

SOCIAL RELATIONS AND WELL-BEING IN MEXICO:
THE EFFECT OF EMIGRATION

by

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Dedication

To Armando and Devyn, who made the journey all the more worthwhile.

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Abstract

Advances in developmental and social psychological methodologies have increasingly demonstrated the pervasive influence of social relations on biopsychosocial health, from immunological functioning and mortality to normal development, competence, and mental health. Building upon the research literature demonstrating significant links between social relations, family structures, and well-being in the United States, the current study examines social relations in Mexico and the ensuing effect on well-being. It was hypothesized that social relations may have unique effects on well-being in Mexico due to traditional cultural values about family relationships. Additionally, this project addresses the direct effect of migration on migrants' family members. Although most attention has been given to those who temporarily migrate to the U.S., very little attention has been given to the larger group of family members including spouses and parents who remain behind in Mexico. Both quantitative and qualitative methodologies were used to identify the structure, quality, and function of social relationships in Mexico. A large-scale representative survey of social relations and well-being was complemented by in-depth focus groups addressing the direct effect of migration on Mexican migrants' family members. Findings suggested that social relationships in Mexico have the unique feature of increased family presence, indicative of familism values. There were numerous age and gender differences in the effect of social relations on well-being; however, in general, social network characteristics were related to physical well-being and social support quality was related to psychological well-being. Quantitative findings suggested that the social relationships of family members of migrants are affected, but not their well-being. However, qualitative findings

suggest that close relationships (such as spousal and parent-child) are negatively affected both in terms of relationship quality and emotional well-being. Qualitative findings highlighted differences by relationship type related to themes of economic implications, communication, family dynamics, and adaptation. This study contributes to the understanding of family relations and well-being in Mexico both broadly and specifically related to familial emigration. Findings are discussed in the context of the Convoy Model of Social Relations.

Chapter I: Introduction

It is well-established that social relationships significantly influence physical and psychological well-being from the moment of birth and across the entire lifespan. Social relations research indicates that there are many differences across cultures in the structure of social networks and the quality of social relations as well as in how these impact well-being. Very little of this research, however, has examined social relations in Latino culture, a culture that places a large emphasis on family relations. The juxtaposition of Mexico as a nation experiencing development and globalization while attempting to maintain traditional family and community values makes Mexico a particularly interesting cultural context for studying social relationships and their effects on well-being. Moreover, Mexican culture is of special interest due to the large migratory movements that have taken place in recent years. Not only does migration serve as a natural experiment for contextual effects on individual development, but it also presents a unique perspective on social support as migration forces social networks to change by either becoming transnational or dissolving. The primary goals of the dissertation project are: 1) to examine social relations within Mexican adults and families, and 2) to explore how social support attenuates or exacerbates the effect of emigration on the health and psychological well-being of adults in Mexico. Specifically, I use complementary quantitative and qualitative methodologies to examine normative patterns of social relations and their effect on well-being. I also examine the direct effect of emigration on

migrants' family members who remain behind in Mexico as well as return migrants themselves.

Lifespan Developmental Theories

Although social and cognitive development during adulthood is more subtle than during infancy or childhood, psychological change is apparent throughout the entire lifespan. Developmental psychology has now evolved to the point that researchers are recognizing the need to integrate both a life-span and life course perspective in order to fully understand human development (Settersten, 2005). Early models focused only on growth during childhood and assumed development to be generally predetermined either by genes or biology. Limitations of this approach were its neglect of the continual development that occurs throughout the lifespan and the critical interaction between genes, biology, environment, and culture (Baltes, 1998). An emerging recognition that individuals continue to develop throughout adulthood, combined with increased life expectancies and greater variations in life time experiences, as well as the changing nature of the very world in which we live, make adulthood a particularly worthy area of study. The study of cognitive and social development during adulthood addresses numerous important issues of productivity, mental and physical health, life satisfaction, and successful aging.

