Latin American Immigrant Fertility in the United States:
A review of methodology and literature

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Introduction

Migration is a long held human process that has formed the population foundation of many current industrialized countries, including the United States (Carballo and Nerukar, 2001). Migration can be either voluntary or forced, and is often motivated by either social choice or economic necessity respectively. Since the mid-1960s there has been an increase in immigration to the United States (U.S.) from numerous countries in Latin America and Asia. According to the U.S. Census Bureau’s 2002 American Community Survey, there are a total of 33 million foreign born residents in the U.S. (Grieco, 2003). Of the 33 million, 9.9 million of the foreign born residents are from Mexico (Grieco, 2003). As discussed in Carballo and Nerukar (2001) in the context of women immigrants in Europe, the indictors of reproductive health that often vary with migration are fertility, access to health care and change in sexual behavior.

For many recent immigrants, their country of origin has higher fertility rates than the U.S. Within the U.S., Kahn (1988) discusses most European immigrants average 2.2 to 2.5 children, while Asian and Latin American immigrants have 1.8 to 4.0 children. Kahn (1988) also discusses the increasing importance of immigrant fertility research that results from the fertility decline in the U.S. over the past few decades that barely reaches replacement level. Thus the future demographic picture of the U.S. population will be affected by the fertility rates of immigrants. As exemplified by the shades of red in Figure 1 below, Mexican foreign-born residents currently represent 3% of the total U.S. population, and 12% of the total population in California (Grieco, 2003).

![Figure 1: Foreign born from Mexico, percent of total population, 2000](image-url)
Studies of fertility patterns of immigrant populations have significant implications for future U.S. population composition. Variation and adaptation of beliefs and behaviors that influence fertility outcomes are important variables of research consideration. Adaptation for the purpose of this paper is defined as any beneficial adjustment to the environment. Theoretically, the research perspectives of selection, disruption and assimilation attempt to examine belief and behavior variation and adaptation of migrants. However, these research perspectives have rarely been considered complementary in research study design. By discussing the research perspectives and examining case studies from the Latin American immigrant fertility literature in the U.S., the appropriateness and limitations of the current perspectives in understanding fertility patterns of immigrants in the U.S. will be explored.

**Literature Review**

*Models of Immigrant Health*

There are two models that dominate most studies of U.S. immigrant fertility health research: the healthy immigrant model and the fertility transition model. The healthy immigrant model shows that foreign-born immigrants often have better health outcomes, such as infant and adult mortality, than U.S.-born residents of the same ethnicity (Landale and Oropesa, 2001). The healthier status of recent immigrants result from support of strong, cohesive families and from benefits of healthy practices (e.g., diet) brought and sustained from their home country (Landale and Oropesa, 2001).

The fertility transition model distinguishes between non-industrialized countries with high fertility and high mortality rates, and industrialized countries with lower fertility and lower mortality rates (Voland, 1998). According to an evolutionary ecological perspective, the
The majority of the population in industrialized countries supports the belief in having more resources for fewer children (Voland, 1998). The belief in providing more resources per child is seen as increasing the chances of survival for each child. Additionally, in industrialized countries the majority of the population practices behaviors such as contraceptive use, that decrease reproductive success as measured by fertility rates (Voland, 1998).

Current studies of immigrant fertility attempt to explain variation and adaptation of immigrants’ beliefs and behaviors through the perspectives of selection, disruption and assimilation. Underlying these perspectives is a behavioral ecological model that views individual reproductive preferences and behaviors as influenced by ecological circumstances (Voland, 1998). Selection examines the variation of individuals’ beliefs and behaviors before migration; thus determining the characteristics of immigrants that differ from their fellow countrymen. Disruption examines the variation and adaptation of immigrants’ beliefs and behaviors that happen contemporaneous with migration. While, assimilation examines immigrants’ variation and adaptation of beliefs and behaviors after migration (Carter, 2000).

