Published in final edited form as:

J Aging Health. 2010 October ; 22(7): 932–954. doi:10.1177/0898264310380742.

Old-Age Disability and Wealth among Return Mexican Migrants from the United States

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Abstract

Objective—To examine the old-age consequences of international migration with a focus on disability and wealth from the perspective of the origin country.

Methods—Analysis sample includes persons aged 60+ from the Mexican Health and Aging Study, a national survey of older-adults in Mexico in 2001. Univariate methods are used to present a comparative profile of return migrants. Multivariate models are estimated for physical disability and wealth.

Results—Gender differences are profound. Return migrant women are more likely to be disabled while men are wealthier than comparable older adults in Mexico.

Discussion—Compared to current older adults, younger cohorts of Mexico-U.S. migrants increasingly include women, and more migrants seem likely to remain in the United States rather than return, thus more research will be needed on the old-age conditions of migrants in both countries.

Keywords

return migration; aging; Mexico; disability; wealth

Introduction

Mexico is currently the country that sends the most immigrants to the United States, with an annual volume of 400,000 net migrants in the decade of the 1990's and this trend is likely to continue in the foreseeable future (Hill & Wong 2005). The current massive migration gained momentum in the decade of the 1940's when the United States established a temporary worker program (the "bracero" program), which was active until the 1960's and started a flow of migrants to the United States as well as return migrants in Mexico (Canales 2001, Borjas 2007). The geographical proximity of the two countries and the resulting migration networks facilitated the continuous flow of migrants even after the end of the *bracero* program. Early in this process these workers were mostly men in agriculture or farming occupations while women joined the flow increasingly in later years (Cerrutti and Massey 2001).

Despite the large volumes and the long-established tradition of migration from Mexico to the United States, we know little about the old-age consequences of migration for the migrants who are back in Mexico. The cohorts of current older adults in Mexico, aged 55 to 95 in the year 2000, are particularly important because these are the cohorts born between

1905 and 1945 and who were of peak migration age (around ages 15 to 35) when the *bracero* program was active. One way to assess the long-term consequences of migration entails an evaluation of the old-age conditions of migrants. However, the comparison groups can vary. In this paper, we address the issue from the perspective of the origin country by contrasting the health and wealth conditions across groups in Mexico. What share of the older population in Mexico do these return migrants represent? What are their main socioeconomic characteristics compared to other similar groups in Mexico? Are they significantly better- or worse-off than comparable older adults in Mexico? Are they healthier or more disabled; wealthier or poorer in old age? If return migrants are disproportionately represented among vulnerable groups of the sick or poor in old age, then the burden of old age can impact significantly on the Mexican society. This is an important public policy issue given the current and future large volumes of migrants from Mexico to the United States.

Previous literature has examined the selectivity of U.S. migrants from Mexico by socioeconomic conditions, family networks, and health. This body of research has concluded that initial migrants to the United States from Mexico tend to be self-selected among those groups with low education (Leite et al., 2003; Ibarra and Lubotsky 2005), young, men more than women, with networks of previous migrants to the United States (Massey and Durand 2004), and with better pre-migration health (Crimmins et al. 2005, Rubalcava et al. 2008). Previous research has also hinted that after the initial migration, those who remain in the United States tend to be of better health than those returning (Crimmins et al. 2005). A study among immigrants of Germany (Constant and Massey 2003) concludes that individuals who lack attachment to paid employment in Germany and who maintain strong ties to the country of origin are more likely to return to the origin. Borjas (1989) and Massey (1987) report that migrants returning from the United States to Mexico tended to be the least successful economically, while Reagan and Olsen (2000) find no evidence of a skill bias in return migration. Borjas and Bratsberg (1994) hypothesize that if migrants were positively selected to the United States initially, then return migrants would be negatively selected. This 'reverse selection' for return migrants would imply that, compared to migrants in the destination country, return migrants would tend to be the worst of the best. Thus previous research on return migration has focused on the human capital attributes (mostly education, health, or employment) of the foreign-born persons returning to their country of origin. However, this literature compares the return migrants to those left in the destination country and *not* to those in the origin.