In studying development across the life-span, it is essential not only to consider change and adaptation over time, but to address the dynamic interaction between the individual and the environment. While not originally life-span theories, in recent iterations, both the Interactionist and Ecological theories have evolved to encompass development across the life-span. Interactionist theory asserts that development is a

dynamic, complex, and necessarily life-long process (Magnusson & Stattin, 2005). The individual's development and ongoing functioning are not isolated from the environment in which he or she lives; instead, the individual is an active, purposeful part of an integrated, complex and dynamic person-environment system. Similarly, Bronfenbrenner (1979) emphasized the importance of the social environment by asserting that by gaining a deeper understanding of the multiple layers of the human environment, researchers could thereby gain greater insight into human development itself. In essence, development is a complex interaction of the characteristics of the individual and the environment across time that predicts stability and/or change in the biopsychosocial characteristics of individuals, generations, and societies over the life course (Bronfenbrenner & Morris, 2005).

Cross-cultural Perspective on the Lifespan

This increased focus on the dynamic interaction between the individual and environment highlights the value of cross-cultural research. Cross-cultural research enables researchers to compare diverse cultural contexts of development. By examining variation in cultural customs, values, and traditions, historical experience, and social interactions, researchers can better understand the influence of environmental variation on human development.

Two of the goals of developmental psychology have traditionally been to identify universal processes and determine contextual influences on cognitive and social development (Miller, 1997). In recent years, developmental psychologists have come to view cross-cultural research as an integral method for understanding the role of environmental variation in development (Miller, 1999; Rogoff, 2003). This increasing

value placed on cross-cultural research is the result of changes in both the scientists and the science. It is increasingly recognized that the “American” way is not the only way or even the best way for development to occur and that optimal development can be achieved through multiple pathways, what is known in the developmental literature as equi-finality. In essence, scientists have come to recognize that there is significant environmental variation across cultures, and that healthy outcomes may manifest through multiple developmental trajectories. Cultural differences serve as a natural experiment by allowing for comparisons of the effect of varying environments on human development which in turn provide a more fundamental understanding of how these associations affect development.

Social Relations Across the Life-span

One context that has been found to be of great importance for social, cognitive, and physical development throughout the lifespan is social relationships (Antonucci, 2001). The study of social relationships and social support is a prime example of developmental phenomena that is simultaneously a person-environment interaction situated within culture.

The Convoy Model of Social Relations

The proposed research is grounded in the Convoy Model of Social Relations which argues that people are surrounded by a multitude of social partners who support an individual across the lifespan (Antonucci, 2001; Kahn & Antonucci, 1980). The convoy provides a protective, secure base for the individual, and is part of a dynamic social network that moves through time, space, and the life course. The closest social network

members often include spouses, other immediate family (parents, children, siblings) and best friends (Antonucci, Akiyama, & Takahashi, 2004). According to the Convoy Model, social relations can be measured objectively in terms of the number of relationships and specific characteristics of the network members and/or subjectively in terms of perceived support and types of support provided. Social relations consist of multiple concepts including social networks and social support (Antonucci, 2001). The term social network describes the structure of social relations and refers to the objective characteristics of the people with whom an individual maintains interpersonal relations, such as their age, gender, and relationship to the target person. The term social support refers to the provision or exchange of a resource or emotion that is motivated by the desire to help the target person. Examples include aid, affect and affirmation. Quality of social support refers to how the individual evaluates the support they receive. Research on social relations is important because social relationships have clearly been shown to affect the individual's health and well-being (Antonucci, et.al, 1996). In fact, recent research has begun to differentiate the relative effect of structure and quality of support on specific outcomes and circumstances from acute health crises to long term well being (Boden-Albala et.al, 2005).

Socio-demographic Variation in social relations

Social relations research in the U.S. has identified age, gender, and SES differences in the makeup of social networks (Antonucci, 2001). It is evident that in most cases with increasing age the size of social networks decreases, while the number of close social relationships remains relatively stable across the life span until very old age (Due, Holstein, Lund, Modvig, & Avlund, 1999). Carstensen suggests that as people approach

old age and death they become more selective about the relationships with which they invest their time and emotional resources (see Carstensen, 1992 for an overview). Some research supports this notion, even demonstrating that people become more positive and less negative about their social relations with age (Carstensen, Gross, & Fung, 1997; Fingerman & Birditt, 2000). On the other hand, recent research indicates that negative aspects of spousal relations remain steady across all ages (Birditt, Jackey, & Antonucci, 2009). Both individuals and social networks have been shown to change and adapt over time.