Selection. The perspective of selection is based on the fact that the choice of an immigrant to migrate usually illustrates that they are different from those left behind in regard to beliefs and behaviors (Bean et al., 2000). Some of the characteristics that have been measured as selective by immigrants as compared to counterparts in their country of origin are higher education achievements and mobility aspirations (Kahn, 1988). In studies of fertility, beliefs can be viewed as desired number of children, while behaviors can a measurement of total number of current children or use of family planning methods. Immigrants often want to change their lives for the better and control of fertility may be an important component in reaching their goal.
Carter (2000) briefly discusses past studies that illustrate Mexican women who immigrate to the U.S. have fewer actual births than women who remain in Mexico. However, Carter (2000) also explains the dearth of fertility data in Mexico and the lack of cross-national, longitudinal research that would allow the perspective of selection to be systematically examined. Further, although historically the selection perspective has been viewed as influencing lower fertility rates among immigrants, Carter (2000) discusses the possibility that selection can also increase fertility rates (Carter, 2000). The difficulty in measuring the impact of the selection perspective is due to the limited fertility data available on immigrants’ cohorts in their countries-of-origin (Carter, 2000). Due to current transnational data limitations, selection remains the least measured of the three perspectives of immigrant reproductive health.

Disruption. The perspective of disruption examines the upset of family life and reproductive behavior due to the separation of reproductive partners. If the male partner arrives in the U.S. first, then the woman will experience a decrease in fertility before she arrives in the U.S. However, if the woman arrives in the U.S. first, she will experience fertility disruption after her migration, often heightened by the economic insecurity that results from being in the U.S. without her partner (Bean, 2000; Carter, 2000; Kahn, 1988). Carter (2000) discusses research (Bean et al. 2000; Kahn 1994) that determined the process of disruption can lead to either an acceleration of fertility at some time post disruption to compensate for the fertility break, or an overall decrease in fertility due to the disruption episode (Carter, 2000).

Assimilation/Adaptation: Numerous researchers have discussed assimilation as a process that can be affected by many factors including economics and the influence of peers and social norms of the mainstream U.S. population, such as the belief for small families and behavior of using of family planning services (Bean, 2000; Carter, 2000; Kahn, 1994).
Differences in the assimilation process have been illustrated to vary per immigrant group and within immigrant groups as influenced by economic status, limitation to health services due to language and economic barriers, and the strong influence of certain cultural norms from the home countries. Traditional beliefs are particularly influential for those immigrants who continue to live in large groups of fellow expatriates, thus they are believed to be less exposed to the norms of the majority U.S. population. Bean et al. (2000) discuss the assimilation processes of first and successive immigrant generations, showing an increase in conformity with the greater U.S. norms evident in successive generations. Bean et al. (2000) also discuss the need to move beyond a one-dimensional view of assimilation to appreciate the give and take of cultural exchange between immigrant cultures and the culture of the majority U.S. society (Bean et al., 2000). Further, Lorenzo-Hernandez (1998) discusses assimilation as only one stage in the process Latino immigrants experience in adapting their traditional beliefs with the mainstream U.S. environment. The progressive stages of social categorization of an immigrant into the mainstream U.S. culture are assimilation, integration, alternation, acculturation, biculturalism and separation (Lorenzo-Hernandez, 1998).

*Latino Immigrants*

Lorenzo-Hernandez (1998) asserts that the decision to migrate must be examined at the country level in order to understand the factors influencing the selection, disruption and assimilation perspectives. Reproductive health statistics of different Latino populations vary (Stroup-Benham and Trevino, 1991; Zambrana and Carter-Pokras, 2000). The Mexican-origin immigrant population represents the largest single national origin group. Further, the fertility patterns of women of Mexican origin are very high, with 1997 fertility rates of Mexican
Americans being 105 per 1,000 women aged 15-49, versus non-Hispanic white U.S. residents being 65.6 per 1,000 women (Bean et al., 2000). The combination of being the most dominant immigrant group and having high fertility patterns is the reason why most studies of immigrant fertility focus on women of Mexican origin.

Torres and Cernada (2003) illustrate that the majority of the reproductive health literature focuses on the perspective of women. Women in Latin American culture are often the core of society, as reflected in their roles as wives, mothers and child bearers (Torres and Cernada, 2003). Further, women are often viewed as the best source of information in understanding the beliefs of a community in the social realms of economics, education, and religion (Torres and Cernada, 2003).