We borrow from these approaches and the few previous findings from the literature and establish a conceptual framework to examine the health and wealth status of return migrants in the country of origin. We postulate that old-age health and wealth are a result of life-cycle behavior and events, and that migration to the United States plays an important role in these aspects of old-age well being: 1) Migrants are initially selected among individuals with good-health and with moderately low-wealth in Mexico. 2) After one or more stays in the United States, a sub-group of the surviving initial migrants will settle back in Mexico (as return migrants). Because of 'reverse selection,' these are selected among the less-healthy and among the moderately wealthier of the initial migrants. 3) Compared to the population in the country of origin, it is difficult to predict *apriori* the old-age health or wealth status of the return migrants. This relative position at old age will depend on how much the stock of health and wealth improved or deteriorated as a result of the years spent in the United States and the years following their return to Mexico. In addition, the relative position of the group of return migrants will depend on the standing in old age of the comparable populations in Mexico without U.S. migration experience. This is because the old-age status depends on the lifestyle, work history, and health care practices followed by the various groups through their life cycle, whereas international migration experiences were only some of the intervening events. For example, there are reasons to expect that the health of return

migrants will be better than the population in Mexico who did not migrate because migrants were selected positively by health to go to the U.S. initially. However, there are reasons to expect that the health of return migrants may be worse than the populations in Mexico who did not migrate because of relatively more-intense physical labor, occupational risks, and stressful lifestyles in the U.S. Similarly for wealth, one can expect higher wealth among return migrants than the rest of older adults in Mexico because of higher wages obtained in the United States and remittances received from migrant networks. But we could expect lower wealth because those who went to the U.S. had relatively low levels of wealth to begin with, and because return migrants could be further selected among the economically unsuccessful in the United States. Thus the overall relative standing of return migrants compared to others in Mexico is an empirical question. Furthermore, the combined health and wealth status of return migrants is also difficult to predict.

We aim to answer the question empirically and organize the paper as follows. First we present a socio-demographic profile of the return migrants compared to those in Mexico who never migrated or those who migrated only domestically over their life. Second, to assess the long-term consequences of migration, we use multivariate models to estimate physical disability and financial wealth, two important dimensions of well being in old age. Physical disability is closely associated with the presence of major chronic conditions (Freedman et al. 2007, Otiniano et al. 2003, Al Snih et al. 2007), and reflects long-term health care needs (Jette 1996, Fried and Guralnik 1997). Disability also impacts economic productivity and well being late in life. Financial wealth (measured as individual net-worth balancing asset holdings and debts) captures long-term accumulation of assets and old-age financial well being (Wong et al. 2007).

We examine the situation separately for men and women because the nature of the migration patterns is vastly different across gender; hence it is likely that the old age status of return migrants varies greatly across gender as well. We conclude on the long term consequences of migration based on disability and wealth status, and the likely burden that return migrants may represent for the Mexican health and social systems.

Data and Methods

We use data from the Mexican Health and Aging Study (MHAS), which was a national representative sample of the population aged 50 and older in Mexico in 2001, with national representation as well as urban/rural. The sample size was approximately of 15,000 persons. The study was designed to study the process of aging, including illness, functional limitation, and mortality with a broad socioeconomic perspective. Two waves of the panel study were completed in 2001 and 2003. The study had a special emphasis on past migration from Mexico to the United States, thus an over-sample (of 1.7 to 1) was included of residents of seven states that have historically sent migrants and that account for about 40 percent of the migration flows to the U.S. The data has been validated and documented elsewhere (Wong et al. 2007). Because we are interested in long-term consequences of migration and we focus on physical disability as the health outcome, we restrict the analysis sample to persons aged 60 and older with completed interviews in 2001. The final sample size was 7,141, of which 52% were women and 48% men.

