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The effect of immigrant generation on smoking

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Abstract

Immigrants to the US are not only an increasingly significant demographic group but overall they also have lower socioeconomic status (SES) than the native-born. It is known that tobacco use is a major health risk for groups that have low SES. However, there is some evidence that tobacco use among certain immigrant groups is lower than among the respective native-born ethnic group, and that immigrant assimilation is positively related to tobacco use. We investigated the relationship between immigrant generation and daily smoking, using the Tobacco Use Supplement of the Current Population Survey (TUS-CPS), 1995–96, a national data set representative of the US general and immigrant populations.

Our multivariate logistic regression analysis of the relationship between immigrant generation and daily smoker status ($n = 221,798$) showed that after controlling for age, gender, race/ethnicity, SES variables (i.e. equivalized household income, education, occupation), and central-city residence, the odds of being a daily smoker were highest among US-born individuals of US-born parents (reference group) and lowest among foreign-born individuals (95% CI: 0.54–0.62). Being a second-generation immigrant (i.e. US born) with two immigrant parents also conferred a protective effective from smoking (95% CI: 0.64–0.77). However, having only one foreign-born parent was not protective against smoking. Testing for interaction effects, we also found that being foreign born and being second generation with two immigrant parents were especially protective against smoking among females (vis-à-vis males); racial/ethnic minorities (vis-à-vis whites); and low-income individuals (vis-à-vis high-income individuals).

We discuss possible mechanisms that may explain the protective effect against smoking of being foreign born and being second generation with two immigrant parents, including differences in the stage of the tobacco epidemic between immigrants' countries of origin and the US, the "healthy immigrant effect", and anti-smoking socialization in immigrant families.

Keywords: Immigrants; Smoking; USA

Introduction

In 2002, 32.5 million foreign-born individuals (i.e. first-generation immigrants) represented 11.5% of the total US population (Schmidley & US Census Bureau,

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2003)—the largest absolute number of immigrants ever and the highest proportion foreign born since the 1930s. US-born individuals of foreign-born parents (i.e. second-generation immigrants) represented about 10% of the US population (Foner, Rumbaut, & Gold, 2000). Cigarette smoking, the single most preventable cause of premature death in the US (Centers for Disease Control and Prevention, 2002), is a major health risk for groups of low socioeconomic status (SES) (Centers for Disease Control and Prevention, 2000; Pamuk, Makuc, Heck, Reuben, & Lochner, 1998). Although among immigrants some national-origin groups have considerably higher poverty rates and lower educational status than the US born (Schmidley & US Census Bureau, 2003; US Census Bureau, 2000a), seemingly contradictory, there is some evidence that within certain groups, tobacco use is lower among the foreign born than among the US born, and that tobacco use is positively correlated with measures of immigrant assimilation (Acevedo, 2000; Amaro, Whitaker, Coffman, & Heeren, 1990; Baluja, Park, & Myers, 2003; Chen, Unger, Cruz, & Johnson, 1999a; Chen, Unger, & Johnson, 1999b; Cobas, Balcazar, Benin, Keith, & Chong, 1996; Coonrod, Balcazar, Brady, Garcia, & Van Tine, 1999; Gfroerer & Tan, 2003; Harris, 1999; Perez-Stable et al., 2001). However, since US national health surveys frequently do not include information about immigrant status and/or are not representative of the immigrant population, much of the empirical evidence on tobacco use among immigrants has been fragmentary, i.e. studies have focused on a single state/community, a single national origin/ethnic group, and/or convenience samples.

The Current Population Survey (CPS), a labor-force survey of the civilian non-institutionalized population conducted monthly by the US Census Bureau, is the only nationally representative survey that permits the study of both first-generation and second-generation immigrants (Hirschman, 1996; Schmidley & Robinson, 1998). Additionally, since 1992, in selected months, the CPS has included a 46-item Tobacco Use Supplement (TUS) developed by the National Cancer Institute (US Census Bureau, 2000b). The unique combination of information on immigrant status and tobacco use makes the Tobacco Use Supplement of the Current Population Survey (TUS-CPS) a highly valuable resource for studying tobacco outcomes among the US immigrant population (Baluja et al., 2003)

In this paper, we report the results of new multivariate analyses of the CPS to examine the role of immigrant generation in tobacco use (i.e. daily smoking).

The second generation

In addition to distinguishing the foreign-born population, we examine daily smoking status among five groups according to their generation in the US: US-born individuals of US-born parents (i.e. the third (and higher) generation); US-born individuals with a foreign-born mother (and a US-born father), US-born individuals with a foreign-born father (and a US-born mother), and US-born individuals with two foreign-born parents (i.e. the second generation); and foreign-born individuals (i.e. the first generation). This approach is informed by the segmented assimilation theory, which emphasizes both the importance of the second generation, and the role of immigrant families in examining the adaptation of US immigrants (Portes & Rumbaut, 2001; Rumbaut, 1996; Suarez-Orozco & Suarez-Orozco, 2001).

Since the 1980s, the classical immigrant assimilation model (marked by acculturation, socioeconomic advancement, intermarriage, and absence of discrimination from the host society (Gordon, 1964)) has been found insufficient to explain the incorporation patterns of recent immigrant groups (Portes, 1995, 1996b). Immigration scholars have proposed that although the traditional linear of assimilation model of ''Americanization'' may still apply to various groups of the immigrant population, alternative assimilation paths have emerged, including selective assimilation (i.e. preservation of an ethnic identity accompanied by socioeconomic advancement) and downward assimilation (Portes, 1996b; Portes & Rumbaut, 2000; Rumbaut, 1996). Sociologists of immigration debate the extent to which linear assimilation may apply to contemporary immigrants vis-à-vis other assimilation pathways (Alba & Nee, 2003).

The segmented assimilation model emphasizes the role of the social context in shaping immigrant adaptation. Family structure and intergenerational patterns within immigrant families mediate the influence of the social context, and may act as a buffer against external obstacles such as adverse labor markets, discrimination, and inner-city ''adversarial'' subcultures (Portes & Rumbaut, 2000; Rumbaut, 1996).

US research on immigrant health has hardly incorporated sociological theories of immigrant adaptation (Acevedo-Garcia, 2004). Although health research has applied the anthropological concept of acculturation (convergence in immigrants' values and norms toward those of the dominant culture) to the study of immigrant health, it generally lacks a strong theoretical foundation (Acevedo-Garcia, 2004; Gutmann, 1999; Hunt, 1999; Hunt, Schneider, & Corner, 2004). The term ''acculturation'' is often used to characterize individuals according to their nativity status (i.e. US born vs. foreign born); their length of stay in the US (if foreign born); their generation in the US; and/or their perception of how well they speak the native language (i.e. English). In the classical assimilation model (Gordon, 1964), acculturation is only one aspect of assimilation. In the more