



Risk of smoking initiation among Mexican immigrants before and after immigration to the United States

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ABSTRACT

Research has suggested that Latinos are less likely to initiate smoking than non-Latino whites. This advantage may be due in part to social and structural factors that deter smoking initiation among Latino immigrants, such as entry into the restrictive regulatory environment surrounding smoking in the U.S. and decreased exposure to family smoking influences, given that immigrants often leave parents and siblings behind in countries of origin. Although available data do not support a direct test of this hypothesis this study conducts an indirect test by comparing risk of initiation among Mexican immigrants before and after immigration to the U.S. If such factors influence initiation among Mexican immigrants, their risk should decline after immigration, relative to risk before immigration, since they are subject to these forces only after moving to the U.S.

Using data from the National Health Interview Survey, discrete-time hazards analysis is used to estimate risk of initiation of regular smoking from ages 10 to 30, based on retrospective reports of age of smoking initiation. Retrospective data on age at immigration are used to create a time-varying variable indicating country of residence (U.S. or Mexico) during each person year of risk. Through this approach, risk in the person years before immigration is determined only among those who will eventually immigrate, which discounts health selection as an explanation for changes in risk after immigration.

Consistent with the social and structural perspective, results indicate that the odds of smoking initiation decline among Mexican immigrants after immigration, relative to risk before immigration. This decline is unlikely due to alternative factors often cited to explain patterns of health behaviors among Mexican immigrants, such as health-protective cultural characteristics, since such characteristics are presumably in place before immigration. Findings suggest that Mexican immigrants may be particularly receptive to smoking prevention efforts after immigration.

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Introduction

Although public health efforts have resulted in significant declines in cigarette smoking over the past several decades, smoking remains the leading cause of premature death in the U.S. (Centers for Disease Control and Prevention, 2005). Smoking prevalence among Latinos is lower than among most other racial and ethnic groups in the U.S., at 15% compared to 32% of American Indians/Alaskan natives, 23% of African Americans, and 22% of non-Latino whites; only Asians have lower rates (10%) (Centers for Disease Control and Prevention, 2007). This pattern is consistent for Latino males and females (Centers for Disease Control and

Prevention, 2007). Smoking initiation may play a particularly important role in the relatively low smoking rates among Latinos. Latinos, both males and females, are less likely to initiate smoking than are non-Latino whites, the population to which they are most often compared, and initiate smoking at a later age (Ellickson, McGuigan, & Klein, 2001; Griesler & Kandel, 1998; Kandel, Kiros, Schaffran, & Hu, 2004). Smoking cessation may play less of a role, in that Latinos are not as likely to succeed in quitting smoking as are non-Latino whites (Lee & Kahende, 2007). Improved understanding of the determinants of smoking initiation among Latinos may thus provide insight into ways to sustain the moderately low rate of smoking in this population or to reduce it even further.

The comparative health advantages of Latinos, such as those observed for smoking initiation, have often been attributed to cultural characteristics that “buffer” them against the norms, attitudes, and behaviors of U.S. racial and ethnic groups with worse

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health outcomes (Abraido-Lanza, Chao, & Florez, 2005; Acevedo-Garcia & Bates, 2008). There is some evidence, for example, that smoking may be viewed as disrespectful or even immoral within Latino families and as inappropriate for females in particular, which may discourage smoking initiation (Foraker, Patten, Lopez, Croghan, & Thomas, 2005). These health-protective characteristics are thought to erode as Latinos acculturate to the values and customs of other U.S. racial and ethnic groups (Lara, Gamboa, Kahramanian, Morales, & Bautista, 2005).

Another possible explanation for the relatively low rates of smoking initiation among Latinos is health selection associated with immigration. Researchers have speculated that Latino immigrants may be healthier on average than individuals in the general population in their countries of origin, in that expectations of the rigors of transit and settlement in the U.S. may deter immigration among less healthy individuals (Palloni & Arias, 2004). Recent research has found some evidence to this effect (Rubalcava, Teruel, Thomas, & Goldman, 2008). With respect to smoking initiation, this 'healthy migrant' hypothesis implies that individuals who are non-smokers or who are less susceptible to smoking initiation may be more likely to immigrate.

However, Latinos, and particularly Latino immigrants, are subject to a number of influences other than cultural characteristics and health selection that may also affect smoking initiation, many of them social and structural in nature. For example, the regulatory environment surrounding smoking in the U.S. is likely to be more restrictive than that to which Latino immigrants were accustomed in their countries of origin. Mexico, for instance, has only recently begun to enact restrictions on smoking advertising and smoking in public places (Valdés-Salgado, Lazcano-Ponce, & Hernández-Avila, 2005). It also has less regulation of smoking in the workplace and less enforcement of existing workplace smoking bans than is the case in the U.S., as well as low levels of enforcement of regulations concerning sales of cigarettes to minors (Adame-Moreno, Ibarra-Heredia, & Torres-Simental, 1999; Martínez-Donate et al., 2005; Valdés-Salgado et al., 2005). Entry into the more restrictive regulatory environment in the U.S. may discourage smoking initiation among Latino immigrants, similar to changes in smoking behaviors observed among other U.S. populations after the introduction of various regulations (Fichtenberg & Glantz, 2002; Lantz et al., 2000).

