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Toward a Dynamic Conceptualization of Social Ties and Context: Implications for Understanding Immigrant and Latino Health

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Researchers have posited that social ties and social support may contribute to better-than-expected health outcomes among Mexican immigrants vis-à-vis their US-born counterparts. However, in our review of studies examining social ties and health by immigration-related variables among this group, we found little support for this hypothesis. To better understand the social factors that contribute to the health of Mexicans in the United States, we conducted a qualitative analysis of social relationships and social context among first- and second-generation Mexican women. Our results highlight the interplay between immigration processes and social ties, draw attention to the importance of identity support and transnational social relationships, and suggest ways to reconceptualize the relationship between social contexts, social ties, and immigrant and Latino health. (*Am J Public Health.* 2009;99:2167–2175. doi:10.2105/AJPH.2008.158956)

The complexities in Latino health patterns[1–5] call for a deeper examination of the social contexts that influence them, including those related to immigration. Through a qualitative analysis of social ties and social context among Mexican immigrant women and their second-generation counterparts, we sought to better understand how social factors influence Latino and immigrant health.

LATINO HEALTH PARADOXES AND COMPLEXITIES

Studies have suggested that the health of Latinos relative to non-Latino Whites is better than anticipated when one considers their average low socioeconomic status.[6,7] However, this pattern appears most evident among immigrants relative to US-born Latinos, and is not generalizable within or across Latino subgroups.[1,2] The literature on health differentials by nativity or generational status among Mexicans in the United States suggests that Mexican immigrants experience better health compared with US-born Mexicans for certain outcomes, including low birthweight,[8] infant mortality,[9] psychiatric disorders,[10,11] adult all-cause mortality,[12–14] and obesity.[15–16] Further evidence suggests that immigrants' health deteriorates with increasing length of residence in the United States.[17,18] Other studies, however, have found poorer health status (e.g., more symptoms of depression,[19] poorer self-rated health[4]) and reduced access to health care[20–22] among recent Mexican immigrants relative to longer-term immigrants and US-born Mexicans.

Some scholars have suggested that inconsistencies in these findings may be attributable to poor data quality or challenges associated with tracking mortality as individuals cross borders.[6,23–25] Others have proposed that immigrants represent a healthier self-selected group and may, thus, exhibit better health outcomes than would otherwise be expected.[13,26,27] Yet others have suggested that better health outcomes may be attributable to culturally specific health-protective behavioral or social characteristics, such as social ties and social support.[7,28,29] More recently, observed variations in health patterns among Mexicans across regions within the United States suggest the importance of understanding the contributions of contextual factors to health outcomes.[16] The evidence to date regarding any one of these potential explanations, however, is inconclusive, and it is likely that several factors may be operating simultaneously to shape health patterns across generations.[1,6] In this study, we explore the interplay between contextual factors

and potentially health-promoting social relationships.

SOCIAL TIES AND LATINO HEALTH COMPLEXITIES

More than 3 decades of research show strong evidence linking social ties and health,[30–34] with the literature on Mexicans in the United States corroborating that evidence. Among Mexicans, social integration and social support have been associated, for instance, with lower rates of depressive symptomatology,[35] suicidal ideation,[36] and low birthweight[37–39] and with increases in cervical cancer screening,[40] self-rated health,[41] survival following myocardial infarction,[42] and well-being following breast cancer.[43]

Such findings, together with the sometimes better-than-expected health of immigrants, have led some to posit that "[p]rotective social and cultural characteristics are expected to exert a stronger effect on the health of foreign-born than US-born Hispanics, since these characteristics are [assumed to be] lost with acculturation."[7(p394–395)] Thus, if social ties and social support help explain nativity differences in health outcomes, we would expect first-generation Mexican immigrants to report higher levels of social support and social integration than second- and later generation Mexicans. Similarly, if social ties or support deteriorate with acculturation, we might anticipate commonly used acculturation measures (e.g., language use, length of residence in the United States, age at migration, and acculturation indices) to be negatively associated with social support and social integration.

