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Undocumented Latina Immigrants in Orange County, California: A Comparative Analysis¹

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This article examines a unique data set randomly collected from Latinas (including 160 undocumented immigrants) and non-Hispanic white women in Orange County, California, including undocumented and documented Latina immigrants, Latina citizens, and non-Hispanic white women. Our survey suggests that undocumented Latinas are younger than documented Latinas, and immigrant Latinas are generally younger than U.S.-citizen Latinas and Anglo women. Undocumented and documented Latinas work in menial service sector jobs, often in domestic services. Most do not have job-related benefits such as medical insurance. Despite low incomes and likelihood of having children under age 18 living with them, their use of public assistance was low. Undocumented and documented Latina immigrants lived in households that often contained extended family members; they were more likely than other women in the study to lack a regular source of health care, to utilize health clinics, public health centers, and hospital emergency rooms rather than private physicians or HMOs, and to underutilize preventative cancer screening services. Despite their immigration status, undocumented Latina immigrants often viewed themselves as part of a community in the United States, which significantly influenced their intentions to stay in the United States. Contrary to much of the recent public policy debate over immigration, we did not find that social services influenced Latina immigrants' intentions to stay in the United States.

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Orange County is the third most populous county in California, with the 1990 population estimated at 2,410,556 (U.S. Census Bureau, 1991). It covers an area of 786 square miles, is largely urban, and contains 31 cities and numerous unincorporated communities. Approximately 23 percent of Orange County's population is Latino. Most Latinos are of Mexican heritage. Latino immigrants from other nations in Latin America, particularly Central America, also live in the county (Hispanic Development Council, 1989). Latinos are found in greater concentrations in the northern half of the county, which includes Santa Ana, where two out of three residents were Latino in 1990 (U.S. Census Bureau, 1991). The southern half of the county has been an area of rapid growth in new middle, upper-middle, and exclusive residential communities. Latino immigrants often work in southern county communities but find less expensive housing in the many working-class communities in the northern part of the county.

Orange County was also one of the areas where Proposition 187 found substantial support. Ronald Prince, one of the cofounders of the Save Our State (SOS) initiative (which later became Proposition 187), is based in Orange County and regularly spoke at pro-Proposition 187 rallies in the county (McDonnell, 1994). U.S. Representative Dana Rohrabacher (R-Huntington Beach, Calif.) was also a vociferous proponent of Proposition 187 (Martinez and McDonnell, 1994). In sum, the demographics of the county and the local concern for the public policy issues surrounding immigration reform make Orange County a particularly apt place to examine questions about immigrant behavior and intentions.

This article examines a unique data set, one that was randomly collected from Latinas and non-Hispanic ("Anglo") women in Orange County as part of a large study on Latinas' knowledge, attitudes, beliefs, and practices related to breast and cervical cancer. Researchers have made substantial contributions toward understanding the role of women in migration, settlement, the maintenance of transnational linkages, and their labor market experiences (Basch, Glick Schiller and Szanton Blanc, 1994; Hagan, 1994; Chavez, 1994, 1991, 1988; Hondagneu-Sotelo, 1994; Borjas and Tienda, 1993; Donato, 1993; Lamphere, 1992; Chavez, Flores and Lopez-Garza, 1990; Rouse, 1991; Marmora, 1988; Massey *et al.*, 1987; Alvarez, 1987; Simon and Brettell, 1986; Simon and DeLey, 1984; Ranney and Kossoudji, 1984; Reichart and Massey, 1979). However, it is often difficult to generalize from studies on undocumented immigrants (Valdez *et al.*, 1993; National Research Council, 1985). The problem is that a lack of immigration authorization and the living and working conditions of undocumented immigrants often makes them wary, uncooperative, and difficult to locate, all of which pose problems for applying a random sampling frame (Cornelius, 1982). Therefore, studies of undocumented immigrants often rely on apprehension statistics provided by the Immigration and Naturalization Service, snowball sampling techniques, data

supplied by return migrants in their place of origin, census data which relies on assumptions to extrapolate immigration status, or data provided by legalized, formerly undocumented, immigrants (Valdez *et al.*, 1993). In contrast, the random sample of Latinas that we examine here includes undocumented immigrants.

Trained bilingual women interviewers from the Field Research Corporation in San Francisco conducted our telephone survey from September 1992 to March 1993. Eligible participants were English or Spanish speaking women 18 years of age or older who were not institutionalized and who identified themselves as White (Anglo, Caucasian, non-Hispanic White) or Latino (Hispanic or more specific ethnic identifiers such as Mexican or Mexican-American). We sought a larger subsample of Latino respondents in order to examine variation within the population. The telephone survey used a cross-sectional sample of random digit telephone listings to identify eligible subjects. Both listed and unlisted numbers appeared in the listings, avoiding potential bias due to exclusion of households with unlisted numbers (Survey Sampling, 1990). Telephone survey findings may not be generalizable to families without telephones. In Orange County, however, approximately 94 percent of Latinos and 99 percent of Anglos have telephones (California State Census Data Center, 1995). Another potential limitation of the study would be that it would not find hard to reach members of the population – the homeless and those engaged in street corner employment and migrant agricultural labor. This may be more of a bias, however, for male rather than female Latinas, who are less likely to be homeless or seek day work by standing on street corners.