We use bivariate statistics to examine characteristics of individuals and establish the sociodemographic profile of the population by migration status. We define 3 groups according to migration status because these vary significantly in social and economic traits: 1) those who have never migrated out of their community of birth (never-migrants), 2) those who have only migrated within Mexico (domestic migrants), and 3) those who have had U.S. migration experience (international migrants). We use regression models to examine the association between migration status and 1) an indicator of physical disability (the

number of limitations with activities of daily living); and 2) an indicator of financial security (individual net worth). Physical limitations were measured using answers to standard questions on each of five physical limitations lasting more than 3 months: “Because of a health problem, do you have difficulty (walking, bathing, eating, getting into and getting out of bed, using the toilet)”. We use poisson regression for the disability models and ordinary least squares regression for wealth models (in natural-logarithm form). Wealth was measured as the value of net worth (the total value of all assets minus debts) using an extensive battery of questions on asset holdings such as homes, businesses, rental properties, financial assets, and debts. The estimated value refers to net worth for each person. Because we conduct separate multivariate analyses for men and women, and there are relatively few women who are international migrants, our sample sizes limit our ability to include a large number of covariates in the regression models. We estimate simple models using the following covariates: age, sex, education, urban/rural residence, and interaction terms between migration status and area of residence¹. The definition of variables is provided in Table 1.

Profile of Return Migrants

Socioeconomic Characteristics

The proportion of older adults in Mexico who are former U.S. migrants is not trivial, and large gender differences are found in migration status (Table 2). Of the population aged 60 and older in Mexico, 39.4% have never migrated from their area of residence, slightly above half (51.1%) are domestic migrants, and almost one-tenth (9.5%) are former U.S. migrants. Among men, 16 percent are return U.S. migrants compared to 4 percent among women. Those who are U.S. return migrants are disproportionately male (80 percent) compared to those who never migrated and those who were domestic migrants (around 45 percent male). Educational achievement shows interesting patterns: never migrants have the lowest education, while international migrants show similar or slightly higher levels of education than domestic migrants. Regarding current place of residence, older persons who never migrated tend to live in rural areas, whereas domestic and U.S. return migrants live mostly in more-urban areas.

Compared to never- or domestic migrants aged 60 and older, return migrants have intermediate level of health care coverage² (55 percent), whereas domestic migrants have the highest coverage of health care (64 percent). Return migrants have the highest smoking rates (23 percent) compared to domestic or never-migrants (14 percent), and have similar obesity rates than domestic migrants (around 20 percent).

Social Network

The social network statistics reveal drastic differences by migration status, and confirm that U.S. migration is a way-of-life in certain families and prevails across generations. Overall, among adults aged 60 and older, return migrants are more likely to have children who currently reside in the United States (60 percent) compared to domestic- or never-migrants (35 percent). On average, return migrants have 1.8 children residing in the U.S. compared to 0.5 children among never- or domestic- migrants. Regardless of migration status, around 35 percent of older adults receive financial help from relatives. If they receive help, however, the amount of money received is higher among return migrants. The mean amount is 5,800

¹Other interactions were also tried between migration status and residence in a high-migration state and categories of schooling but these were not significant in the regression models, thus were excluded from the models.

²Defined as currently having health care coverage from one of the social security institutions (such as IMSS, ISSSTE), or other public or private health insurance schemes, including Seguro Popular.

pesos per month among return migrants, compared to about 5,100 pesos for never- and 4,100 for domestic-migrants³.

In summary, the profile of return migrants among persons aged 60 and older in Mexico shows that, compared to never- or domestic-migrants in Mexico, return U.S. migrants are in the middle or top of the scale regarding social position (urban residence, health care coverage, and education). And regarding their social network, they are embedded in a network of migrants to the United States that continues in the generation of their adult children⁴.