**Study Results**

Torres and Cernada (2003) discuss the limitations in the immigrant fertility literature due to an absence of representative transnational immigrant studies examining reproductive health beliefs and behaviors. The literature is limited to research case studies conducted either in immigrants’ countries of origin, but much more commonly, those conducted in the U.S. (Torres and Cernada, 2003). Reflecting the desire to examine the recent fertility literature on immigrant Latino populations in regard to the application of the perspectives of selection, disruption and assimilation, the following 5 research case studies are presented in chronological order.

**Whiteford 1986.** Whiteford (1986) examined the fertility patterns of Mexican American women in a community in south Texas. Whiteford’s (1986) hypothesis was that women who sustain themselves through agricultural activities are likely to have higher fertility rates than those women who do not work in the agricultural realm. The overall goal of the Whiteford
(1986) study was to uncover the variation in fertility patterns among the Mexican American cohort.

Whiteford’s (1986) analysis used the assimilation perspective as a base to understand fertility differentials. However, Whiteford (1986) hypothesized that time lived in the U.S. and linguistic ability were not the primary variables affecting fertility choice. Instead Whiteford (1986) believed that a woman’s socioeconomic situation would explain the differences in fertility behaviors among the Mexican American study population.

As illustrated in the Figure 2 below, Whiteford (1986) found a difference in total fertility rate between those women who farm versus those who do not farm. The median age of the

![Figure 2: Total Fertility Rate](image)

women were 25.5 years, with a range of 15 to 52 years (Whiteford, 1986). Sixty-two percent of women were born in the U.S., and the remaining 38% were born in Mexico (Whiteford, 1986). Whiteford (1986) found no significance in fertility difference between women born in the U.S. and those born in Mexico. The only factor that Whiteford (1986) found accounting for fertility differences was whether or not the woman’s family worked as farmers as their primary subsistence activity. As discussed by Whiteford (1986:244):

Fertility is high in the Farm strategy and low in the Non-farm strategy because in the former children constitute net economic gains to their parents and in the latter children constitute net economic losses.
Kahn 1988. Kahn (1998) examined the selectivity and assimilation perspectives by using data from a sample of the 1980 Census and aggregate data from countries of origin of numerous U.S. immigrant groups. Kahn’s analysis goal was to understand the variability in fertility levels of immigrants by examining the impact of the assimilation process, defined as a decline in the influence of cultural beliefs from the country of origin. Kahn (1988) hypothesized that immigrants who have higher levels of education and greater mobility aspirations compared to others in their country of origin, are less strongly influenced by traditional cultural factors as they spend more years in the U.S.

Kahn’s primary analysis controlled for certain socio-demographic variables in attempting to explain the range of fertility levels of immigrant groups in the U.S. The data source for the analysis was the 1980 U.S. Census five percent Public Use Microdata Sample (PUMS). Although PUMS had limited data variables, it was one of the few data sources that collected representative data on subgroups of immigrants often not represented in larger national fertility surveys. Kahn’s dependent variable was cumulative fertility of a sample of foreign-born women, aged 30-50 years, from countries with high levels of fertility (Kahn, 1988).

Kahn’s secondary analysis examined the factors that influenced the remaining variability among different groups of immigrants by comparison of age at migration, selectivity of immigrants in relation to country of origin norms, and level of assimilation into the U.S. society. Selectivity of immigrants was measured by level of educational attainment compared to cohorts in their countries of origin, thus those women who had achieved higher levels of education were assumed to be the most positively selected (Kahn, 1988).
In Table 1 (Kahn, 1988:117(adapted), controlling for socio-demographic variables, the adjusted mean levels of children ever born (CEB) for child and adult immigrants are illustrated. Differences in fertility rates between immigrants who migrated as children and those who

Table 1: Adjusted* Mean Levels of Children Ever Born

<table>
<thead>
<tr>
<th>Country of Origin</th>
<th>Child Immigrants</th>
<th>Adult Immigrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mexicans</td>
<td>3.25 (N=3,810)</td>
<td>3.87 (N=7,375)</td>
</tr>
<tr>
<td>Colombians</td>
<td>2.60 (206)</td>
<td>2.50 (758)</td>
</tr>
<tr>
<td>Jamaicans</td>
<td>2.95 (149)</td>
<td>3.08 (658)</td>
</tr>
<tr>
<td>Cubans</td>
<td>2.18 (870)</td>
<td>1.48 (2,686)</td>
</tr>
<tr>
<td>Dominicans</td>
<td>2.69 (203)</td>
<td>3.02 (453)</td>
</tr>
<tr>
<td>Chinese</td>
<td>2.39 (741)</td>
<td>2.26 (2,471)</td>
</tr>
<tr>
<td>Koreans</td>
<td>2.21 (162)</td>
<td>2.45 (2,355)</td>
</tr>
<tr>
<td>Indians</td>
<td>2.55 (123)</td>
<td>2.28 (1,571)</td>
</tr>
<tr>
<td>Filipinos</td>
<td>2.75 (522)</td>
<td>2.94 (3,383)</td>
</tr>
</tbody>
</table>