Our survey randomly selected both households and respondents within households – the woman 18 years or older who had the most recent birthday. The cooperation rate was 78.5% (Hubbell *et al.*, 1995).² Latin respondents could choose to answer the questions in Spanish or English. We pilot-tested the questionnaire, tested its content validity and translated it from English to Spanish to English. The final questionnaire included inquiries about demographic characteristics and medical care access as well as breast and cervical cancer related knowledge, attitudes, and practices. It also included a previously validated 5-point “acculturation” scale (Marin *et al.*, 1987) that measured acculturation primarily on the use of Spanish (*e.g.*, to read with, speak with, think with, used as child, and speak with friends).

The question about immigration status came at the end of the interview. Perhaps because this was a study focusing on health issues, many respondents gave us information about their immigration status. We recorded their self-reported immigration status, which is presented below, and then classified

²The cooperation rate, defined as the number of completed interviews divided by the sum of the completed interviews and refusals by eligible women [$1,225/(1,225+336)$], was 78.5%.

the respondents into undocumented immigrants, documented immigrants and U.S. citizens. Out of 803 Latina respondents, 160 were undocumented immigrants; this accounts for about 20 percent of all the Latinas sampled and 30 percent of Latina immigrants sampled. It is reasonable to assume that the actual number of undocumented women in the sample is actually higher given the reluctance of some to admit to such a status.

SAMPLE CHARACTERISTICS

We interviewed 803 Latinas (270 U.S.-born, 428 Mexican immigrants, and 105 immigrants from other Latin American countries) and 422 Anglo women. About a third of Latinas in the sample were born in the United States or Puerto Rico (Table 1). Most Latinas were born in Mexico (53.3%), with Central American countries (7.6%) and South American countries (4%) accounting for smaller proportions.

Latina immigrants self-reported their immigration status as permanent legal resident (60.1%); without immigration papers or with false documents (17.7%); without immigration papers but having requested a work permit from the INS (3.3%), without immigration papers but having requested permanent residence (7.6%); without immigration papers but having requested permanent asylum (0.4%); naturalized U.S. citizen (8.4%); Temporary Protective Status (TPS) (2.1%); and political asylee (0.4%).³

For analytical purposes, we classified all the respondents who self-reported as “without papers” at the time of the interview as undocumented immigrants.⁴ We also included TPS holders in this category since this was a temporary status for otherwise undocumented immigrants. Our four comparative subsamples are: a) 160 undocumented Latina immigrants; b) 311 documented Latina immigrants; c) 313 Latina citizens (270 U.S.-born and 43 naturalized); and d) 422 Anglo women.

Undocumented immigrants comprised 19.9% of our total sample of Latinas. Assuming this is a minimum proportion of the county’s Latinas that are undocumented, that would equal about 33,430 of the total Latinas 18 years and older counted in the 1990 census. Looked at another way, undocumented Latinas in our sample represent about 3.7% of the total females age 18 and older in the county. Table 1 shows the proportion of undocumented Latinas from specific countries of origin.

³Frequencies based on a subsample of Latina immigrants that has nineteen missing cases due to no response (533–19=514).

⁴Determination of an immigrant’s status is very complicated and is best left up to an immigration judge.

TABLE 1
LATINAS COUNTRY OF BIRTH AND PERCENTAGE OF
UNDOCUMENTED IMMIGRANTS FROM EACH COUNTRY

Born	All (%) N = 803	Undocumented Latina Immigrants per Country (%)
U.S. Except Puerto Rico	32.5	0
Puerto Rico	1.1	0
Cuba	0.9	0
Mexico	53.3	33.2
El Salvador	3.0	25.0
Guatemala	2.7	35.0
Nicaragua	0.4	33.3
Other Central American Country	1.5	16.7
South American Country	4.0	6.3

Sociodemographic Characteristics

The respondents' demographic characteristics appear in Table 2. The median age for all Latinas in our sample was 31, which is comparable to the 30–34 median age category for Latinas age 18 and older found by the 1990 census (State of California Demographic Research Unit, 1990). Anglo women had a median age of 41, which was also comparable to the 40–44 median age category for “Non-Hispanic white” women age 18 and older in the 1990 census of the county.