Migration History

For individuals who are return migrants, the history of migration to the United States seems to be quite different for men and women regarding the total length of stay, the social network that supported the migratory move, the types of areas of residence in the United States, and their documentation status (Table 3). On average, women stayed longer in the United States than men (mean 9.4 years compared to 5.5). The median for total length of stays is 3 years for men and 4 years for women. The distribution shows that 75% of men stayed 13 years or less and this is slightly higher (15 years) for women. Women left for the U.S. on average at age 32 and returned at age 40 (medians of 30 and 41) while men left on average at age 26 and returned at age 32 (medians of 24 and 32). The distribution of age at return show that 75% of women returned at age 54 or younger; this is 46 years old for men. Thus older adults who returned to Mexico after living in the United States did so at relatively young ages; we find no evidence of predominant returns at old age.

Women were more likely than men to have known someone in the U.S. prior to their first trip and were more likely to have someone financially support their trip. About three-quarters of the women stated that they lived mainly in U.S. urban areas (73%) compared to only one-quarter of the men (27%). A higher proportion of women (30%) also were legal residents or citizens of the United States during their stays compared to men (12%). These gender differences in migration conditions may also imply vast differences in the prospects after their return to Mexico.

Disability Status

To assess the long-term consequences of migration, we turn to a health indicator based on functional limitations. We use the prevalence of functional limitations which refers to having at least one limitation among five activities of daily living (walking, eating, bathing, using the toilet, getting in and out of bed). We find that about 12 percent of the older adults report disabilities regardless of migration status, with women showing slightly higher rate (14%) compared to men (11%); a higher disability rate is associated with older age and lower educational achievement. There are no differences for men by migration status; about 10-12 percent of men report having at least one functional limitation. For women, however, the patterns indicate that return U.S. migrant have slightly higher rates of disability (17%) than never- or domestic-migrants (with 15% and 12% respectively).

Economic Status

Overall, the total value of individual net worth is substantially higher for U.S. return migrants compared to never- or domestic-migrants. We calculate the ratio of means of net worth to facilitate comparisons across sub-groups, taking the value of net worth for domestic

³Amounts are in 2001 pesos. Approximately 10 pesos per U.S. dollar in 2001.

⁴This is consistent with previous literature. See Wong and Palloni 2009 for a description of the international migration historical context of the current older adults in Mexico.

migrants as the base⁵. The mean net worth is 50 percent higher among U.S. return migrants compared to never-migrants and domestic migrants⁶ (ratios of 1.56, 1.09 and 1.0 respectively)⁷. Although evident for men also, this gap across migration groups is particularly large for women. On average, international migrant women have more than twice the net worth than their domestic or never migrant counterparts.

Multivariate Models of Disability and Wealth

Disability

We estimate basic Poisson regression models for the number (count) of functional limitations separately for men and women. Our models control for covariates capturing migration status, urban/rural area of residence, age, education, and an interaction between migration status and urban/rural residence. The results of the multivariate models are shown in Table 4 as incidence rate ratios (irr). For men there is no statistical difference for migration status, locality size, and the interaction between them; the probability of having one or more disability is higher for older persons and those with lower educational achievement. For women, those who are international migrants have higher probability of disability, the incidence rate ratio is 1.7; those who live in urban areas are more disabled, and the interaction term for migration status and locality size indicates higher disability for those living in urban areas that are never-migrants. Age and education are associated with disability; more years of education is associated with lower probability of disability. To facilitate the interpretation of results, we illustrate graphically for men and women the estimated probability of being healthy (having no functional limitations) by migration status and age⁸ (Figures 1a and 1b). The plots show that in terms of functional limitation, among men, U.S. return migrants and domestic migrants are not significantly different than never-migrants. Among women, however, U.S. return migrants are less-functional than domestic- or never-migrants⁹.

Wealth

We estimate OLS regression models of the natural log of net worth (log-assets), separately for men and women, controlling again for migration status, urban/rural residence, age, education, and an interaction between migration status and urban/rural residence (Table 5). On average for both men and women, having more years of completed education is associated with higher wealth and residents of urban areas have higher wealth than those in rural areas. In addition for men, international migrants have the highest wealth, followed by never-migrants and then domestic migrants. To gain understanding of the magnitudes of these differentials in wealth, we estimate total net worth and illustrate this graphically for men and women in Figures 2a and 2b, which show that the level of net worth is the highest for younger women who are return international migrants, compared to never- or domestic-migrants. Among men, however, the levels of net worth seem similar across the three migration categories. Overall, the lowest levels of net worth are reported by older, never-migrant individuals.

