

Exploring Latinidad, Migration Processes, and Immigrant Experiences: Experiences Influencing Latino Health

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ABSTRACT

Introduction. Over the last few decades, Latino migration to the U.S. has re-shaped the ethnic composition of the country, and influenced the meaning of “ethnic” and “racial” identity. The purpose of this qualitative study was to explore the definition and meaning of being Latino and how this may guide the development of interventions to promote their health.

Methods. Twenty-six Latino immigrants living in Kansas completed a socio-demographic survey and semi-structured interviews to assess and explore personal immigration experiences and perspectives on the meaning of being Latino in the U.S.

Results. Participant reports were grouped into eight themes on Latino identity that were organized by geographic origin, family roots/ties, and acculturation. Immigration experiences were described as both positive and negative with most participants experiencing discrimination and loneliness, but also reports of improved quality of life. Further, most participants reported a strong sense of Latinidad; that Latino immigrant communities in the U.S. are interdependent and supportive of each other.

Conclusions. The experience of being a member of a minority group might contribute to the development of a cohesive sense of Latino identity as participants acculturate to the U.S. while preserving a sense of attachment to their culture of origin. Future interventions should be sensitive to migration experiences as they might influence changes in health behaviors. *Kans J Med* 2019;12(4):125-131.

INTRODUCTION

As the U.S. experienced a four-fold increase in the number of immigrants between 1960 and 2015, the number of immigrants from Latin America, primarily Mexico, has increased nine-fold.^{1,2} In 2018, the U.S. Census counted 58 million Latinos, making up 18%³ of the population and expecting to comprise nearly 30% by the year 2060.⁴ They are also the youngest ethnic group; 33% of Latinos are younger than 18 years and 25% are 18 to 33.

The immigration of Latinos to the U.S. presents various challenges, including not knowing where to get health care, language barriers, and lack of cultural competence among providers. Recent Latino immigrants are less likely to have access to health care than those who have lived longer in the U.S.⁵⁻⁷ Despite these disadvantages, recently arrived Latino immigrants are generally healthier than other ethnic and racial groups. As Latino immigrants become acculturated to the U.S., however, their health status may decline as they are likely to adopt unhealthy behaviors. For example, higher immigration relates to worse dietary intake, including reduced fruits and vegetables.^{8,9} The longer Latino immigrants live in the U.S., the more likely they are to face worse health outcomes, including cardiovascular disease, obesity, and diabetes.^{10,11} Furthermore, acculturation stress is associated negatively with physical and mental health,¹²⁻¹⁴ as immigration to a foreign country typically involves stressors such as separating from one's family and friends, learning a new language, and facing unstable working conditions.¹⁵⁻¹⁶

Interestingly, as Latino immigrants acculturate to the U.S., they begin establishing a sense of “Latino” identity, a term that is nonexistent in Latin American countries.¹⁷ Factors such as shared language, similar socio-economic conditions, religion, country of origin, and discrimination have the potential to foster the development of a new Latino experience in the U.S. The experience of developing a sense of Latino identity is called Latinidad.^{18,19}

It is important that health care providers, counselors, and other social service workers learn and understand the reality of Latino immigrants and help them adapt to stressors and experiences that accompany immigration.^{20,21} To provide culturally and linguistically tailored care to Latinos, it is vital to understand their Latinidad. However, Latino identity is a complex process of acculturation, changes that take place as a result of contact with culturally dissimilar people, groups, social influences, and assimilation. This study employed qualitative methodology to collect rich data to understand views and perceptions of Latino immigrants to the U.S.

This study contributes to the understanding of the construction of Latinidad identity in the U.S. and the reasons and experiences involved in the immigration process. These findings could guide the development of culturally and linguistically appropriate health interventions for Latinos by increasing congruency with their immigration experiences. Cultural and linguistic congruence may increase the effectiveness of health care and health interventions by enhancing message processing and acceptance by patients and may have a greater impact on targeted theoretical interventions.²² This may lead to an increase in cultural competence and cultural humility²³ of health care providers and case managers that may work with this population.

METHODS

This study was conducted within the Juntos Center for Advancing Latino Health at the University of Kansas Medical Center (KUMC) Department of Preventive Medicine and Public Health (<http://juntosks.org/>). The goal of Juntos (Spanish for “together”) is to build community-based participatory research programs that generate and translate research findings toward the elimination of Latino health disparities in Kansas. In accomplishing this goal, Juntos has established collaborations since 2010 with several Latino-serving, community-based organizations, and safety net clinics that served as key venues for participant recruitment. This study was approved by the KUMC Human Subjects Committee.