Latinas' ages varied by immigration/citizenship status. Undocumented Latinas, with a median age of about 27, were significantly ($p \leq 0.001$) younger than documented Latina immigrants (median = 33), and Latina citizens (median = 34). Along these lines, few undocumented (1.2%) and documented immigrant (8.1%) Latinas were 50 years old or older, compared to about 17 percent of Latina citizens and more than a quarter of Anglo women.

Undocumented Latinas had been in the United States for a median of four years, about a third of the time for documented Latina immigrants, a significant difference ($p \leq 0.001$). Interestingly, the median time for both undocumented and documented Latina immigrants in Orange County came close to the amount of time they had been in the United States, indicating a relatively stable population.

Undocumented and documented Latina immigrants generally scored much lower on the language/acclimated scale than citizen Latinas. Undocumented immigrants had a median score of 1 and documented Latina immigrants a median score of 1.2 on a 5-point scale (Marin *et al.*, 1987). Citizen Latinas ranged had a median score of 4.2, indicating a highly “acculturated,” or English-language dominant, population.

Undocumented and documented Latina immigrants had a median of nine years of education, well below the thirteen and fourteen years of education for

TABLE 2
SOCIODEMOGRAPHIC CHARACTERISTICS

	Latina Undocumented Immigrants <i>N</i> = 160	Latina Legal Immigrants <i>N</i> = 311	Latina Citizens <i>N</i> = 313	White Women <i>N</i> = 422
Demographic Characteristics				
Median Age	27	33	34	41
Married (%)	64	67	61	59
Median Years of Schooling	9	9	13	14
Median Years in United States	4	13	NA	NA
Median Years in Orange County	3	11	18	18
Median Language/Acculturation Score (5-Point Scale)	1.0	1.2	4.2	NA
Family Composition				
Median Age at First Birth	20	21	21	24
Median Children Born	2	3	2	2
Children < 18 Living with Respondent (%)	81	82	62	49
Median Immediate Family Members Living Together	4	4	3	3
Median Persons in Household	5	5	3	3
>1 Married Couple in Household (%)	25	11	5	1
Current Work Status				
Employed Full-Time (%)	24	42	53	51
Employed Part-Time (%)	14	10	12	12
Homemaker (%)	44	31	17	18
Unemployed – Seeking Work (%)	10	6	5	3
Unemployed – Not Seeking Work (%)	9	10	9	6
Retired (%)	0	1	4	11
Spouse's Work Status				
Employed Full-Time (%)	67	80	79	80
Employed Part-Time (%)	15	6	2	2
Unemployed – Seeking Work (%)	16	7	6	3
Unemployed – Not Seeking Work (%)	3	4	4	2
Retired (%)	0	2	10	13
Household Income				
<\$15,000 (%)	76	46	14	10
\$15,000–\$24,999 (%)	17	31	23	12
\$25,000–\$34,999 (%)	4	8	12	10
\$35,000+ (%)	1	15	51	68

Latina citizens and Anglo women, respectively. According to the 1990 census, 28.2 percent of all (both male and female) Latinos and 63.5 percent of all Anglos in the county had some education beyond high school. We found that 35.1 percent of Latinas and 74.5 percent of Anglo women had thirteen or more years of schooling.

Family and Household Characteristics

About the same proportions of all respondents were currently married (Table 2). Undocumented Latinas (15%), however, were more likely to be living with (not formally married to) their partner than Latina documented immigrants (7%) and citizens (4%), as well as Anglo women (4%). The median age at which all women in the sample had their first child was in their 20s, although all Latinas were generally a few years younger than Anglo women. Because they were relatively young, undocumented Latinas had given birth to fewer children (median = 2) than documented Latina immigrants (median = 3 children), and the same number as U.S. citizen Latinas and Anglo women. Also, because they were younger and in the reproductive stages of the life cycle, immigrants had more children under 18 years of age living with them than citizens. Of the undocumented women, 81 percent lived in households with children under 18 years of age, as did 82 percent of Latina documented immigrants. Fewer Latina citizens (62%) and Anglo women (49%) had children under age 18 living with them.

Latina immigrants, both documented and undocumented, co-resided with a median of four immediate family members (spouse, if any, and children), one more than Latina citizens or Anglo women. But Latina immigrants in general had more extended family and nonrelated individuals in their households, which was reflected in higher median household sizes. Latina citizens and Anglo women, in contrast, had the same median number of immediate family members and total household members.

The number of married couples in the household varied by immigration/citizenship status. A quarter of undocumented Latina immigrants lived in households that contained two or more married couples, about twice as often as documented Latina immigrants (11%), five times as often as Latina citizens (5%), and 25 times as often as Anglo women (1%).

Labor Market Participation

Table 2 also presents the occupational profile of the sample. Most of the Latinas (61%) and Anglo women (65%) in our sample were to some extent in the labor force; a participation rate comparable to that for Latinas (64%) and Anglo women (63%) found in the 1990 census of the county (State of California Demographic Research Unit, 1990).

