

Study Shows Health Benefit for Immigrants

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Body

More than half the children under 7 in New York City are growing up in immigrant families, and in many of them no one over 13 speaks English well. But a new report released yesterday suggests that this linguistic isolation helps protect them from the higher rates of obesity, asthma, and adolescent risk-taking that afflict native-born and Americanized children.

Though the report also cautions that the language barriers make it harder for children to get the health insurance and education they need, it finds that foreign-born children are healthier when they arrive in the United States than those of the same age who were born here.

In fact, the longer immigrant children stay in America, adopting the diet and lifestyle of their peers, the unhealthier they are likely to become, according to the report, a synthesis of several national studies by the David and Lucile Packard Foundation, a California philanthropy that studies the well-being of children.

"It's a bit of a twist," said Kathleen Mullan Harris, director of the National Longitudinal Study of Adolescent Health, issued by the National Institutes of Health and cited in the report.

"Linguistic isolation is a protective thing because it slows assimilation, and most people think assimilation is good." But, she added, "in this case assimilation means adopting unhealthy behavior and risk factors from which they are protected in their own culture."

The first generation of immigrant adolescents -- the foreign-born -- had less asthma, less obesity, fewer school days missed, and less involvement in substance use, sex, delinquency and violence than did the second generation, those born in America to immigrant parents.

The study found 5 percent reporting asthma in the first generation, 8 percent in the second and 12 to 16 percent in the third generation, depending on ethnicity. Obesity jumped from 17 percent for foreign-born teenagers to 27 percent of those born in America to immigrant parents.

"But the second generation still looks better than the native-born kids in native-born families," Professor Harris said. "People don't quite know how to take it -- to say that American life is bad for you is not exactly correct."

Even more tricky to interpret are the differences in adolescent behavior.

Americans tend to think of adolescence as a developmental period when it is common to experiment and take risks, some researchers say. Among first-generation immigrant teenagers, 8 percent report using three or more controlled substances. That figure rises to 17 percent in the second generation and to a quarter of native-born white adolescents with native-born parents.

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"We give adolescents great autonomy," Professor Harris said. "When immigrants come here, they come from cultures where adolescence is not defined that way. As they assimilate and incorporate the U.S. norms, their involvement in less healthy behaviors increases."

In trying to explain how being in an immigrant family helps, Professor Harris, who teaches sociology at the University of North Carolina at Chapel Hill, said she found that being tied to a foreign culture and ethnic values in immigrant enclaves explained up to half the differences, and speaking a foreign language at home was part of that.

Among some immigrant groups in New York, including families from Korea, China and Mexico, more than 60 percent of children under 9 do not speak English at home, according to an analysis by Donald J. Hernandez, one of the writers of the report.

But Professor Hernandez, a sociologist at the State University of New York at Albany, emphasized the risks associated with the lack of English-speaking parents, especially if they are poor and have little education.

Nationally, children in immigrant homes are less likely than those in native families to have health insurance (75.6 percent versus 88 percent), more likely to be behind a grade or more in school (10 percent versus 8 percent at age 16), and less likely to graduate from high school (72 percent versus 79 percent by age 19).

One concern in New York, he said, is the disparity in the percentage of children attending preschool, which can be a crucial bridge for children from non-English-speaking homes.

"Yes, there's a paradox," he said. "If a family is isolated in its household from English-speaking society, they're isolated for good or for ill. They may be cut off from fast-food franchises, they may be cut off from some of the negative aspects of American society, but at the same time they're cut off from educational institutions, they're not capable of interacting directly with teachers, with social services, with health institutions."

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Graphic

Chart: "Immigrant Children and Health" A study of children in immigrant families by the David and Lucile Packard Foundation found that linguistic isolation may result in health benefits for adolescents, but that the benefits begin to decrease in succeeding generations. Percentage of immigrant families reporting linguistic isolation*New York City data Native-born: 4% Immigrant: 31*Households where no one over the age of 13 speaks English very well Percentage of immigrant adolescents reporting various health indicators Nationwide data (self-reported) Overall health (fair or poor) First generation: 9% Second generation: 11 Asthma First generation: 5 Second generation: 8 Obesity First generation: 17 Second generation: 27

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