Participants. Twenty-six participants were recruited via community outreach in 2011 to complete a semi-structured interview designed to explore personal immigrant experiences and the meaning of being Latino in the U.S. Eligible participants were self-identified Latino immigrants who were 18 years or older, spoke English or Spanish, were able to understand the consent form, and had an active telephone number. Participants were recruited iteratively until thematic saturation was achieved. Study participants were recruited through flyers, safety net clinics, community stores, community-based organizations, and local churches. Participants received a \$20 gift card as reimbursement for their time and transportation costs.

Measures. Participants completed a socio-demographic survey immediately prior to the interview with measures such as country of origin, language preferences, and years in the U.S. collected. A semi-structured interview in their preferred language (Spanish or English) subsequently was conducted. Interview questions addressed the following domains: migration reasons, immigration experiences, meaning of being Latino, and Latinidad identification. Questions included:

- Why/when/with whom did you or your family move to the U.S.?
- Please describe your experience immigrating to the U.S.
- What does it mean to you to be Latino?
- On a scale from 0-10, with 0 being not at all Latino, and 10 being 100% Latino, at what level do you identify yourself as Latino? Why would you give yourself that rating?

Participants' responses were followed by a set of probes to further understand their responses. Interviews were conducted by trained bilingual research staff at a local community-based organization.

Data Analysis. For the socio-demographic survey, means and frequencies were calculated for the sample. All interviews were audiotaped with participants' permission and subsequently transcribed in the language in which they were conducted to preserve meaning. Qualitative thematic analysis was used to identify, analyze, and report themes within the data.²⁴ Two coders independently analyzed the data, identified codes within the domain categories, and reported themes. Throughout this iterative process, transcripts were open-coded identifying keywords, themes, and descriptions of behavior. Subsequently, themes were grouped into coding themes and a code map was developed.

The two coders met weekly and compared findings to identify similarities and differences with the codes and themes. A third coder

joined for in-depth discussion if differences in coding were found between the two coders. Additionally, for core domain categories, two independent bilingual coders met to address discrepancies, which were resolved using the Consensual Qualitative Research Framework.²⁵ Three bilingual staff members developed the final code book. Operational definitions of each code were created to categorize and retrieve quotes pertaining to each theme. Inter-rater reliability then was assessed for three code word groups: Migration reasons, Latinidad identification, and Immigration experiences (Kappa coefficient 0.828). Semi-structured interview contents were analyzed using Ethnograph VI, a program designed to aid in the cataloging and analysis of qualitative data.²⁶ Quantitative data were analyzed in PASW Statistics 18.0 to compute means and frequencies describing participants' socio-demographic characteristics.

RESULTS

Quantitative Results

Table 1 presents characteristics of the 26 participants who participated in this study. The majority of the participants were male (53.8%), aged 24 to 57 years ($M_{age} = 39$, $SD = 10.6$), and 50.0% reported being married. Most participants were immigrants from Mexico (91.4%) and 73.1% had a high school degree. Years living in the U.S. varied between 1 and 57 ($M = 18.12$, $SD = 15.49$) and 48.8% had lived in the U.S. for 10 years or less. Most participants reported migrating to the U.S. as adults (73.1%) and 57.7% were accompanied by family members. Regarding language preference, 61.6% of participants reported using primarily Spanish at home and only 3.8% reported using only English at home.

Migration Reasons. Reported reasons for moving to the U.S. included family reunification (53.8%), work opportunities (38.5%), and push-pull factors between Mexico and the U.S. (34.7%; e.g., the lack of economic opportunity in Mexico (push) and the economic opportunities, social networks, and chain migration in the U.S. (pull)). Other responses included improved quality of life (30.7%), education (23.1%), and unexpected events (15.3%).

Immigration Experiences. Immigration experiences generally were described as negative, including a sense of desperation and/or hopelessness (38.5%), discrimination (30.8%), sense of not belonging in the U.S. (26.9%), negative affect (depression and loneliness; 23.6%), and use of addictive substances (15.3%) to cope with immigrant experiences.

Meaning of Being Latino. Participants' perspectives on being Latino included a number of different themes. The variation in their responses mirrors the complexity of the acculturation process. Participants' meaning of being Latino included culture and heritage (69.3%), family (53.8%), language (46.2%), geographical origin (30.7%), pride (26.9%), ethnic identity (26.9%), religion (15.3%), community engagement (15.3%), and traditional cultural traits (11.5%).