Labor market participation varied by immigration/citizenship status. Less than a quarter of undocumented Latina immigrants were employed full-time, compared to over 40 percent of documented Latina immigrants and over 50 percent of Latina citizens and Anglo women (Table 2). Undocumented and documented Latina immigrants were much more likely than Latina citizens or Anglo women to be homemakers. Fourteen percent of undocumented Latinas were employed part-time, which was only slightly more than the other women

in the study. The ten percent rate of unemployed (but seeking employment) for undocumented Latinas was about twice that of documented immigrant and citizen Latinas, and over three times that of Anglo women.

About two-thirds of undocumented Latinas had a husband who was employed full-time, compared to well over three-quarters of documented immigrant and citizen Latinas, and 80 percent of Anglo women. Undocumented (15%) and documented immigrant (6%) Latinas were much more likely than citizen Latinas (2%) and Anglo women (2%) to have a husband employed part-time. In addition, 16 percent of undocumented Latinas had a husband who was unemployed and looking for work, about twice that of documented immigrant women (7%), almost three times that of citizen Latinas, and about five times that of Anglo women.

Table 3 summarizes the occupations for the employed respondents. Undocumented Latinas were employed in only eight job categories, much fewer than documented immigrant (17 categories) and citizen Latinas (17 categories), as well as Anglo women (22 categories). The majority of undocumented Latinas (58%) worked in service jobs, which included mostly housecleaning and child care but also work as waitresses, hotel maids, and kitchen workers. Many undocumented Latinas also worked in sales (10%), clerical work (9%), and precision production work (9%) which included dressmakers. About seven percent of undocumented Latinas worked in jobs categorized as laborers, helpers, and equipment cleaners, which included warehouse workers, construction trade workers, and handpickers and packaging. Some undocumented Latinas (5%) had jobs categorized as machine operators and tenders, which were non-precision jobs, such as metal and plastic processing, packaging, textile and apparel machine operators, and parts assemblers and sorters.

Documented Latina immigrants also concentrated in household and other services, which accounted for 34 percent of their occupations. One out of five documented Latina immigrants were machine operators and tenders. In addition, clerical work (14%) was also a substantial occupational category for the documented Latina immigrants.

The most common occupation among Latina citizens was clerical work (36%). Clerical work was also the most common occupation among Anglo women (25%) as well, but proportionately less so than among Latina citizens. Sales, managerial positions, and education workers (*i.e.*, teachers, professors, vocational counselors, librarians) were also frequent occupations of Latina citizens and Anglo women. The proportion of Latinas in such occupations, however, was consistently less than that of Anglo women, especially in the managerial and other occupations requiring college or greater educational levels for entry.

Earnings also varied by immigration/citizenship status. As Table 2 indicates, the yearly income (which includes spouses income and any government-supplied income) of more than three-fourths (76%) of the undocumented Latinas fell

TABLE 3
OCCUPATIONS OF WOMEN IN STUDY

	Latina Women			Anglo Women
	Undocumented Immigrants	Legal Immigrants	Citizens	
	<i>N</i> = 57 (%)	<i>N</i> = 159 (%)	<i>N</i> = 202 (%)	<i>N</i> = 254 (%)
Professional				
Scientific-engineering	0	0	0	2
Medical-related work	0	1	5	5
Education-related work	2	1	9	13
Social science	0	1	2	4
Law (judge-lawyer)	0	0	0	0 ^a
Arts and athletics (actors, musicians, writers, editors, artists, athletes)	0	0	1	5
Managerial				
Executive, corporate, military officer	0	0	0	0 ^a
Public administrators	0	1	1	0 ^a
Other manager	0	6	12	15
Technical, Sales, Administrative Support				
Technicians, support	0	4	3	2
Sales	10	4	11	14
Administrative support – clerical	9	14	36	25
Services				
Private household	14	6	1	1
Protective services	0	0	1	2
Other service jobs	44	28	11	8
Precision Production, Crafts, Repairs				
Mechanics, repairers	0	1	0	1
	9	4	0	1
Precision production (baker, butcher, cabinetmaker, dental lab technician, dressmaker, tailor, etc.)				
Operators, Fabricators, Laborers				
Machine operators and tenders	5	21	4	1
Transportation, material moving	0	1	1	0 ^a
Laborers, helpers, equipment cleaners	7	6	1	1
Farming, Forestry				
Agriculture-related	0	1	0	0 ^a
Forestry	0	0	1	0
Totals	100	100	100	100

^aActual percentage was 0.4, which was rounded down to 0.

predominately into the under \$15,000 category. Less than one percent of undocumented Latinas had a yearly income above \$35,000. Most documented Latina immigrants (77%) had a yearly income under \$25,000. In contrast, the majority of citizen Latinas (51%) and Anglo women (68%) had a yearly income above \$35,000. More than a third (37%) of citizen Latinas, however, were clustered in the under \$25,000 income categories compared to only 22 percent of Anglo women.