* Age Marriage, Duration in U.S., Education, Years Migration, Intermarriage, English language
migrated as adults were not significant in any intra-country analyses. Remaining differences between immigrant groups were almost completely explained by the variation in county of origin net reproduction rate (NRR). The variation in effect of NRR as influenced by selectivity of immigrant groups offers mixed results with no clear relationship offered. Thus using educational attainment as a selective variable was not a significant contributor to fertility behaviors. Further, assuming the assimilation process is more likely to decrease fertility behaviors in immigrants
who migrate as children, as compared to those who migrate as adults, also provided no significant contribution to explaining fertility patterns.

*Kahn (1994.)* Kahn (1994) examined the assimilation process on immigrant fertility patterns, but in this analysis compared immigrant and non-immigrant women in the U.S. Kahn utilized data from the 1980 Census PUMS and 1986 and 1988 June Current Population Surveys (CPS). The goals of the study were to examine fertility differences between immigrant and native women through the assimilation perspective. Kahn utilized two types of data analyses to explore the goals: synthetic cohort analysis of immigrant fertility behavior in the 1980s and analysis of fertility expectations.

Using Census PUMS data allowed representational analysis of various immigrant groups in the U.S., while the CPS surveys provided extended data on immigration and fertility including questions of expectations for future childbearing that can be analyzed by region of origin (e.g., Latin America or Asia). Overall data analysis indicated the growing trend in immigrants’ region of origin in the 1980s from Europe, which represented 32% of immigrants in 1980 and only 18% of immigrants in 1986-88, to Latin American and Asian immigrants. Although the average fertility of both immigrant and native U.S. women declined in the 1980s, the differential between immigrant and native women in children ever born increased (Figure 3).
The synthetic cohort analysis stratified the data to include an immigrant cohort that had arrived in the U.S. by 1980 and whose fertility experiences were recorded in the 1980 Census and at least one of the CPS surveys (1986 or 1988), and a comparative native U.S. cohort including women born in the same birth year as the immigrant women. Data analysis indicated that during the 1980s the fertility gap increased between immigrant and native women from .2 children in 1980 to .35 children by 1986-1988. However, data do not unanimously support the standard assimilation argument that more recent immigrants will have higher levels of fertility than their earlier cohorts and natives. Although Asians did show a decrease in the fertility gap with native U.S. women over time, Mexican-native fertility gaps tripled (from .218 to .623) from 1980 to the late 1980s. Analysis also indicated a large increase over time in fertility of immigrants who migrated around 1980, suggesting perhaps a period of disruption and subsequent fertility catch-up as theorized in the disruption perspective.

Kahn’s examination of total expected fertility, calculated the total fertility variable as the sum of children ever born and the reported number of expected children in the future. Analysis was limited to married women, and indicated lower achieved fertility levels for immigrants than native U.S. women, but higher expected fertility. The first generation cohort had .288 fewer achieved children but .214 more expected children. Women in the second immigrant generation cohort expected .207 more children than native U.S. women and those in the third generation cohort expected .136 more. The high fertility expectations among the earliest immigrant cohorts illustrate support of the disruption perspective found also in the synthetic cohort analysis.

Bean et al. (2000). Bean et al. (2000) examined the fertility levels of Mexican-origin women stratified by generational cohorts and compared to non-Hispanic white U.S. women. The
source of data was 1986 and 1988 Current Population Surveys (CPS). Determination of
generational cohort classifications among Mexican-origin women defined first generation as
those women who were born in Mexico, second generation were those who were born in U.S.
with at least one parent born in Mexico, and third-or-later generation were those who were born
in the U.S. reporting both parents born in the U.S.