In examining the extent to which these expectations are substantiated in the literature, we found few studies that examined differences in social support and social integration by nativity status among Mexicans in the United States. With few exceptions,[44–46] the studies we reviewed reported either no differences or lower social integration and support among Mexican immigrants compared with US-born Mexicans.[45–49]

Furthermore, studies testing the relationship between measures of acculturation and social integration or support among individuals of Mexican descent have, by and large, reported that regardless of the specific measure used, increasing acculturation is associated with higher levels of social integration and social

support rather than the lower levels that would be expected if social ties eroded with increased acculturation.[48–57]

Thus, the weight of evidence is not consistent with the hypothesis that social ties or support weaken among the US-born or with greater acculturation. The persistence of cultural explanations despite such evidence suggests a tendency to "romanticize the experience of being a Latino immigrant, . . . by ignoring that socioeconomic hardship and tenuous immigration status might severely compromise the effectiveness of these social supports."[1(p106–107),58] To address these concerns, scholars have called for qualitative research that examines the contexts within which social ties function.[1,58]

Understanding social ties within various contexts can provide valuable information as researchers continue to disentangle social factors that contribute to generational and contextual differences in the health of Mexicans in the United States. Our aim was to contribute to such an understanding through a qualitative analysis of social relationships among first-generation Mexican immigrant women and their second-generation Mexican counterparts in Detroit, Michigan. Specifically, we (1) examined the contexts in which these social ties operate, (2) assessed the resources on which women draw through their social relationships, and (3) considered the implications of our findings for understanding the interplay between social context, social ties, and health among Mexicans and other Latino and immigrant groups. To this end, we used a grounded theory approach to develop theoretical insights inductively rather than test a specific theory or hypothesis.

METHODS

This analysis draws on interviews conducted between 2001 and 2003 with first-generation Mexican immigrant women (n=20) and their second-generation Mexican counterparts (n=20) in Detroit, Michigan. Following Rumbaut,[59,60] we defined the first generation as women born and raised in Mexico, who migrated to the United States after the age of 12 years. The second generation includes those born in the United States of at least 1 immigrant parent, and those born in Mexico who migrated at or before the

age of 12 years. Second-generation women in this study were unrelated to first-generation women.

Study participants were recruited through snowball sampling, in which initial participants were asked to help identify other women who met the study criteria—namely, generational status (first or second generation), gender (female), and age (18 years and older). To ensure variability in sampling, a preliminary list of potential study participants was generated with the assistance of formal and informal community leaders and through the first author's participation in various community events. By recruiting through a diverse set of contacts and locations, the study tapped into different networks.

Data were collected via semistructured in-depth interviews. The interview schedule consisted of a list of themes addressed in a conversational, open-ended manner to derive detailed narratives about women's immigrant histories. Themes included the circumstances leading to women's migration, their experiences as Mexicans in Detroit, their transnational and local social interactions, their perceived well-being, and their sociodemographic characteristics.

The 1- to 3-hour interviews were conducted in English or Spanish based on interviewee preference and were transcribed verbatim. All first-generation women were interviewed in Spanish, and all but 5 second-generation women in English. Table 1 summarizes characteristics of study participants.

Study Site

This study was conducted in Detroit, which in 2000 had the largest concentration (15%) of Latinos in Michigan.[61] Focusing on a single geographic community enabled us to hold "place" constant and, thus, gain a deeper understanding of how women's social connectedness varied by generation. These data have the added value of furthering our understanding of Mexican immigrants outside the Southwest, where the majority of studies on this population have been conducted.

Most Mexicans in Detroit reside in the southwest part of the city, also known as Mexicantown. This term emphasizes the historical presence of people of Mexican origin, which dates back to the turn of the 20th century and, more recently, to the immigration trends of the 1990s when the Mexican

TABLE 1—Sociodemographic Characteristics of Study Participants: First- and Second-Generation Mexican Women, Detroit, Michigan, 2001–2003

	First Generation, median (range) or %	Second Generation, median (range) or %
Age, y	32 (25–53)	35 (21–47)
Age at migration, y	23 (13–43)	NA
Years in the United States	9 (3–31)	NA
Income, $	25 000 (13 000–52 000)	43 000 (18 000–92 000)
Some college education	17.6	88.3
Employed in formal labor[a]	47.1	94.1
Marital status		
Married or cohabitating	80.0	35.0
Divorced, separated, or widowed	20.0	30.0
Never married	0	35.0
Has had a child	100.0	60.0
Data missing	1	0

Note. NA = not applicable. Sample size for first-generation women was n = 20; sample size for second-generation women was n = 20.
[a]Employment activities regulated by government institutions.

population grew by 89%.[61,62] However, in the highly racially segregated city of Detroit, this area is also known as "the city's most diverse," encompassing various racial and ethnic groups.[63–65] Thus, the term Mexicantown reflects but one of the many identities of this locale.