Public Assistance, Medical Insurance, and the Use of Health Services

The jobs held by undocumented Latinas and their spouses have implications for their use of public benefits and their forms of medical insurance coverage. Respondents were asked if they were receiving any form of public assistance or welfare at the time of the interview. Aid to Families with Dependent Children (AFDC) is the principal government program available to low-income undocumented women with U.S. citizen children; AFDC is provided for the citizen child and not the undocumented mother. Although undocumented Latinas had lower incomes and were more likely to have children under 18 living with them, their rate of use of public assistance was equal to that of documented immigrants and Latina citizens, and not significantly different from Anglo women. Four (3%) undocumented Latinas, eight (3%) documented Latina immigrants, eight (3%) citizen Latinas, and four (1%) Anglo women indicated they were receiving assistance at the time of the interview. We should note that we did not measure the use of public assistance at other times, the frequency of use, nor the duration of use, all of which could have different outcomes than this variable.

Table 4 presents medical insurance coverage and source of health care for the Latinas and Anglo women. Medical insurance can be either private, typically provided on a voluntary basis through the workplace, or government-sponsored, which includes a number of programs such as Medicare (or Medi-Cal as it is called in California) and county indigent medical services. We found that only 21 percent of undocumented women had private medical insurance coverage, significantly below all other groups of women in our study. In addition, fewer documented Latina immigrants (52%) compared with Latina citizens (77%) and Anglo women (86%) had private medical insurance.

Undocumented immigrants are ineligible for most government-sponsored health programs, the principal exception being for emergency services and pregnancy-related services for U.S.-born children. About 18 percent of undocumented Latinas turned to government-sponsored programs for assistance with medical care. Private and government medical insurance together meant that only 39 percent of undocumented women had some type of medical insurance, well below the coverage held by the other women in the study.

TABLE 4
MEDICAL INSURANCE COVERAGE AND SOURCE OF HEALTHCARE

	Latina Women			Anglo Women
	Undocumented Immigrants N = 160 (%)	Legal Immigrants N = 311 (%)	Citizens N = 313 (%)	N = 422 (%)
Medical Insurance				
Private insurance	21	52	77	85
Government insurance (Medicare, Medi-Cal, IMS, etc.)	18	13	13	14
Medically uninsured	61	35	10	1
Sources of Health Care				
No regular source of healthcare	41	16	4	2
Healthcare type for interviewees with regular source of healthcare				
Private physician	21	44	66	77
HMO	1	6	16	16
Hospital outpatient clinic	25	18	8	3
Public community clinic or health center	45	30	9	3
Hospital emergency room	4	1	0	1
Other	4	1	1	0 ^a

^aActual percentage was 0.2.

Variation in the level of insurance coverage influences patterns of medical service utilization. Undocumented Latinas (41%) were significantly more likely than all other women to lack a regular source of medical care (Table 4). Documented Latina immigrants (16%) were much less likely to lack a regular source of medical care than undocumented Latinas, but still about four times less likely than Latina citizens and almost eight times less likely than Anglo women.

Table 4 shows the types of medical care providers regularly used by respondents. Undocumented and documented Latina immigrants rely on health department medical clinics, community clinics, and hospital outpatient clinics. A few undocumented women used hospital emergency rooms, the most costly form of primary care, as their source of primary medical care. Insured Anglo women, citizen Latinas, and to a lesser extent documented Latina immigrants relied on private physicians and HMOs.

Logistic regression analyses on the use of cancer screening services underscore the disadvantage of being an undocumented immigrant. Table 5 presents results of a logistic regression analysis with the dependent variable is the acquisition of a Pap smear, a test for detecting cervical cancer. The dependent variable is coded: 0 = never had a Pap smear test or had the test more than three years before the interview; 1 = had the test within the last three years. The

TABLE 5
LOGISTIC REGRESSION:
USE OF PAP SMEAR CANCER SCREENING TESTS BY LATINAS IN ORANGE COUNTY, CALIFORNIA

	Pap Smear Test Within Last Three Years			
	Beta	s.e.	OR	p =
Documented Immigrant/Citizen	.60	.26	1.82	<0.03
Medical Insurance	.97	.23	2.64	<0.0001
Family Income ≥\$20,000/Year	-.01	.27	.99	n.s.
>12 Years of Education	.44	.24	1.55	n.s.
Married	.77	.24	2.17	<0.01
Employed	.19	.23	1.21	n.s.
Language/Assimilation Scale	.89	.29	2.44	<0.01

independent variables were immigration status (undocumented = 0, documented immigrant or U.S. citizen = 1); public or private medical insurance (none = 0, yes = 1); marital status (not married = 0, married or living together = 1); years of schooling (0–12 = 0, >12 = 1); employment status (unemployed = 0; employed = 1); yearly family income (defined as interviewee's income plus spouse's income, above or below the median income for Latinas) (<\$20,000 = 0, ≥\$20,000 = 1), and the language/assimilation 5-point scale (<3 = 0; 3–5 = 1).

