slack, Holl, McDaniel, Yoo, & Bolger, 2004).

Given the health paradoxes that have been observed among Latinos of low-income and immigrants in the context of maternal and infant health, researchers have become increasingly interested in patterns that suggest similar paradoxes among children who come to the attention of the U.S. child welfare system. Though findings from national data suggest little difference in the incidence of child maltreatment among Latino children when compared to white children (Sedlak et al., 2010), aggregate data masks a great deal of local variation in state and county estimates of disproportionality and disparities among Latinos in referral, substantiation, and foster care placement when compared to other racial/ethnic groups where both overrepresentation and underrepresentation of Latinos has been observed (Ards, Myers, Malkis, Sugrue, & Zhou, 2003; Church, Gross, & Baldwin, 2005; Dettlaff et al., 2011; Needell et al., 2012). However, few of these studies have taken socioeconomic position or maternal nativity into account to inform observed differences, primarily because of the limitations inherent to child welfare administrative data.

Recent studies grounded in population-level linkages of child welfare and vital statistics data in California have included these elements and revealed disparities in child protective services involvement that are consistent with the Latino health paradox (Putnam-Hornstein & Needell, 2011; Putnam-Hornstein, Needell, King, & Johnson-Motoyama, 2013). For example, when taking household income and maternal nativity into consideration, poor infants of U.S.-born Latino mothers have been found to be at lower risk for referral, substantiation, and foster care entry when compared to those of white mothers, with infants of immigrant Latino mothers at lowest risk for these events among the three groups (Putnam-Hornstein et al., 2013). However, no population-based studies have examined how the distribution of risks to child well-being among Latinos and immigrants comport with the paradoxes that have been observed for infant health and child protective services involvement. Generally speaking, population-based estimates of child neglect risk in the USA have been limited (Straus, Hamby, Finkelhor, Moore, & Runyan, 1998; Theodore, Runyan, & Chang, 2007), and studies have yet to examine trends within the Latino population by relevant subgroup.

This study draws upon survey data collected from a population-based sample of caregivers in 50 California cities regarding their parenting practices. Informed by Belsky's (1993) developmental-ecological framework, the survey incorporated known covariates of child neglect at the child, caregiver, and social support levels. This study examines the prevalence and magnitude of risks to child well-being among U.S.-born and immigrant Latino caregivers when compared to whites after adjusting for covariates in socioeconomically similar households to determine whether advantages are present among Latino families, despite socioeconomic disadvantage.

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