⁵We also calculate the ratio of medians (not shown), and while the values are less dispersed if we use the medians instead of the means, the substantive results are the same.

⁶These patterns are consistent with previous work on wealth using the MHAS data for men aged 50 and older (Wong et al. 2007), which shows that older adults who are U.S. return migrants in Mexico are more likely to have higher assets than those who did not migrate to the United States, controlling for selectivity of migration.

⁷For calculation of the individual net worth ratios, the mean domestic migrant total=1.00=222,548 (2001 pesos).

⁸To calculate the estimated probabilities, all other variables are held constant at their mean value.

⁹We estimated also a more-comprehensive specification for the disability count model (not shown), including assets, chronic health conditions, and lifestyle factors such as smoking and body mass index as explanatory variables. The results are consistent with the basic model that we show: international migrant women are more likely to be disabled than their comparable never- or domestic-migrant women and men.

In order to assess the combined disability-wealth status in old age, we plot the distribution of the population according to both indicators: mean number of disabilities and wealth quartile by migration status for men and women¹⁰ (Figures 3a and 3b). Holding all other variables constant, among men all three migration groups show similar disability levels in the poorest quartile of wealth. International migrants do not seem to represent a disproportionate share of the vulnerable groups. Only in the third quartile of wealth do international return migrants show a slightly higher rate of disability than the others. Among women, however, a different picture emerges. In the poorest quartile of the wealth distribution, international return migrants are the most disabled, potentially having a double burden in old age and representing a vulnerable group.

Discussion and Conclusions

Current older adults in Mexico include a large fraction of the cohorts that were of prime migration age during the *bracero* program years, a temporary workers program that brought large numbers of Mexicans to the United States. This migration flow gave rise to the long-standing tradition of Mexico-United States migration that still prevails. In this paper, we aimed to examine whether the cohorts of return U.S migrants had a disproportionate share of disabled or poor individuals in old age, by comparing return migrants with equivalent older adults who never migrated to the United States but migrated domestically in Mexico, and with those who never migrated anywhere.

In the destination country (the United States) Mexican immigrants in old age show higher disability than U.S. born Mexicans. Overall, non-Hispanic whites report lower disability rates than any other group (Markides et al. 2007 and references therein). Thus one detrimental long-term consequence of international migration for the Mexican social and health system could be the return of migrants with disproportionate high rates of long-term disability or poverty in old age. This was confirmed by the data only partially. Compared to other older adults in Mexico, a heavier burden of disability among international return migrants is apparent only for women. On the other hand, accumulated wealth appears to be higher for international return migrants only for men.

Taken together, the results indicate a mixed picture for health and wealth among older adults in Mexico who are return migrants from the United States especially for women. In addition, we identified a particular group of vulnerable women who have high disability and are among the poorest of the wealth distribution: return migrants. Our findings imply that on average, return migrants lost the original physical advantage that they had prior to migration in comparison to those who stayed in Mexico. We speculate that physical functionality deteriorated more among international migrants due to uncharacteristic intense and strenuous physical labor in the United States. Our findings imply that the wealth position of return migrants improved substantially more compared to their origin-country counterparts; their wealth does not correspond to their sociodemographic characteristics such as education. This wealth advantage may be due to higher wages in the United States that allowed unusual wealth accumulation. In addition, after their return from the United States, remittances from their family networks of migrants in the United States may have contributed to further wealth accumulation. Although we have no way in our data to identify the source of the family help that older adults receive (that is, from within Mexico or abroad), we do find that return migrants from the United States have a relatively high number of children in the U.S. and receive larger amounts of financial help than their counterparts in Mexico.

¹⁰To calculate the estimated probabilities in the Figures, the other variables in the model are held constant at their mean value.

