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Do post-migration perceptions of social mobility matter for Latino immigrant health?

Carmela Alcántara [a,b,*], Chih-Nan Chen [c], Margarita Alegría [d]

[a] Harvard University, USA
[b] Columbia University, USA
[c] National Taipei University, Taiwan
[d] Harvard Medical School, USA

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ABSTRACT

Latino immigrants exhibit health declines with increasing duration in the United States, which some attribute to a loss in social status after migration or downward social mobility. Yet, research into the distribution of perceived social mobility and patterned associations to Latino health is sparse, despite extensive research to show that economic and social advancement is a key driver of voluntary migration. We investigated Latino immigrant sub-ethnic group variation in the distribution of perceived social mobility, defined as the difference between respondents' perceived social status of origin had they remained in their country of origin and their current social status in the U.S. We also examined the association between perceived social mobility and past-year major depressive episode (MDE) and self-rated fair/poor physical health, and whether Latino sub-ethnicity moderated these associations. We computed weighted logistic regression analyses using the Latino immigrant subsample ($N = 1561$) of the National Latino and Asian American Study. Puerto Rican migrants were more likely to perceive downward social mobility relative to Mexican and Cuban immigrants who were more likely to perceive upward social mobility. Perceived downward social mobility was associated with increased odds of fair/poor physical health and MDE. Latino sub-ethnicity was a statistically significant moderator, such that perceived downward social mobility was associated with higher odds of MDE only among Puerto Rican and Other Latino immigrants. In contrast, perceived upward social mobility was not associated with self-rated fair/poor physical health. Our findings suggest that perceived downward social mobility might be an independent correlate of health among Latino immigrants, and might help explain Latino sub-ethnic group differences in mental health status. Future studies on Latino immigrant health should use prospective designs to examine the physiological and psychological costs associated with perceived changes in social status with integration into the U.S. mainland.

Introduction

Latino immigrants exhibit lower if not equal rates of physical diseases and psychiatric disorders relative to their non-Latino White counterparts in the United States (U.S.), yet have more disadvantaged socioeconomic profiles and disproportionately concentrate in under-resourced communities (Abraido-Lanza, Dohrenwend, Ng-Mak, & Turner, 1999; Alegría et al., 2008; Bates, Acevedo-Garcia, Alegría, & Krieger, 2008; Sorlie, Backlund, Johnson, & Rogot, 1993). These health advantages decline over time and across subsequent generations, with the strongest and most consistent support for this trend observed among Mexicans (Alegría et al., 2008; Alegría, Sribney, Woo, Torres, & Guarnaccia, 2007; Palloni & Arias, 2004; Vega et al., 1998). Some have attributed the increased psychiatric and physical health risks associated with longer duration in the U.S. to the consequences of cumulative exposure to social disadvantage broadly (Cook, Alegría, Lin, & Guo, 2009), and in some instances, to the loss of social status as a function of migration (Alegria, 2009). However, few investigations examine the distribution of social mobility—the upward, horizontal, or downward movement in the socioeconomic hierarchy (Müller, 2001)—and its associated health consequences among Latino immigrants who might experience or perceive dramatic changes in their relative socioeconomic status (SES) and their relative social status with migration to the U.S. mainland.

* Corresponding author. Center for Behavioral Cardiovascular Health, Department of Medicine, Columbia University Medical Center, PH-9, Room 9-319, 622 West 168th Street, New York, NY 10032, USA. Fax: +1 212 342 3431.
E-mail address: ca2543@columbia.edu (C. Alcántara).

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Background on immigration, social mobility, and social status

Psychology of contemporary immigration

Immigration is often the consequence of economic, social, and political factors that push or pull individuals to migrate across nation states (Portes & Rumbaut, 2006). For example, immigration often occurs for social and economic advancement (social mobility), family reunification, or to escape persecution and find refuge. With regard to social and economic advancement, scholars of contemporary immigration posit that in today's increasingly globalized world psychological factors focused on perceptions of relative status and relative deprivation also shape economic decisions to migrate (American Psychological Association, 2012; Mahalingam, 2006; Portes & Rumbaut, 2006; Stark & Bloom, 1985). For example, immigrants, especially voluntary immigrants, often weigh their desire to fulfill economic and career aspirations against their perceived chances for success in their sending countries given the available salaries and work context (Portes & Rumbaut, 2006). If an individual perceives an unfavorable imbalance between aspirations and life chances in the home country, he or she will decide to migrate (Portes & Rumbaut, 2006). Thus, those who migrate voluntarily often evaluate their perceived relative social status in their sending country if they were to stay, against their projected relative social status in the receiving country, and migrate most often when the probability of upward social mobility with migration is higher than with non-migration (Portes & Rumbaut, 2006). From this perspective, evaluations of the potential for upward shifts in social status are central to the decision to migrate and remain important after migration. Where an immigrant settles, the modes of incorporation into the U.S. mainland, and the context for migration are also likely to shape individual-level psychological perceptions of relative social status as well as actual socioeconomic trajectories (Chen, Gee, Spencer, Danziger, & Takeuchi, 2009; Deaux, 2000; Portes & Zhou, 1993; Stark & Bloom, 1985; Zhou, 1997).