Overall, Mexican-origin women had significantly higher rates of children ever born
(CEB) than non-Hispanic whites, 1.81 versus 1.27 children respectively. Generational
stratification adjusted for socioeconomic variables (table 2) indicated first generation Mexican-
origin women with the highest differential in fertility compared to non-Hispanic whites, with
third or higher generation showing the second highest differential and second generation with the
lowest differential.

Table 2: Adjusted CEB Differences in Generational Mexican and Non-Hispanic Whites

<table>
<thead>
<tr>
<th></th>
<th>Children Ever Born (CEB)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Generation</td>
<td></td>
</tr>
<tr>
<td>Adult Immigrants</td>
<td>.577*</td>
</tr>
<tr>
<td>Child Immigrants</td>
<td>.366*</td>
</tr>
<tr>
<td>Second Generation</td>
<td>.171**</td>
</tr>
<tr>
<td>Third+ Generation</td>
<td>.393*</td>
</tr>
</tbody>
</table>

*p<.001, **p<.01, ***p<.05

_Carter (2000)_ The purpose of the Carter (2000) study was to examine how Mexican
immigrants’ fertility related to duration of residence in the U.S. and in comparison to U.S. born
women of Mexican origin. Data were used from the 1995 National Survey of Family Growth. The Mexican immigrant sample was divided into cohorts reflecting years of residence in the U.S., from those who have been in the U.S from 0-2 years to those who have been in the U.S. 15 or more years. Socio-demographically, Mexican immigrants (N=370) were less educated than Mexican Americans. Sixty-six percent of Mexican immigrants had less than high school educational attainment compared to 38% of Mexican Americans. Additionally, 36% of Mexican immigrants lived below poverty versus 26% of Mexican Americans. Mexican Americans (47%) were less likely to be married than Mexican immigrants (67%). As illustrated in Figure 4, the average number of children for the Mexican immigrant group was 2.2, with Mexican Americans having 1.7 average children. In regards to fertility expectations, the mean ideal number of children for Mexican immigrants was 3.2, while Mexican-Americans averaged 2.6 children.

Figure 4: Fertility Comparison U.S. Mexican Immigrants and Mexican Americans

Discussion

By viewing the studies chronologically, the increase in the complementary use of the research perspectives of selectivity, disruption and assimilation is evident. Bean et al. (2000) and Carter (2000) attempted to utilize all perspectives in explaining the differential fertility behavior and expectations between their study populations. Bean et al. (2000) illustrate there is
no linear relationship between increased amount of time spent in the U.S. and increased assimilation to the U.S. fertility behavior norm. However, the Bean et al. (2000) study does indicate the increased fertility of Mexican origin women over the non-Hispanic white population. Additionally, Carter (2000) does clearly illustrate that Mexican immigrants desire more children and have more children as compared to Mexican Americans, however she offers explanation as a result of no one research perspective, but instead an outcome of selectivity, disruption and assimilation processes combined.

Kahn (1994) illustrates that the fertility of both immigrant and native U.S. women declined in the 1980s, however the differential between children ever born to immigrant and native women increased. Further, Kahn (1994) indicates the fertility differential between Mexicans and native women tripled from 1980 (.218 differential) to late 1980s (.623 differential). The case studies indicate there are opportunities and interest in immigrant fertility research; however, as evident in all the case studies, there are limitations of using any one research perspective to explain the fertility behavior of immigrants in the United States.

Undoubtedly, the perspectives of selectivity and disruption are the most difficult to research due to limited cross-national data or longitudinal studies with a cohort of immigrants. Kahn’s (1988) use of educational attainment as a selective variable was not a significant contributor to fertility behaviors. There are no case studies found that examined selectivity in terms of reproductive health beliefs and behaviors. Few case studies also used disruption as a process to be examined. In Kahn (1994) he concludes that the analysis distinction between current fertility and fertility expectations by successive generations illustrates a delayed fertility pattern that is indicative of a disruption process. To operationalize the processes of selectivity and disruption are perhaps the weakest elements in their theoretical perspective.
Assimilation is the most widely used perspective in immigrant fertility research, primarily because operationalization of the process is feasible in intracultural studies undertaken in the U.S. However, as evident in the studies, the variables that define assimilation are often numerous. Kahn’s (1988) assumption that the assimilation process is more likely to decrease fertility in immigrants who migrate as children, as compared to those who migrate as adults, provided no significant contribution in explaining fertility patterns. Similarly, the generational stratification of Mexican origin women by Bean et al. (2000) indicated first generation Mexican-origin women had the highest differential in fertility compared to non-Hispanic whites, with third or higher generation showing the second highest differential and second generation having the lowest differential.