Data Analysis

Data analysis integrated procedures suggested by various authors[66–70] to inductively develop a coding system that was also informed by the research questions. Data were reviewed systematically, with segments of text organized into analytical categories, grouped into themes with clearly defined characteristics, and labeled. We distinguished local ties as social relationships women relied upon in the southwest Detroit area and transnational ties as those they maintained across national borders. We further grouped women's social ties into primary and secondary ties. Primary ties refer to relationships on which women relied on a day-to-day basis. Secondary ties are analogous to Granovetter's[71] "weak ties"—that is, relationships that offer access to resources not available within women's primary relationships or that serve as bridges to other ties, but that are not called upon on a day-to-day basis.

All participant names have been changed to ensure anonymity. The excerpts from the Spanish-language interviews were translated by the first author.

RESULTS

We present results from our analysis of local social ties among first-generation women first, followed by second-generation women's local ties, and, finally, women's transnational relationships.

First-Generation Social Ties in Context

Immigrant social ties are critical but vulnerable. First-generation women described the critical role of social ties in facilitating migration and settlement. Each participant knew someone in the United States who provided vital support in the migration process, and some, in turn, became migration links for others. Women did not underestimate the critical nature of these ties, but it was also clear that their networks were tested by the demands of the immigration and settlement processes.

Local relationships provided material, informational, and emotional support for first-generation women. As Patricia described, network members offered lodging, assistance in finding work, and other material support in the migration process:

We were lucky, . . . we arrived here and stayed with my brother. Then my brother recommended my husband for a job, where [my brother] had worked before, and since my husband was recommended by my brother, they gave him the job.

Local ties helped women meet day-to-day needs and facilitated settlement. Yet this support, at times, strained the families providing assistance, as they coped with the social and economic demands of their own lives. For example, Liliana came to the United States at the prompting of family members who had migrated to Detroit. Her parents helped defray travel costs and provided lodging for her family when they arrived. Yet tensions began to emerge shortly thereafter:

When we arrived, my father helped us get work at a nursery, but he only helped us get the job so we could pay back what he had spent on helping us get here. So then my husband looked for work in landscaping, and found a place for us on his own.

Liliana's disappointment was evident as she described her perception that her father's assistance was motivated by a desire to facilitate repayment of his financial support. In other cases, women found themselves in living arrangements they described as "crowded" and "difficult." Some also found that staying with friends and family made them feel like *arrimadas* (hangers-on) and a burden on others, which often strained their relationships with those who assisted them in their migration and settlement. When immigrants' already limited resources are depleted by supporting others' migration, tensions around financial and other forms of support are perhaps not surprising. Such tensions can have long-lasting implications for relationships among, and the flow of resources between, network members.

First-generation women described networks largely populated by other immigrants with similar socioeconomic constraints. They often relied heavily on a few members of their small networks, and sometimes risked overburdening those relationships. For instance, Reina, with several family members living nearby, relied heavily on one sister for support. At the time of the interview, Reina was struggling with various personal and family crises: a house fire, separation from her husband, and hospitalization of her son. In the face of these multiple stressors, Reina struggled with

depression that threatened her ability to work, and her mounting needs risked exhausting her sister's resources.

Thus, although local ties were clearly important, the resources within those small, close-knit ties could be strained by ongoing demands or a series of crises. Ultimately, these narratives illustrate that immigrant ties are not static and culturally predetermined; rather, they are dynamic relationships influenced by the available resources within them and by the demands of the contexts in which they function.