According to the Odds Ratio (OR), even when controlling for the other independent variables, documented and citizen Latinas were over 80 percent more likely than undocumented Latinas to have recently had a Pap smear. Latinas with medical insurance, also controlling for the other variables, were over two-and-a-half times more likely than the uninsured to have had a Pap smear recently. Being married and having a higher score on the language/assimilation scale also significantly influenced the use of Pap smear tests.

*The Imagined Community and Future U.S. Residence*⁵

Most undocumented (84%) and documented immigrant Latinas (89%) indicated that they felt part of a community in the United States. However, only 60 percent of undocumented Latinas who had been in the United States less than three years indicated they felt a sense of community in the United States. The proportion rises to 87 percent among undocumented Latinas in the United States for more than five years.

Most undocumented Latinas (63.6%) and documented immigrants (93%) desired to stay in the United States. Only about half (51.7%) of the undocu-

⁵Benedict Anderson suggested that communities are "imagined." Members of modern nations cannot possibly know their fellow members and yet "in the minds of each lives the image of their communion. . . . It is imagined as a *community* because regardless of the actual inequality and exploitation that may prevail in each, the nation is always conceived as a deep, horizontal comradeship" (Anderson, 1983: 15–16).

mented Latinas who had been in the United States for five years or less intended to stay, compared to 78.6 percent of documented immigrants with similar time in the United States. Over three-quarters (79.5%) of undocumented Latinas who had been in the United States over five years intended to stay, as did 93.9 percent of documented immigrants.

Latinas living in the northern half of the county – which is where Latinos are concentrated – were also significantly more likely than Latinas living in the southern part of the county to feel part of a community ($X^2 \leq .05$). Mexican immigrant women in the northern part of the county were also significantly more likely to feel part of a community compared to Mexican immigrants in the southern part of the county ($X^2 \leq .05$).

The influences on Latina immigrants' desire to settle in the United States were examined using logistic regression analysis. The dependent variable was the respondent's intention to stay in the United States (coded 1) or not (coded 0). The independent variables, length of time in the United States, immigration status, employment status, marital status, years of schooling, yearly family income, were coded as in the previous logistic regression analysis. This analysis also includes as independent variables private medical insurance (no = 0, yes = 1); a regular source of health care (no = 0, yes = 1); using public assistance at the time of the interview or having relied on public assistance with medical care costs (no = 0, yes = 1); length of time in the U.S. (≤ 5 years = 0, > 5 years = 1); child under 18 years old in household (no = 0, yes = 1); and feels part of a community in the United States (no = 0, yes = 1).⁶

Table 6 shows the results of two logistic analyses, the first of which includes all Latina immigrants (Model 1) and the second of which includes only undocumented Latina immigrants (Model 2). Four variables were significant for explaining Latina immigrants' desire to continue residing in the United States. First of all, controlling for all the other independent variables, Latina immigrants who had been in the United States more than five years were, according to the Odds Ratio, over six times more likely than those with less time to intend to stay. In addition, Latina immigrants who felt part of a community in the United States were over six-and-a-half times more likely than Latina immigrants without such sentiments to express intentions to stay in the United States. Documented immigrants were about four-and-a-half times as likely as undocumented immigrants to intend to settle. Finally, having a regular source of medical care was also a significant predictor of U.S. residency intentions, but in the opposite direction of that suggested by anti-immigrant discourse. Latina immigrants with a regular source of health care were 66 percent less likely than those without it to intend to stay in the United States.

⁶The language/accluration variable was left out of the logistic regression analyses because of a high correlation with time in the United States (.49).

TABLE 6
LOGISTIC REGRESSION:
INFLUENCES ON LATINA IMMIGRANT INTENTIONS TO STAY IN THE UNITED STATES

	Model 1 All Latina Immigrants				Model 2 Undocumented Latina Immigrants			
	Beta	s.e.	OR	p=	Beta	s.e.	OR	p=
Private Medical Insurance	-.39	.51	.68	n.s.	-.34	.56	.72	n.s.
More than 5 Years in United States	1.86	.48	6.40	<0.001	1.12	.48	3.07	<0.02
Married	-.33	.55	.72	n.s.	-.38	.59	.69	n.s.
Children <18 in Household	.50	.44	1.66	n.s.	.75	.53	2.11	n.s.
Employed	.37	.46	1.44	n.s.	.13	.48	1.13	n.s.
Regular Source of Health Care	-1.09	.48	.34	<0.03	-1.05	.48	.35	<0.05
Public Assistance	-.11	.55	.90	n.s.	-.18	.57	.84	n.s.
Feels Part of Community in United States	1.89	.45	6.59	<0.0001	2.3	.65	10.02	<0.001
> 12 Years of Schooling	-.17	.48	.84	n.s.	^a			
Family Income ≥ \$20,000/year	.71	.60	2.03	n.s.	^a			
Legal Immigration Status	1.60	.51	4.95	<0.01	^a			

^aVariable left out of analysis because of the smaller *N* of the undocumented immigrant subsample.