Research into the health consequences of changes in social status due to migration is virtually nonexistent. By far, more research has focused on the determinants of Latino migration to the United States mainland, finding diverse reasons for migration as a function of sub-ethnicity. While Latinos regardless of sub-ethnic group, identified the need to improve the future of their children as a chief driver to migrate, Mexicans were more likely to report migrating to the U.S. mainland for employment opportunities, and Cubans and Other Latinos were more likely to report migrating to the U.S. mainland for political reasons (Guarnaccia et al., 2007). Overall, most reported some degree of satisfaction with the economic opportunities in the U.S. mainland, with roughly 20% reporting some degree of dissatisfaction, and differences in the degree of dissatisfaction by sub-ethnicity were also observed (Guarnaccia et al., 2007). These findings suggest that there are significant subgroup differences in the extent to which Latino immigrants' self-report a match between their economic aspirations and their economic success in the U.S. mainland. The extent to which a perceived match or mismatch in social status (in the U.S. mainland and in the country of origin if remained there)—a psychological process—is associated with health is the focus of this investigation.

Objective social mobility and health

While the best available evidence on the association of change in social status with migration and health comes from research on social mobility, measured objectively, and health, most of this research was conducted outside the U.S. and/or at the exclusion of racial/ethnic minorities and immigrants. Nonetheless, cross-sectional and longitudinal studies using objective indicators of social mobility suggest that downward social mobility relative to no change is associated with a higher likelihood of poor physical health and negative health behaviors (Hallqvist, Lynch, Bartley, Lang, & Blane, 2004; Harding, 2003; Hart, Smith, & Blane, 1998; Loucks et al., 2010; Nilsson, Nilsson, Ostergren, & Berglund, 2005; Rosvall, Chaix, Lynch, Lindstrom, & Merlo, 2006; Smith et al., 2011; Watt, Carson, Lawlor, Patel, & Ebrahim, 2009). In contrast, three longitudinal and two cross-sectional studies find upward social mobility decreases the likelihood of poor health outcomes (Chittleborough, Taylor, Baum, & Hiller, 2009; Cleland, Ball, Magnussen, Dwyer, & Venn, 2009; Colen, Geronimus, Bound, & James, 2006; Heller, McElduff, & Edwards, 2002; Otero-Rodriguez et al., 2010), while one cross-sectional and one longitudinal study find evidence of increased risk of poor health with upward social mobility (Colen et al., 2006; Heraclides & Brunner, 2010). Still other cross-sectional research does not find a significant main association between upward or downward social mobility and health (Broman, 1989; Pollitt, Rose, & Kaufman, 2005).

Even less is known about the association of objective indicators of social mobility with mental health within and outside the U.S. (Das-Munshi, Leavey, Stansfeld, & Prince, 2011). Findings from cross-sectional and longitudinal research suggest that downward social mobility is associated with poor coping skills, psychiatric disorders such as depression, psychiatric hospitalization, and functional impairment (Das-Munshi et al., 2011; Nicklett & Burgard, 2009; Tiffin, Pearce, & Parker, 2005; Timms, 1998). Similar to the literature on social mobility and physical health, upward social mobility was associated with reduced mental health risk in one instance (Timms, 1996), and not statistically related to psychiatric disorder in another instance (Timms, 1998).

In sum, results from cross-sectional and longitudinal research indicate a consistent association between downward social mobility, measured objectively, and poor physical and mental health relative to stable or upward social mobility. Many of the theoretical explanations offered for the adverse association between downward social mobility and health draw from bio-psychosocial models of stress and disease vulnerability (Gallo, Bogart, Vranceanu, & Matthews, 2005; Gallo & Matthews, 2003; Geronimus, 1992; McEwen, 1998; Myers, 2009; Wilkinson, 1999). However, these models often do not consider how life course changes in SES (i.e., social mobility) or perceived relative status interact across levels of influence to predict health status, or how SES contributes to within-group variation in health.

Operationalization of social mobility and social status

As discussed earlier, most prior research on social mobility has used objective indicators of SES, namely occupational class data, to compute social mobility. Studies that use derived measures of objective social mobility tend to exclude those who may have exited the labor market and who do not report occupational class data (Harding, 2003). This method is problematic for studying social mobility among Latinos because Latinos with psychiatric disorders are more likely to exit the labor force (Chatterji, Alegría, Lu, & Takeuchi, 2007). An alternative method involves the use of subjective social status (SSS) to measure perceptions of social mobility or relative social status differences (as examined in Nicklett & Burgard, 2009).

SSS has been defined as an individual's perception of his or her standing in the socioeconomic hierarchy (Davis, 1956). SSS is a well-validated multidimensional psychological construct theorized to capture nuanced aspects of past, current, and future social standing that may not be measured by objective SES (Adler, Epel, Castellazzo,