The persistence of immigration-related isolation. Most first-generation immigrant women described a pervasive sense of isolation, worry, and separation immediately after immigration, as if, in Susana's words, they "had no one to turn to." Undocumented women, such as Marta, described a particularly heightened sense of fear and loneliness:

> When I first arrived, I felt awful. . . . I would spend my time walled in because I didn't know anyone and they were always scaring us, [saying] "Immigration (INS) is going to get you, you can't go out." . . . And that made me feel very stressed out, very nervous. And I would cry a lot. I felt awful. . . . I wanted to sleep and never wake up again.

Migration thus entailed the disruption of important sources of social connectedness, even as women confronted a strange and often unwelcoming environment. Marta's narrative points to the profound impact that undocumented status can have on immigrant women's ability to navigate their social and physical environments, on their sense of social integration, and on their mental well-being.

Although first-generation women reported difficulties associated with the early stages of settlement when these interviews were conducted, most reported finding support in small, close-knit local networks that were principally kin-based, ranging from 2 to 5 members. Indeed, many described feeling generally satisfied with the ability of their current primary local networks to provide support.

Despite that satisfaction, many described a persistent sense of unease and alienation. For example, although both Luisa and Susana owned their own homes and had acquired documented immigrant status, feelings of social isolation continued. Luisa noted, "Economically, I feel good. [But] sometimes I feel very

sad because I have no family here. I feel very depressed. . . . I feel desperate." Susana, who was a member of a local church and had several siblings in Detroit as well as a network of acquaintances cultivated through a home business, said:

> On Sundays it's the same thing; we go to church, to the store, and to eat out, and then again back to the house, *al encierro* [to be walled in]. . . . I am in, cloistered, 8 days a week. It's only on Sundays that I go out, and sometimes not even that. . . . It's my head that hurts every day. . . . There's days that I feel awful, . . . it's like my sisters say, it must be stress; I spend too much time in the house.

This persistent sense of seclusion, even after attaining some economic stability and developing new ties in the United States, suggests that the disruptions associated with the immigration process may, in at least some instances, have long-term implications for emotional well-being.

Access to secondary local ties. First-generation women with access to secondary local ties—through church or local Latino organizations, for instance—noted their importance. Josefina, for example, said, "I felt a lot better after we started getting involved with the community. My husband and I learned that more than helping people, we were helping ourselves." And Graciela said:

> [My social activities] are only those related to the church, because, since I came, I've been teaching catechism. . . . Teaching catechism to the children makes me happy, . . . I feel more complete as a person because I'm giving something.

In contrast to Susana, who continued feeling isolated, first-generation women such as Josefina and Graciela developed secondary local ties through participation in activities that enabled them to feel meaningfully engaged in, and connected to, their communities.

However, the development of secondary local ties was sometimes constrained by work and family demands, and by limited access to transportation. Marta, for instance, attended college part-time, worked part-time, and assumed primary parenting responsibilities for her 5 children, while her husband worked 14-hour days. Ernestina pointed to this struggle as well when she said, "It's always work; every day, every day, all there is, is work. We only get one day off from work . . . and I also work the evening shift." Thus, although work may put

women in contact with others, economic contexts that demand long work hours to attain economic security may limit their ability to nurture social relationships. Limited public transportation further constrained the ability to engage with others. As Irma put it, "[I miss] the freedom I had [in Mexico]. To go out, whether you have a car or not, you can get around. Here you can hardly do anything without a car."

These results suggest the importance of primary ties in providing material, informational, and emotional support in the migration and settlement processes; however, they also point to the first generation's vulnerability to immigration-related isolation. First-generation women drew support from their primary ties, but the demands placed on those relationships contributed to tensions that sometimes risked depleting network resources and intensifying isolation. Local secondary ties offered women opportunities to contribute to, and access, an extended set of social resources, and also provided them with a sense of connectedness and belonging. However, first-generation women's ability to develop such secondary ties was constrained by contextual factors, such as economic demands and transportation.

Second-Generation Ties in Context

Broader access to secondary ties. Second-generation women's descriptions of their local ties differed from those of the first-generation women. Although they, like the first generation, described small, close-knit primary local networks of support, the second-generation women moved within a broader social space composed of extended family and life-long acquaintances. This local social safety net included relationships nurtured over their lifetimes. For example, Paula said, "We have lots of friends. And I have friends from school, or from when we grew up in the old neighborhood. . . . I know that if I call on them, they're there for me."