Model 2 examines the intention to stay in the United States for undocumented Latina immigrants only.⁷ Three variables were significant predictors of undocumented Latina immigrants desire to settle in the United States. Controlling for the other variables, undocumented Latinas who expressed a sentiment of community membership were ten times as likely as those without such sentiments to intend to stay in the United States. Undocumented Latina immigrants who had been in the United States for more than five years were three times as likely as those with less time to intend to stay. Having a regular source of medical care was significant. It was, however, in a negative direction; undocumented Latinas with a regular source of health care were 65 percent less likely than those without it to intend to stay in the United States.

DISCUSSION

This study used a randomly selected group of Latinas and Anglo women to answer five questions related to undocumented immigrants and their behavior. The questions concerned sociodemographic characteristics, family and household composition, labor market participation, medical service utilization, and settlement in the United States.

The portrait of undocumented Latinas drawn from these data is one of young women in the family formation stage of their lives. More than other women in the study, undocumented Latinas were more likely to be "living

⁷Left out of Model 2 were education and income because of the smaller size of the undocumented Latina subsample.

together" rather than formally married. Hagan (1994) suggests that such informal living arrangements may be due to the lessened social control over young couples by parents and other older members of the family who are usually back in the country of origin. They are also likely to live in households that have young children and that have extended family members, including more than one married couple. Such complex households among undocumented Latinas are the product of their tenuous existence as undocumented immigrants, their low incomes in relation to housing costs, and the use of social networks during the migration process (Chavez, 1985; 1990). Documented Latina immigrants, who also provide lodging to newly arrived relatives, are more likely than Latina citizens and Anglo women to live in complex households, but much less so than undocumented Latinas.

The labor market participation of undocumented Latinas was also influenced by their age and stage in the reproductive cycle of the family. Undocumented and documented Latina immigrants were much more likely than Latina citizens or Anglo women to be homemakers. Undocumented Latinas in the labor force worked in low paying, menial service sector jobs, often in domestic services. They were also clustered in fewer types of jobs than other women in the study. Over three-quarters of undocumented women had annual family incomes under \$15,000, which was much lower than the other groups of women in the study. Most did not have job-related benefits such as medical insurance.

Despite their low incomes and likelihood of having young children living with them, undocumented Latinas' use of public assistance was expectedly low. Some undocumented women did turn to government programs for assistance for medical care costs. The evidence here, however, suggests that undocumented Latinas and many documented Latina immigrants are among the working poor and that they primarily rely on their own and their family's resources for their financial support. Undocumented Latinas do not appear to be enmeshed in the government-sponsored social safety net.

Undocumented, and to some extent documented, immigrant Latinas' use of medical services follows a pattern characteristic of low-income, uninsured people: relying on public health centers, community clinics, and hospital outpatient clinics, or, for some, hospital emergency rooms for primary medical care. This profile of the use of health services does not correspond to their image as abusers of the healthcare system. Many undocumented Latinas have no regular source of health care, and preventative care is a low priority or difficult to obtain. Indeed, their use of cancer screening tests were significantly below that of all other women in our study. Even when controlling for medical insurance, undocumented Latinas faced obstacles to their use of preventive cancer services. Undocumented and documented Latinas, like other uninsured Americans, have a pattern of medical service utilization that differs radically from medically insured citizens and legal residents, who seek health care

principally from private physicians and HMOs. It should be noted, however, that although these findings suggest the extent of structural segmentation in Orange County's medical care delivery system, the data do not address issues related to the relative quality of care.

Undocumented Latinas develop feelings of belonging to a community in the United States. Why this occurs most likely has to do with their migration experiences and motivations. They are working toward their own, and their family's, economic goals; they are searching for a "better life" and opportunity. In addition, Latina immigrants often migrate into established households and into areas which have other family and friends from the same region, even village, in the country of origin. They often move into neighborhoods consisting of other Spanish-speaking Latinos (Chavez, 1992). Importantly, Latinas in general, and Mexican immigrants in particular, living in the northern part of the county (where Latinos are concentrated) were significantly more likely to feel a sense of community than those living in the southern part of the county. These findings underscore the observations of other researchers who stress the ability of undocumented Latinas to develop a sense of community even under harsh social and economic conditions (Hondagneu-Sotelo, 1994; Hagan, 1994; Chavez, 1994).

