

## Abstract

**Introduction** It is little secret in the demographic world that longer duration stays in the United States are associated with poorer health outcomes for Mexican immigrants. In fact with longer durations of stays, Mexican Americans have been found to have as poor health statuses similar to their US born counterparts, thus diminishing the benefits Mexican immigrants have demonstrated as new arrivals (Finch, Hummer, Kolody, and Vega 2001, Vega, Alderete, Kolody, and Aguilar-Gaxiola 1998, Alderete, Vega, Kolody, and Aguilar-Gaxiola 1999, Padilla, Boardman, Hummer, and Espitia 2002). A general hypothesis towards explanation of this effect, suggests that Mexicans possess a “cultural protection” that reduces with time therefore leading to health statuses comparable to US born Mexicans. Little is known as to what these protective factors are however.

One speculation is that Mexicans value certain traditions that have become embedded into their lifestyles and culture. One often noted tradition is the conception of gender roles, which have contributed to such stereotypical terms as “marianismo” or “machismo.” Little is known, nonetheless, how these traditions play out as actually influencing health. This paper will examine how acceptance of certain gender roles may serve as a benefit or detriment to self-reported health in Mexicans.

Previous literature also suggests that gender differences do exist with respect to health outcomes for this population. For example, Mexican men and women differ vastly in their propensities to use or abuse alcohol and drugs (Vega, Alderete, Kolody, and Aguilar-Gaxiola 1998). We also know that gender variations

of cardiac risk exist among Mexicans in the United States (Satis, Markides, Zhang, and Goodwin 1997; Patel, Black, and Markides 2003; Meshack, Goff, Chan, Ramsey, Linares, Reyna, and Pandey 1998), yet little is known as to how this dissimilarity may continue into the realms of general physical health. Furthermore we have yet to come to terms with cultural influences of gender roles that may be a force behind such incongruencies.

Depending on who is asked, being in a romantic or marital relationship is said to have anecdotal rewards. In fact, men are more likely to benefit from being a relationship than women overall (Williams). No consideration has been made however, as to how relationship quality may differ for Mexican men and women and how this may play an important role in health status in this population.

Based on the gaps in previous literature on the relationship between acceptance of cultural roles, marital satisfaction, and self-reported health in Mexican Americans, the current paper will address the following objectives.

1. To determine the level of effect ascription to “traditional” gender roles influences self-reported health in Mexicans in the United States.
2. To determine the effects of perceived relationship quality on self-reported health.
3. To establish a pattern of gender differences that may exist among Mexicans of self-reported health.

**Methods** This study uses the MAPSS (Mexican American Prevalence and Services Survey) dataset to examine the relationship of self-reported health to

acceptance of traditional gender roles, relationship satisfaction and gender. Of the total sample of 3012, 2230 subjects were selected for this analysis that were in a romantic relationship at the time of the survey. Using similar coding methods for gender role acceptance and relationship satisfaction used by Amato and Brooks (1995) the major explanatory variables were coded as follows. First, a series of questions were asked with respect to traditional gender roles (i.e. "the husband should be the primary bread winner in the home"). These questions were then combined to create an overall score. Second, marital satisfaction was measured with the use of a marital satisfaction inventory that was included in the questionnaire. Self reported health was used as the dependent variable with a range of excellent to poor. A series of bivariate and multivariate analyses were conducted to test the major hypotheses of this paper. Logistic regressions were conducted to determine the odds ratios of self-reported health on the explanatory variables of interest.

**Results** It was expected that since previous literature has speculated that newer Mexican immigrants to the United States are benefited by "cultural protection" that acceptance of traditional gender roles would serve as a buffer to poorer health. The findings from this analysis do not support this assumption. Acceptance of traditional gender roles for all Mexicans in this sample is not statistically significant in health protection.

It was next believed that consistent with previous literature on the general population, marital satisfaction would have a beneficial effect on self-reported health. The results from this analysis do support this hypothesis significantly for

poor health. Marital satisfaction is a significant safeguard against poorer health outcomes.

Finally, gender differences do not exist with respect to self-reported health. Gender does conversely, become important only when taking into consideration the effect of marital satisfaction on health, having significance primarily for women.

**Conclusions** Acceptance of gender roles and marital satisfaction were used as the primary variables of explanation, in an attempt to isolate the effects of cultural protect on self-reported health in Mexicans in the United States. Speculation has been made that part of the health benefits that new arrivals from Mexico to the United States possess are “cultural values or traditions” that serve as protection from the harmful effects of society that reduce one’s quality of health. In this study however, acceptance of gender roles does not serve as a buffer from poorer quality of health. What does appear to be of importance is marital satisfaction, particularly for women. Over the years that we have studied the Mexican population in the United States we have operated with the assertion that this group is fundamentally different than the general population due to the cultural values that are deeply preserved in their lifestyles. This study nevertheless, suggests that perhaps these differences are not as extensive as we would like to believe.