Latino Identification. To explore the experience of being Latino among recent immigrants, participants were asked to rate on a scale of 0 - 10 how intensely they identified themselves as Latinos. The majority (80.8%) of participants ranked themselves in the 9 - 10 range, while 15.4% reported a moderate sense of being Latino (6 - 8 range), and 3.8% of participants positioned themselves within the 0 - 5 scale range.

Table 1. Description of the sample (N = 26).

Characteristics	N
Age (years): Mean (SD)	39 (10.6)
Gender	
Male	14 (53.8%)
Female	12 (46.2%)
Marital Status	
Married	13 (50.0%)
Unmarried	13 (50.0%)
Educational Attainment	
High School Diploma	19 (73.1%)
Less than a High School Diploma	7 (26.9%)
Country of Origin^a	
Mexico	21 (91.4%)
Colombia	1 (4.3%)
Spain	1 (4.3%)
Period of Life at Migration	
Adult	19 (73.1%)
Child/Adolescent	7 (26.9%)
Migrated with:	
Family	15 (57.7%)
Alone	5 (19.2%)
Other	6 (23.1%)
Number of Years in the U.S.^a	
1 - 5	5 (21.7%)
6 - 10	6 (26.1%)
> 10	15 (52.2%)
Language Use at Home	
Only Spanish	8 (30.8%)
Spanish more than English	8 (30.8%)
Both languages equally	5 (19.2%)
English more than Spanish	3 (11.5%)
Only English	1 (3.8%)
Other	1 (3.8%)
Language Use with Friends	
Only Spanish	7 (7.7%)
Spanish more than English	8 (30.8%)
Both languages equally	8 (30.8%)
English more than Spanish	1 (3.8%)

Only English	2 (7.7%)
Language Use Watching TV/Listening to Radio	
Spanish more than English	9 (34.6%)
Both languages equally	7 (26.9%)
English more than Spanish	4 (15.4%)
Only Spanish	3 (11.5%)
Only English	3 (11.5%)

^aThe total number is not 26 because of missing data.

Qualitative/Interview Results

A table of major themes found from interviews are presented in Table 2.

Table 2. Major themes surfaced in participant interviews.

Domain	Theme
Migration Reasons	• Family is a push/pull factor for migration
	• More work opportunities in the U.S.
Immigration Experiences	• Improved quality of life
	• Experiencing discrimination
	• Feeling lonely and depressed
Meaning of Being Latino	• Cultural and family unity
	• Speaking the same language
Latinidad Identification	• Pride in being Latino

Migration Reasons. Family is a push and pull factor for migration. Participants described their reasons for migrating being related to family. For example, one participant stated, "I came because my husband was here [in the U.S.]. He had been here for a year and I was by myself with my children in Mexico. So, I wanted to give it a try and make a living here in the U.S." A second participant stated, "Well, actually I was too young to make my own decisions, so they [mom and dad] brought me and my five brothers, so they brought us all, you know, we were...I was like I think 10 or 11, somewhere around there when they brought me. We came as a package." Another participant said, "We came here to Kansas because we had a cousin living here."

Participants reported migration reasons related to work opportunities in the U.S. For example, one participant stated, "My grandfather contacted someone [...] in the United States to see if I could come to the U.S. and work with him for six to eight months while the season lasted, and then I would go back to Mexico and the next year I would come again to work." A participant reported a push factor as the reason for their migration to the U.S. "Someone promised my dad a job down here if he came down to Kansas City from Mexico." Another participant stated: "The reason we came here was because of the poverty [in Mexico] and of course, it was the Promised Land where we were going to." Lastly, a participant reported, "It was curiosity! You're told that in the U.S. it's easy to make money! I thought it would be easy, but once being here it is different."

Immigration Experiences. Participants reported reasons related to improved quality of life. One participant stated, "There [in Mexico] I used to ride a bus, a taxi. Here we at least have a car...My son, I see him achieving his goals. That's why I came. I like it, truly, I like it." Another participant stated, "It's easier to get things here. At least, if I

were in my country and had my children, I think I wouldn't be able to have my car, and my husband's, or that my children were in a sport class. I mean it's easier for me here [in the U.S.] than there." Another participant reported coming to the U.S. to learn English: "I have always wanted to speak English, so my aunt said, 'Why don't you come to Kansas?'" Another participant considers the positive future they perceive for themselves and their families, "In fact, I want to die here! I tell my children that I want to stay here because I like it here. My life has changed, from there to here. I have...there is more future for my children."