Our findings are consistent with previous work that shows that return migrant men from the United States tend to have higher wealth than those who never left Mexico (Wong et al. 2007). Although previous work excluded women from the analyses, we find that this result also holds for women. Furthermore, previous work focused separately on either wealth or health, without considering both dimensions of well-being in the same analysis (Crimmins et al. 2005, Wong et al 2007). Our findings for women and on the combined disability-wealth of return migrants offer a mixed picture of poor health and good wealth relative to other comparable groups of never-migrants or domestic migrants in Mexico. It appears that, with U.S. return migrants the Mexican system would face a burden that can be potentially managed to secure well-being of the population. The financial position of return migrants and their family network could protect and afford the support of the return migrants in their old age. However, we also identified a sub-group of U.S. return migrants with high degree of vulnerability: women at the low end of the wealth distribution also had high number of physical disabilities.

The Mexican government could adopt policy interventions to ameliorate the old-age consequences of international migration. First, if higher disability in old age is partly a result of strenuous work in the United States, prevention and health care along the life cycle may actually pay-off for the Mexican government in particular for women, who tend to live longer than men. The U.S. government could also adopt preventive care interventions to reduce costs of health care in old age for Mexican immigrants who end up staying in the U.S. Thus health coverage that can be portable across the U.S.-Mexico border could be a viable alternative for both countries. For Mexico another possibility is to offer health coverage to returning migrants, similar to the *Seguro Popular* (Popular Health Insurance) now being offered by open affiliation to all Mexicans (Knaul & Frenk 2005, Knaul et al. 2007). This health insurance option could target Mexicans who are U.S. return migrants and in particular women. From the perspective of the United States, the current patterns of migration among young cohorts indicate that more women are likely to stay in the United States than men (Riosmena, 2004). Thus regarding well being of the future elderly, it will be important for the United States to also consider providing health care to Mexican immigrants, in particular women, who may disproportionately stay to spend their old age in the United States.

We speculate about possible reasons for our findings regarding vast gender differences in disability among international migrants. First, it is possible that the migration experience in the United States is more strenuous for women than men such that disproportionately high disability rates ensue in old age among migrant women. Second, it is possible that the initial positive health selection for migrants applied to a larger extent to men than to women. Although this is likely to change in future cohorts, the older adults that we examined included mostly economic migrants among men and family migrants among women. Third, it is possible that even if the initial health selection applied to men and women, the *return* migration is differential across gender, such that more women in good health than men stayed until old age in the United States. Thus we observe more disabled women returning to Mexico. Fourth, it is possible that more international migrant men have died than comparable women, thus we observe disproportionately more disabled women in old age back in Mexico. It is likely that more than one of these possible explanations hold, and these are possible paths of future research. While some of these speculations can be explored with data from Mexico, several of these require comparable data from both Mexico and the United States.

Finally, we have begun to uncover the long-term health consequences of international migration of Mexicans to the United States. We are limited in the detailed analyses that we can perform, however, due to the small sample size of current older women who are U.S.

return migrants. In more recent decades, more women have joined the flow of U.S. migrants, thus the future return migrants will likely have a higher share of women among them as well (Cerrutti and Massey 2001, Massey and Durand 2004). Evidence on more-recent migrants from Mexico to the United States shows that return rates to Mexico are declining, implying more permanent migration to the U.S. than in the past (Leite et al. 2003). The imminent change in the gender mix of initial U.S. migrants will likely produce changes in the return patterns as well – both the numbers and the conditions of those returning -- thus it is important that aging studies in Mexico continue paying research attention to the well being of returning migrants and their long-term health. A deeper understanding of the continuously-changing patterns of return migration will also help assess the old-age impact of international migration for both destination and origin countries.

Acknowledgments

The authors thank the WHO/PAHO Collaborating Center on Aging and Health and the Sealy Center on Aging at the University of Texas Medical Branch for infrastructure and travel support for Cesar Gonzalez, and acknowledge support to Rebeca Wong from grant No. R01AG25533 from the NIA/NIH.