However, the Bean et al. (2000) study provided some alternative explanations that may offer expanded understanding of the assimilation perspective in immigration fertility studies. Bean et al. (2000) discuss the possibility that the increase in fertility of the third generation compared to second generation can be the result of reemergence of ethnic pride and conflict with poor integration with the mainstream U.S. system. Further, as illustrated in Whiteford (1986), the assimilation process is viewed as more of an economic reality than length of time in the U.S.

The case studies explore not only the need for complementary use of the research perspectives of selectivity, disruption and assimilation, but also the need for expanded theoretical definitions of the perspectives’ processes. There is a need for research methodology that examines ethnic identity and other social characteristics including economic and political factors that affect fertility choices of immigrant groups (Ginsburg and Rapp, 1991). Further, there needs to be an appreciation of the assimilation process as influenced by legal documentation status and as expressed by the couple, as opposed to women only (Chavez, 1994).
In the absence of truly transnational studies, the limited data sources from primarily U.S.
based research studies, offer limited analyses by time trends and national-origin comparisons
(Carter, 2000). There is a need for data sets that examine longitudinal cohorts of immigrants
(Kahn, 1994). A combination qualitative and quantitative methodology offers the opportunity to
fully explore understandings of the decision-making process as influenced by culture and
ecological circumstances. An appreciation of mixed methodology and a biocultural research
perspective places anthropology as a prime discipline to continue the exploration of immigrant
reproductive health research. As summarized by Browner and Sargent (1996): not only does the
domain of reproductive health

bridge the biological and the cultural, as does much other medical anthropological
research, but it inevitably articulates with a society’s patterns of gender role
organization and their associated ideological and sociopolitical dynamics.
(Browner and Sargent, 1996:220)

Assimilation of immigrants is a combination of country of origin influences and the process of
adapting to the constantly changing culture of the U.S. (Torres and Cernada, 2003). Similarly,
the culture of the country of origin is constantly in change, influenced by many factors including
the return of former U.S. migrants.

Conclusion

For many recent immigrants to the United States, their country of origin has higher
fertility rates than the U.S. Studies of fertility patterns of immigrant populations have significant
implications for future U.S. population composition. Variation and adaptation of beliefs and
behaviors that influence fertility outcomes are important variables of consideration. However, as
evident in all the case studies, the limitations of using any one perspective alone is not enough to
explain the fertility behavior of immigrants in the United States. Future immigrant fertility
research needs to strive for complementary use of the research perspectives, development of
more transnational data collection in research designs and a combination of qualitative and
quantitative methodology.

As evident by the large volume of literature devoted to the subject (Ginsburg and Rapp,
1995), anthropology as a discipline has long been interested in the area of reproductive health
research. Many early cultural anthropological studies viewed reproduction as one of many issues
in larger ethnographic studies, often focusing on the exotic sociocultural perspectives of
reproductive beliefs and practices (Browner and Sargent, 1996). Comparatively, reproduction
studies by biological anthropologists have historically focused primarily on reproductive
processes including menstruation, coitus, conception, pregnancy and abortion (Browner and
Sargent, 1996).

However, according to Goodman and Leatherman (1998) anthropological medical studies
are increasingly developing in the direction of a “biocultural synthesis” (Goodman and
Leatherman, 1998). A biocultural perspective is the relationship between disease and human
behavior or risk of health problems through cultural practices and patterns. As evident in the
volume Building a New Biocultural Synthesis (Goodman and Leatherman, 1998) medical
anthropological studies encompass aspects of epidemiology, behavioral health sciences, political
science and economics as tools to developing and testing scientific hypotheses. By applying a
biocultural research perspective to studies of immigrant fertility patterns in the U.S., the variation
and adaptation of reproductive health beliefs and behaviors of immigrants have the potential to
be more comprehensively understood and appreciated.
References


Grieco E. 2003. The foreign born from Mexico in the U.S. Available at

www.migrationinformation.org.