Participants described negative immigration experiences in the U.S., including discrimination. One participant stated, "All your possibilities are restricted for the mortal sin of not speaking English and not being from here [the U.S.]" Another participant stated, "The workforce, not getting paid the equal amount of wages because you're a different race, because you're not Anglo..." Yet another participant stated, "Living in this country [the U.S.] is like living in a different dimension, another world." One participant reported being punished for speaking Spanish at school when he was younger, "When we were in school they would tell us, speak English, you're not in Mexico, you're in the U.S., speak English. And they'd put us in a corner or time out for speaking Spanish."

Respondents also reported their immigration experience as contributing to feelings of loneliness and depression. One participant reported: "What am I going to do with my life here [in the U.S.] by myself?" Another participant responded that they have had to cope with their immigration experience by using drugs and/or alcohol: "I sometimes get desperate. That's why I want to drink, smoke. I think it's the desperation I feel. I cannot do anything to leave."

Meaning of Being Latino. Most participants stated that being Latino was reflected by their culture. One participant stated, "The customs are all like the many holidays we celebrate wherever we are... For instance, now we are in September [Mexican Independence Day is September 16] and even though one is working or wherever one is, one has that desire of listening to the [independence] cry from one's country."

The importance of family and the value of *familismo*²⁷ were reported by participants as defining their Latinidad. For instance, one participant stated: "Because of my roots ...I think that in part... from my parents, grandparents, my siblings, I consider myself Latino or Hispanic." Another participant reported: "My roots. I think of my parents, my grandparents, my siblings. I consider myself Latino or Hispanic because of them." Another participant reported, "I am 46 years old and my mom and dad and all my brothers we're just united, you know. That's one thing that I'm proud of, that no matter how or what...how the economy is or how much money you have or whatever, we're united." One participant stated, "Here in the Latino community one feels surrounded by family...because they've gone through the same problems that one has as a newcomer, job, documents, all that. Since they've gone through the same, they give us a lot of confidence."

Language and geography was considered an important meaning of being Latino. As one participant said: "We all speak Spanish. Everybody from Mexico and beyond, only Spanish! That's why we're called Latinos." Another participant stated, "We come from Mexico, we are

from Mexico. We speak Spanish and we belong to Latin America." In addition, participants also reported a sense of pride of being Latino. One participant stated, "Well, I am proud of who I am, of my nationality. I'm not embarrassed to speak Spanish....to me, I am proud to be who I am."

Latinidad Identification. Participants reported a strong sense of being Latino as part of their biologic make-up. One participant stated: "I am very proud to be Latino. It's kind of hard to say what it means, because it means a lot...like my...our heritage is, I think, beautiful." Participants also stated the value of being a Latino, "The term Latino is something set upon oneself, something that cannot be taken off. One cannot remove the term [Latino] of oneself just because one was given a green-card or a passport. It doesn't matter, I will keep being the same Colombian, with the same ideas, the same things, but I am an American citizen. A passport doesn't take away my Colombian and Latino characteristics. I understand the culture and participate in many aspects of the Anglo culture, but at the same time, I'm bicultural. The Latino part cannot be taken off." Another example included: "It may be that one feels proud. For instance, look! I'm from Durango [Mexico]. I was born there, I grew up there and I'm registered there. That's why I say I'm 100 percent Latino and I'm proud to be from Durango."

DISCUSSION

The present study analyzed survey data and qualitative interviews from Latino immigrants to the U.S. to understand the construction of Latinidad identity and the reasons and experiences regarding the immigration process. The findings are important as they may help health care providers, counselors, and case managers learn and understand the reality of Latino immigrants and help them adapt to stressors and experiences that accompany immigration. Most participants reported a strong sense of Latinidad. The new shared context and the experience of being a minority group with a shared language might contribute to the development of a cohesive sense of identity as a Latino immigrant in the U.S. Participants reported a broad range of experiences to define Latinidad, reflecting the heterogeneity of experiences as immigrants adapt to the new social and cultural context. However, few participants reported themes that have been used widely by U.S. culture to define Latinos (e.g., machismo, religion, or community engagement),²⁸ suggesting our participants' definition of Latinidad provides additional themes that reportedly are used to describe the Latino culture.