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Figure 1a and 1b.
Estimated Probabilities of No-limitations by Migration Status and Age. (Adjusted by age, sex, education, and urban/rural residence).

Figure 2a and 2b.

Mean Net Worth by Age and Migration Status, (Adjusted by age, sex, education, and urban/rural residence).

Figure 3a and 3b.

Number of Disabilities by Total Assets and Migration Status, Mexico 2001. (Adjusted by age, sex, education, and urban/rural residence).

Table 1

Definition of variables

Variable name	Type	Description
Migration experience		
Never migrant	dummy	1= has never migrated from community of birth; 0=otherwise
Domestic migrant	dummy	1= has migrated only within Mexico; 0=otherwise
International migrant	dummy	1= lived/worked in the United States at some point; 0=otherwise
Place of residence		
More urban	dummy	1=person resides in a community with 100,000 or more inhabitants; 0= less urban
Age	continuous	60 to 105 years
Education	continuous	0 to 19 years
Body Mass Index (Kg/m²)		
Low weight (<18.5)	dummy	1=Yes, 2=No
Normal (18.5 - 24.9)	dummy	1=Yes, 2=No
Overweight (25.0 - 29.9)	dummy	1=Yes, 2=No
Obesity (>=30)	dummy	1=Yes, 2=No
Smoking	categorical	1=never smoked; 2=former smoker; 3=current smoker
Health care coverage	dummy	1=person has health care coverage; 0=otherwise
Number of children residing in USA	continuous	0 to 4
Family transfers (last two years)	continuous	0 to 711900 (mexican pesos)
Years in USA	continuous	0 to 80
Knew someone in USA	dummy	1=Yes, 2=No
Someone supported their trip	dummy	1=Yes, 2=No
In USA mostly lived in urban or rural areas	dummy	1=Yes, 2=No
Permanent resident or citizen of USA	dummy	1=Yes, 2=No
Spouse lived in the U.S.	dummy	1=Yes, 2=No
High migration sending state	dummy	1=resides in one of the 7 states with highest migration to the U.S.; 0=otherwise
ADL index	dummy	1= difficulty with at least one among walking, eating, bathing, using toilet or getting in/out bed; 0= no difficulty
Wealth	continuous	1 to 1,895,700 (mexican pesos)
Wealth Quartile	categorical	1=poorest; 4=richest (quartiles)

Table 2

Sociodemographic Characteristics by Migration Status Mexico 2001 (60 years and older)

Characteristics	Migration Status		
	Never migrant	Domestic	International
(Sample size)	(2499)	(3833)	(809)
Weighted sample	3,119,639	4,050,350	749,876
%	39.40	51.10	9.50
Sex ***			
Women (%)	54.64	56.12	20.42
Men	5.36	43.88	79.58
Age Group			
60 - 69 (%)	54.95	57.39	52.95
70 - 79	29.23	29.04	35.65
80 years and older	15.83	13.57	11.40
<i>Mean age *</i>	<i>70.2</i>	<i>69.8</i>	<i>70.4</i>
Education **			
0 years (%)	42.88	35.68	31.80
1 - 6 years	46.92	48.83	53.11
6 years and more	10.19	15.49	15.09
<i>Mean years *</i>	<i>2.71</i>	<i>3.37</i>	<i>3.68</i>
Less urban (%) ***	74.53	45.11	58.85
High-migration sending states ***	20.04	16.37	40.70
Health Care Coverage ***			
With (%)	43.34	64.42	55.40
Without	56.66	35.58	44.60
Smoking cigarettes ***			
Never smoked (%)	61.94	55.35	32.16
Former Smoker	23.58	30.51	44.30
Current Smoker	14.49	14.14	23.54
Body Mass Index *			
Low weight	5.36	2.87	3.47
Normal	42.42	35.65	39.51
Overweight	36.18	39.37	37.72
Obesity	16.05	22.11	19.30
Social Network in U.S. ***			
Has children in U.S. (%)	34.06	34.84	60.48
Mean number of children in U.S.	0.56	0.55	1.79
Receives financial transfers **			
Yes (%)	35.39	35.80	38.08
No	64.61	64.20	61.92

Characteristics	Migration Status		
	Never migrant	Domestic	International
Amount among those who receive ***			
Mean (pesos per month)	5,131	4,102	5,793
Transfers as share of total income ***			
Among those who receive (%)	72.08	70.25	64.54

Source: Authors calculations using data for MHAS 2001. Weighted Statistics.