In addition, being fluent in English and having grown up in the United States provided them with skills and knowledge to navigate their social surroundings with relative ease compared with first-generation women. Like Paula, most second-generation women were confident of the support they could draw upon

(and also provide) within this network of primary and secondary ties.

The racialized contexts of second-generation ties. Whereas first-generation women emphasized their immigration experiences, second-generation women's narratives foregrounded the racialized contexts in which they lived. Perhaps because of the more diverse sets of people and institutions they interacted with, second-generation women described exposure to messages that identified them as outsiders. Such exposure contributed to a sense of alienation and, not unlike the first generation, a sense that they "didn't fit anywhere," as Lourdes put it. Although this theme is further developed elsewhere,[72] it is noteworthy that "othering" narratives—narratives relevant to experiences that mark Mexican women as different and ascribe them a marginalized position[73,74]—emerged when women talked about their social connections, more so than when they were asked directly about discrimination. Although both generations lived in the same geographic area in Detroit, each highlighted different aspects of their social contexts. Whereas first-generation women emphasized social relationships within the context of immigration and settlement, for second-generation women, the racialized social context of the United States was more salient.

The importance of identity support. Within this racialized social context, second-generation women highlighted the importance of identity support derived from their local primary and secondary ties. They drew on cultural knowledge and resources from Mexican family and friends to construct a sense of identity and belonging that challenged and disrupted the racialized messages they confronted in their broader social contexts. Whether it was learning how to make tamales from a friend, learning about the peoples of Mexico from a mentor, speaking Spanish with Mexican *comadres* (fictive kin), or learning about his life in Mexico from a husband, women cherished opportunities to construct a shared positive Mexican identity.

Relationships with other Mexicans enabled them to gain cultural knowledge and to put it into practice—particularly important given the pressures to assimilate. Lourdes, for instance, like many second-generation women, grew up in an environment that belittled speaking Spanish and "acting Mexican." Her parents responded by discouraging behaviors that would mark her as different. As an adult, Lourdes has endeavored to reclaim the relationships and knowledge from which she was distanced as a child. She said:

> I missed a lot when I was growing up. . . . [Now] I am definitely getting it back, because I didn't have any Mexican friends when I was young, and now I have 2 women—ladies that I talk to. . . . When I'm with them, they only speak Spanish, so I have to speak Spanish, which is good for me. . . . It's nice to go to somebody else's house, somebody who has come from Mexico and see the culture. . . it's refreshing.

Thus, Lourdes, like others, actively used social resources to construct a positive ethnic identity within a stigmatizing context.

The women's social contexts—from the immigration-related isolation of the first generation to the cumulative exposure to "othering" of the second—shaped both the structures of their social relationships and the material, emotional, and identity support available from their local ties. In the following section, we turn our attention to women's transnational relationships—relationships that enabled them to meet the exigencies of their lives in the United States.

The Transnational Ties of First- and Second-Generation Women

Transnational ties represented an important layer of social embeddedness and identity for both first- and second-generation women.[75] As with local social relationships, we found generational differences in women's transnational social ties and in the material, emotional, and identity support that were exchanged through those relationships.

First-generation transnational ties. First-generation women maintained strong emotional connections with parents and siblings in Mexico. Transnational visits, monetary remittances, and exchanges of material goods were common, but exchanges of emotional support in the form of advice and encouragement through regular phone conversations were the most frequently practiced.