Furthermore, many Latino immigrants leave their families behind in their countries of origin during the period in which the risk of developing a regular smoking habit is highest, ages 15–25 (Durand, Massey, & Zenteno, 2001; Gilman, Abrams, & Buka, 2003). Parent and sibling smoking, as well as family dynamics such as the level of family conflict, have been found to contribute to smoking risk in the U.S. and Latin America (Arillo-Santillan et al., 2005; Hill, Hawkins, Catalano, Abbott, & Guo, 2005). A change in exposure to these influences may reduce risk of smoking initiation among Latinos once they immigrate to the U.S.

In addition, Latino immigrants often experience limits on labor market access, due to factors such as unauthorized immigration status, limited English proficiency, discrimination, and low educational attainment, on average, relative to U.S.-born populations (Batalova, 2008; Bullock & Waugh, 2005; Durand, Massey, & Parrado, 1999; Hakimzadeh & Cohn, 2007; Passel, 2004; Toussaint-Comeau, 2006). The economic hardship that results may mean that Latino immigrants are unwilling to take up smoking once they immigrate to the U.S., given the financial cost of cigarettes. Smoking, and its associated costs, may also be avoided in the face of other financial priorities and concerns such as saving for remittances, guarding against risk or uncertainty in the labor market, or repaying loans associated with immigration (Amuedo-Dorantes, Bansak, & Pozo, 2005; Conway & Cohen, 1998).

Study hypothesis and analytic approach

Social and structural factors may thus impact smoking initiation among Latino immigrants. However, determining whether or not these forces deter smoking initiation would require disentangling their effects from those of cultural characteristics and health selection, given that these factors may also play a role in smoking initiation in this population. Although currently available data do not permit a direct test of the social and structural perspective, it can be tested indirectly by comparing risk of smoking initiation among Latino immigrants to that which they experienced in their countries of origin. The present study undertakes such a comparison among Mexican immigrants, the largest Latino immigrant group in the U.S. (Pew Hispanic Center, 2008a). If social and structural factors, such as those described above, impact smoking initiation among Mexican immigrants, this should be evident in a decline in risk of initiation after immigration relative to their risk in Mexico before immigration, since they are subject to such forces only after moving to the U.S. Cultural characteristics, on the other hand, would presumably be in place *before* immigration. While these characteristics might operate to *maintain* risk of smoking initiation among Mexican immigrants after immigration, relative to their risk in Mexico, there is little reason to assume that such characteristics would *reduce* this risk. In fact, the related acculturation hypothesis implies that risk of initiation may even rise among Mexican immigrants after immigration, relative to their risk before immigration, given that they may acculturate to the smoking-related norms and attitudes of groups with higher risk that they may encounter in the U.S.

The healthy migrant perspective also implies that any health-favorable characteristics that may make immigrants less susceptible to smoking initiation than the average person in Mexico are in place *before* they migrate—indeed, these characteristics are thought to influence the decision to immigrate in the first place (Palloni & Arias, 2004). There is little reason to suspect that these characteristics make Mexican immigrants even *less* susceptible to smoking initiation after immigration than they were before immigration. However, the possibility of health selection requires comparison of risk of smoking initiation among Mexican immigrants not to the general population of Mexico, over whom they may have innate health advantages, but to others who will also eventually immigrate.

The present study accomplishes this through the use of an event history approach. Based on retrospective data collected in the U.S. on the number of years since immigration, country of residence (Mexico versus the U.S.) is treated as a time-varying variable. Risk of smoking initiation is based on retrospective data on the age of smoking initiation. The study utilizes discrete-time hazards analysis, reorganizing observations among Mexican immigrants into person years of risk for smoking initiation in which they were resident in Mexico and those in which they were resident in the U.S. Through this approach, risk in the person years before immigration in Mexico is determined only among individuals who will eventually immigrate. If risk before immigration was instead assessed in combination with the general Mexican population (through the use of alternative data collected in both the U.S. and Mexico), which is comprised largely of individuals who will never immigrate, any reduction in risk after immigration could be attributable to innate health advantages among Mexican immigrants relative to the average individual in Mexico. The approach taken here thus mitigates concerns about this source of bias.

The paper begins by comparing the risk of smoking initiation in the U.S. Mexican-origin population to that of other U.S. racial and ethnic groups, given that prior studies have generally been limited to comparisons involving the Latino population as a whole

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