Chi² test for categorical variables, ANOVA for continuous variables to test differences across categories of Migration Status

p-value 0.001

**
p-value 0.01

*
p-value 0.05

Table 3

Characteristics of U.S. Stay for Return Migrants Mexico 2001 (60 years and older)

Characteristics	Women	Men
(Sample size)	(136)	(649)
Weighted sample	155,258	594,618
Total years living in the U.S. *		
Mean years	9.41	5.49
Median	4.00	3.00
75 th percentile	15.00	13.00
Age at migration to U.S. ***		
Mean	32.01	26.34
Median	30.00	24.00
75 th percentile	46.00	32.00
Age at return from U.S. ***		
Mean	39.90	31.57
Median	41.00	32.00
75 th percentile	54.00	46.00
Knew somebody in the U.S. (first trip) ***		
Yes (%)	76.68	34.37
No	20.61	64.51
Traveled with parents	2.70	1.12
Financial support for first trip to the U.S. ***		
From no one	16.97	58.41
From spouse only	17.43	1.34
From parents only	17.81	8.03
From siblings only	6.11	2.64
From parents and siblings	0.99	0.50
From another person	40.69	29.07
Main area of residence in the U.S. ***		
Urban	73.14	27.22
Rural	25.76	69.60
Urban/Rural	1.09	3.18
Migration status during stays in the U.S. ***		
Resident (%)	19.65	8.07
Citizen	10.49	3.92
None	69.86	88.01
Spouse lived in the U.S. during U.S. stays ***		
Yes (%)	14.99	3.22
No	85.01	96.78

Source: Authors calculations using data for MHAS 2001. Weighted Statistics.

Chi² test for categorical variables, ANOVA for continuous variables to test differences across categories of Migration Status

p-value 0.001

**
p-value 0.01

*
p-value 0.05

Table 4

Poisson Regression Models for Number of Disabilities for Men and Women, 60 years and older, Mexico 2001

Covariates	<u>Incidence-Rate Ratios</u>	
	Men	Women
N (sample size)	3118	3328
<i>Never migrant</i>		
Domestic	0.868	1.115
International	0.955	1.708*
<i>Less urban</i>		
More urban	1.020	1.532***
<i>Never migrant X more urban</i>		
Domestic X More Urban	1.098	0.702**
International X More urban	1.084	0.442**
Age (continuous)	1.076***	1.086***
Education (years)	0.961***	0.962***
R ²	0.0763	0.0725

p-value 0.001**
p-value 0.01*
p-value 0.05

Sample sizes for Table 4 and Table 5 differ due to missing values in the corresponding dependent variables. We obtain estimates constraining the sample to only those cases with response in both dependent variables, and the results hold.

Table 5

Ordinary Least Square for log Assets for Men and Women, 60 years and older, Mexico 2001

Covariates	Coefficients	
	Men	Women
N (sample size)	3322	3807
<i>Never migrant</i>		
Domestic	−0.265**	−0.041
International	0.208*	−0.239
<i>Less urban</i>		
More urban	0.262**	0.348***
<i>Never migrant X more urban</i>		
Domestic X More Urban	0.105	−0.038
International X More urban	−0.274	0.249
Age (continuous)	0.003	−0.005
Education (years)	0.085***	0.092***
Constant	10.971***	11.512***
R ²	0.0801	0.1243

p-value 0.001**
p-value 0.01*
p-value 0.05

Sample sizes for Table 4 and Table 5 differ due to missing values in the corresponding dependent variables. We obtain estimates constraining the sample to only those cases with response in both dependent variables, and the results hold.