For first-generation women, transnational ties represented primary relationships. Through these exchanges, they reaffirmed family ties and nurtured a sense of belonging. Voicing a common theme, Victoria said with emotion that what mattered was "that they, over there, do not forget about me." Women often spoke of simple acts, such as family inquiries about their well-being, which helped them feel cared for and connected across geographic distances. Such support offered first-generation women a sense of refuge, an alternative space of belonging that was particularly important in dealing with feelings of isolation in the United States.[75]

Transnational exchanges, however, also extended participants' care-taking roles across borders. Women worried about and monitored the well-being of distant siblings and aging parents and grieved their inability to be with ailing or dying family members. For instance, Graciela said, "Right now, I am worried because [my mother] is old and she has some problems because she suffers a little from heart trouble. . . . I am afraid of her getting sick." Marta provided support to her mother by listening:

> [My brother] has been close to death 3 times. . . . And my mother . . . is alone with the burden of looking after my brother. . . . She feels alone, she [worries me] more than anything else. Sometimes when I call, it is when she tells me about herself. . . . More than anything [she tells me] about her troubles.

Thus, first-generation women both received and provided emotional support through transnational family ties. The importance of maintaining these connections was clear, as were the worries, stresses, and frustrations of performing the gendered work of emotional sustenance across borders.[76]

Second-generation transnational ties. Second-generation women, in contrast, reported less frequent transnational contact, and these relationships generally represented secondary ties. Indeed, there was almost no active transnational contact over the phone, and no second-generation women spoke about caretaking responsibilities and associated worries. However, most of those with transnational ties—e.g., to aunts, uncles, cousins, and grandparents—described such contact as a largely positive social sphere that provided a sense of belonging and pride in their ethnic heritage.

Rosa's experiences provide a glimpse of the importance of these connections for second-generation women. In her early teens, she had traveled with her sister and father to Mexico. Her father had explicitly planned this trip

because he felt his daughters were "getting too *güeras* (White)," and he felt that it was imperative that they connected with their roots and language.

Reflecting on that trip, Rosa said, "For me, it was like an awakening. . . . It gave me a feeling of . . . belonging, you know, that I did fit somewhere." More than 15 years after her only trip to Mexico, she still recalled with enthusiasm the sense of belonging and pride it offered, which she used to resist demeaning stereotypes of Mexicans in the United States. She said, for instance, "[It] gave me pride . . . of my background. . . . Now, I do a lot of research [about my culture] . . . and come to find out, you know . . . [that] 'the dumb Mexican' term doesn't fit us at all." Countering those stereotypes with humor, she noted:

> Also, [it] gave me a sense of pride . . . a lot of people. . . say, 'oh, you're a wet-back, . . . ' but, you know, actually, our people were already in this continent. You think about it, [White people's] backs are wetter because they had to go over a whole ocean . . . and they got salt to boot, because that's the ocean. . . . We only had . . . [to cross] a little river—and we were already in this continent.

The second-generation women drew important identity resources from transnational relationships, but they did not provide transnational emotional support as the first-generation women did.

These findings suggest that, for women who maintained them, transnational ties represented an integral aspect of their social embeddedness. Because the first generation kept regular close contact with kin in Mexico— contact vital for their sense of belonging—we considered these transnational relationships to be primary. In comparison, the second generation's transnational contact was more sporadic and less central, and, hence, secondary. Nevertheless, for women of both generations, transnational ties provided a sense of connectedness and "identity-preserving symbols"[77] that helped them negotiate an often-alienating social environment.

DISCUSSION

This study contributes to the understanding of Latino health patterns by examining social relationships among first- and second-generation Mexicans in the United States and the contexts within which they function. Our

results (1) highlight the interplay between immigration processes and social ties, (2) draw attention to identity support and transnational social relationships, and (3) suggest ways to reconceptualize the relationship between social contexts, social ties, and health. We discuss the implications of these results for research on immigrant and Latino health.

Immigration and Social Ties

Our findings converge with previous research indicating the importance of social ties during the migration and settlement processes[78–80]; they also highlight the strains placed on these ties by migration-associated stressors.[58,80,81] First-generation women described their vulnerability to social isolation connected to the heavy demands of immigration and their reliance on a small set of social ties to meet those demands. In contrast to the broader access to secondary relationships described by second-generation women, first-generation women described limited access to secondary or "weak" ties—which are "vital for an individual's integration into modern society."[71(p203)]

Our findings are consistent with, and lend insights into processes that may underlie the quantitative evidence found in our literature review. They suggest that economic demands, transportation limitations,[35] and immigration processes, including undocumented status,[58,80,81] influence first-generation women's social ties and support. They also underscore that understanding the relationship between social integration, social support, and health requires attention to the larger contexts within which social ties emerge.[30,58,82]