What motivates undocumented Latinas to stay in the United States? We found that feeling part of a community in the United States and acquiring more time in the United States independently influenced their desire to stay. Documented immigrants were also significantly more likely than undocumented Latina immigrants to intend stay in the United States.

Some of the key variables in the public debate over immigrants turned out not to be significant influences on settlement. Neither undocumented nor documented Latina immigrants were influenced in their intentions to stay in the United States by having a regular source of medical care. In fact, they were less likely to intend to stay, perhaps, as other studies have suggested, because of a dissatisfaction with the quality of care they were receiving, language differences, difficulty of translating culturally specific health syndromes (*e.g.*, *emphacho*, *susto*, *molliera de caida*), and the high cost of care for those without medical insurance or whose insurance does not cover the total cost of medical care (Chavez and Torres, 1994; Chavez, 1984). In addition, some Latino immigrants with a regular source of medical care may desire to return to their native country, perhaps to retire. Latina immigrants were also not significantly influenced to stay by receiving public assistance. In addition, Latinas with children under 18 years of age in their households would, theoretically, be concerned with public education. And yet, they were not significantly more likely to desire to stay in the United States than respondents without similar-aged children in the household. These findings are contrary to the assumption that these social services attract immigrants and encourage them to stay, a basic

premise in much of the contemporary debate over immigration reform (Chavez, 1996).

Limitations of the study are those inherent in phone survey research. There is a bias toward nontransient respondents or, in this case, toward more settled immigrants. Even with this bias, however, we found significant differences between undocumented Latinas and other respondents. In addition, the study was not a study of immigration *per se*. Consequently, we were not able to collect a wide range of variables on the social conditions, social service use, and the migration and labor market experiences of the respondents.

CONCLUSION

Our findings generally confirm the characterizations of Latina immigrant behavior and intentions suggested by other studies, including those relying on nonrandom samples. For example, we found that undocumented Latinas in Orange County work at the margins of the labor market. They are more likely than other Latinas and Anglo women to be unemployed and looking for work. Their family incomes are the lowest among the respondents in this study. Their lack of medical insurance makes it difficult to establish a regular source of medical care. They face a number of obstacles to establishing a foothold in this relatively affluent county. And yet despite all these formidable obstacles, undocumented Latina immigrants often want to stay in the United States. The experiences of wage work, family and friends in the area, large concentrations of Latinos, a weakening of traditional patriarchy, social and economic opportunities, a higher standard of living, and personal freedoms have all been suggested as possible reasons why immigrant Latinas desire to settle in the United States rather than return to their country of origin. All of these factors, perhaps, contributed to our finding that many Latina immigrants, even undocumented immigrants, feel a sense of community in the United States.

It is important to emphasize that our findings underscore the diversity of Latinas, which often goes unrecognized by the public and policymakers. In particular, there are important differences between Latina immigrants and Latina citizens, most of whom were born in the United States. Latina citizens are much closer to Anglo women than to Latina immigrants based on socioeconomic characteristics such as education, income, and utilization of medical services. When discussing Latinas, it is best not to paint with too broad a brush, especially one that ascribes the behaviors and characteristics of immigrant Latinas to all Latinas.

Finally, the debate over immigration and welfare reform has embedded in it a number of assumptions about immigrant behavior. One assumption receiving wide currency of late is that immigrants come to the United States and then stay because of social services. This study suggests, however, that

undocumented Latina immigrants in Orange County come to the United States and then stay because of work, family, and community. Moreover, our findings are consistent with the literature that suggests undocumented immigrants are not a drain on society.

The undocumented immigrants' contributions as low-income workers in Orange County's economy has yet to be determined. But that they work and raise families with the lowest incomes among the participants in this study is clear. Much of the public policy debate would have us believe that these undocumented Latinas and their families are the ones benefiting from living under these conditions and that the rest of us, particularly U.S.-born citizens, are being hurt by their presence. And yet, U.S. citizens, especially Anglo women and their families, had the highest incomes, best jobs, least unemployment, and greatest access to health care in the county. They also benefit from lowered costs for grocery prices, child care, and household services subsidized by undocumented workers wages, and increased time opportunities to pursue other interests and careers. Why is this so if undocumented immigrants are taking so much from citizens, as the anti-immigrant rhetoric contends? Is it possible that the presence of undocumented immigrants contributes positively to the middle-class and affluent lifestyles of citizens in Orange County? It is important that we sort out the relative strength of competing explanations for immigrant behavior and intentions, especially when they serve as the basis for public policies toward immigrants. Every indication is that immigration will continue to be an important phenomenon well into the twenty-first century. We must be very careful that the public policies we make today lead to improving the integration of immigrants into society today and tomorrow.

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