As the Latino population continues to grow in the U.S., there is a critical need to monitor the progression of their complex immigration and acculturation process to address its relationship to Latinos' health outcomes and well-being.^{29,30} Usually, leaving the country of origin represents the idea of moving to a better social, economic, or geographic position. These positive motivations lie in contrast to the negative immigration experiences involving depression, discrimination, and loneliness for many.^{31,32} Participants in this study reported

experiencing discrimination and feeling lonely and depressed, which is associated negatively with physical and mental health.¹⁴ Immigration to a foreign country includes multiple stressors as it typically involves separating from one's family and friends, learning a new language, and facing unstable working conditions.¹⁵ Discrimination and marginalization have the potential of limiting the acculturation process or making the process painful and socially stressful, as has been identified previously in studies on acculturative stress among immigrants trying to adapt to mainstream American society.^{21,33-38}

Despite these negative experiences, participants reported positive experiences in leaving their country of origin that include reuniting with family, prosperous development in ones' educational or professional trajectory, and improved quality of life. Further, participants reported cultural and family unity, speaking the same language, and pride in being Latino, which might serve as a buffer against negative experiences reported.¹⁸ Given the complexity and multidimensional experiences of Latino immigrants noted in this study, it is important to incorporate these findings in studies that assess the relationship between acculturation and health.

The results from this study have further implications to the health and well-being of Latinos. This includes the adaptation of new daily habits which are formed in response to the diversity of experiences and products available and promoted in U.S. immigrant communities. While the choices tied to increased availability of health products and health care in the U.S. may seem empowering, the lack of health-related information tailored to the Latino community is an area for opportunity. For instance, one study explored Latinos' habits with personal care products use among a Mexican-American population via the HERMOSA study³⁹ with the goal of promoting safer and healthier choices through educational outreach specifically for Latina female teens. This study found that health outcomes can be improved by combining culturally-informed educational information with increased access to safer products. Future studies should focus on other Latino-dominant industries, such as in food service, agriculture, and construction. Participants in our study also reported that loneliness and stress can lead to health risk behaviors, such as drug use and/or alcohol. Future studies should help us further understand Latinos' acculturation process and perspectives on the meaning of being Latino that would aid in designing more culturally effective health interventions.

The current findings elucidated the experience of Latinidad and provided a significant contribution to the identification of key beliefs and values that need to be considered within the context of health care interventions for Latinos in the U.S. This type of qualitative research is central to supporting cultural accommodation of evidenced-based treatments to meet the needs of this population.³⁹ Indeed, the Cultural Accommodation Model^{40,41} emphasizes the need to identify and integrate culturally significant experiences, beliefs, and values into cognitive-behavioral evidenced-based treatments to improve cul-

tural congruency between a treatment and the targeted population. The goal of cultural accommodation is to enhance the treatment to increase efficacy and individual engagement. For researchers and clinicians interested in serving Latino immigrants in the U.S., increased understanding of these important themes of Latinidad may impact treatment content and delivery to advance the cultural accommodation of interventions for this group.

The study had some limitations. Data from this study were from 2011 and experiences with immigration and Latinidad identification may have changed since then. Indeed, themes associated with Latinidad may be reflected in the larger population of Latinos in the U.S. All data were self-reported and may be subject to recall bias (e.g., details of a particular experience related to immigration). There is also a possibility that participants felt compelled to offer socially desirable responses. However, all interviews were conducted in private rooms and after rapport was developed with interviewer, at which point participants may have felt more comfortable with the interviewer. Further, the current findings are consistent with other studies,^{30,42,43} supporting the content validity.

Despite the limitations, the study had several strengths and furthered our understanding of Latinidad with a population that is mostly low-accultured. Results of this study could assist in the design of culturally effective health interventions for Latinos. Future studies should explore the similarities and differences associated with Latinidad in Latinos from different countries of origin and living in different geographical areas in the U.S.

Future Studies. Given that this study's data was from 2011, an additional study is needed to determine if these experiences have changed these past eight years. Recognition of the importance of acculturation to a new social context has increased in the field of public health.⁴⁴ Health interventions tailored to Latinos should focus on cultural values, language preferences, and patient beliefs while attending to acculturation levels, years in the U.S., and national origin.^{45,46} Future interventions should be sensitive to migration experiences as they might influence changes in health behaviors (e.g., dietary preferences and smoking behavior). Culturally-based knowledge, attitudes, and beliefs cause people to make behavioral choices that result in the observed health patterns.⁴⁷ Acculturation has been found to have different effects (negative, positive, or mixed) in a number of health behaviors,^{48,49} health care use and access,^{50,51} chronic diseases,⁵² and self-assessed health perceptions.⁴⁵ Therefore, it is important to consider the impact that Latinidad has on health, as it contributes to our understanding of the socio-economic and health care needs of the Latino immigrant population.

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