Transnational Social Ties

Scholars have emphasized that immigrants— and sometimes their descendants—maintain social ties with kin and nonkin in their communities of origin.[83,84] However, with few exceptions,[37,85] studies examining social ties and health among immigrants have rarely considered the transnational dimensions of social ties and their implications for immigrant health. The findings reported here illustrate the considerable emotional and material support first-generation women provided to family in Mexico. Such support may be health-protective because, as Berkman and Glass propose, providing support to others

contributes to a sense of belonging and meaning, which may in turn "activate physiological systems which operate directly to enhance health."[30(p147)] On the other hand, transnational caregiving can also translate into increased stress. Future research should examine the health implications of both aspects of transnational ties.

Identity Support

In the racialized context of the United States, identity support emerged as particularly important for second-generation women, and, although less explicit in their narratives, this was also the case for first-generation women. Access to identity support—to resources that enable the construction of a positive ethnic identity—offered women an alternative psychosocial space that affirmed their sense of self in an often-marginalizing social structure.[75,77,86,87] Identity support may thus be health-protective. Cross et al. suggest that a positive racial/ethnic identity offers "protection . . . from psychological harm that may result from daily existence in a racist society."[88(p11)] Findings reported by Umaña-Taylor and Updegraff[89] suggest the protective effects of ethnic identity in buffering the effects of perceived discrimination on symptoms of depression among Latino adolescents. Similar relationships between a positive ethnic identity and psychological well-being have been documented among African Americans[90–92] and Asian Americans.[93]

Limitations

This study is cross-sectional; hence, we were unable to disentangle the extent to which, for instance, strained family relationships preceded or followed immigration. Longitudinal and transnational research designs would help shed light on pre- and postmigration network dynamics and their relationship to the contexts of migration and reception, ultimately helping to disentangle cohort from generational effects on health.[94]

Despite efforts to tap different networks, the snowball-sampling technique used in this study resulted in largely homogeneous samples within each generation with respect to socioeconomic characteristics. Our ability to examine the contribution of socioeconomic status to the structure and functioning of immigrant social ties is therefore limited.

Results from this study of Mexican-origin women living in a largely low-income ethnic neighborhood in the Midwest contribute to an understanding of Mexican immigrants across regions within the United States. Further research, however, is required to understand how the patterns described here are similar to or different from those in other social and historical contexts.

Understanding Latino and Immigrant Health

Culture and acculturation are often invoked when attempting to explain Latino health outcomes. However, acculturation models that do not explicitly examine the contexts of cultural frameworks may contribute to static notions of culture as located within racial or ethnic groups, independent of social or historical contexts.[95,96] The complexities and patterns highlighted in this study encourage us to move beyond conceptualizations of immigrant social networks as culturally determined. They point instead toward more nuanced conceptualizations of networks as dynamic social structures—structures that both influence and are influenced by the contexts within which they emerge, and by the active efforts of network members to navigate those contexts. These findings reinforce the importance of investigating the conditions that enable or constrain the health-protective aspects of social ties. Finally, future research on immigrant health that considers the transnational and identity-support dimensions of social ties, in addition to local social relationships and the material and emotional support exchanged locally, will contribute to our understanding of health patterns and the processes that shape them.

Conclusions

The complexity of the migration process and the diversity of contexts within which immigrants live and work require conceptual models that account for multiple factors underlying Latino health patterns. Economic, residential, and immigration contexts, the policies that influence them, and racial/ethnic discrimination all deserve attention as determinants of Latino health. These contextual factors influence social ties and social support, and it is essential to understand their interplay with social networks if we are to

develop social policies that promote health by creating the "conditions for networks to thrive."[58(p242)] ■

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Contributors

E. A. Viruell-Fuentes was the principal investigator on this project; she originated the study, implemented all aspects of the research, and led the writing. A.J. Schulz contributed to the interpretation of the findings and the writing of the article; her input was critical throughout all phases of the project.

Human Participant Protection

This study received approval from the institutional review board at the University of Michigan; all participants provided informed consent before participating in the study.

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