During adulthood gender differences in social relationships are evident throughout early, middle, and late adulthood. Women tend to emphasize confiding and emotional support in their social relationships, whereas males tend to focus on having similar preferences for daily activities or instrumental support (Antonucci, 2001). Although women often report larger networks with more intimacy and closeness, they are also often more distressed by interpersonal problems than are men (Antonucci, 2001; Birditt & Fingerman, 2003). Research suggests that women are more likely to have positive feelings towards their family and friends, but they also tend to report higher levels of conflict and frustration with those same relationships (Antonucci, Akiyama & Lansford, 1998; Levitt, Silver & Franco, 1996; Rook, 1992). Overall, women appear to be more invested in and affected by family relationships and friendships than men. This may be an indication that women are more burdened by relationships due to larger networks and kinkeeping responsibilities, whereas men have smaller networks with less burden. Men, however, may be more vulnerable in times of crisis because they tend to

rely solely on their wives for intimacy, whereas women rely on multiple confidants (Cutrona, 1996).

Social relations have been found to vary by socioeconomic status (SES) (Krause, 1999; Antonucci, Ajrouch, & Janevic, 2000). People at lower SES levels have smaller networks which tend to consist of mainly family members. Individuals with lower levels of education, income and occupational status tend to have less social resources and more strain in their relationships. Researchers have found that lower levels of education are associated with less instrumental support (Reinhardt & Blieszner, 2000; Wenger, 1996). Because the link between low SES and poor health has been consistently documented, there is much interest in determining the role that social relations might play, especially since numerous studies have demonstrated that quality of support can promote better well-being across social classes (Berkman, 1995; Cohen, 1988).

Sociodemographic characteristics are important to consider when examining social relations because they reflect the social interactions and experiences that affect the individual over time. There are clear variations in social relations based on age, gender, and SES that reflect contextual effects. These group differences in social relations have important implications for well-being and development. Group differences based on sociodemographics exist within the greater context of culture. The interaction between the sociodemographic context and cultural contexts is complex as both factors have a significant impact on social relations.

Cross-cultural Research on Social Relations

Much of the cultural work on social relations has been completed within Western nations, by examining how social relations vary by race and ethnicity. Research in the

U.S. indicates there are racial and ethnic differences in the number of family members present in social networks. For example, researchers have found that African Americans report having smaller networks that include more family members than do Caucasians (Ajrouch, Antonucci, & Janevic, 2001). Similarly, dense and supportive networks of primarily immediate and extended family are reported among Hispanics (Vega, 1990).

While some research has examined social relations across cultures, e.g. France, Germany, Japan (Antonucci, et.al, 2001), only limited information is available among Mexicans. The majority of social relations research has been conducted with predominantly White, middle-class American samples, begging the question of whether these findings are generalizable across cultures. Specifically, it is unclear how social relations may diverge between individualist and collectivist cultures, and between Western and developing nations.

Many researchers work within a cross-cultural framework that emphasizes the distinction between individualist and collectivist cultures (e.g. Kitayama & Markus, 2000) but other work questions this simple dichotomy (Takahashi, Ohara, Antonucci & Akiyama, 2002). Social relations in individualist cultures have been described as characterized by low interconnectedness, superficiality, consisting of more short-term relationships, and fulfilling multiple roles at once (Hall, 1989; Triandis, 1995). On the other hand, in collectivist cultures social relations may be more enduring, involuntary, long-term, and characterized by frequent and extensive interaction (Triandis & Gelfand, 1998). Despite an understanding of the differences in the makeup and structure of social relations between individualist and collectivist cultures, it is unclear what the implications are for well-being.

Similarly, while there is a strong body of research on social relations in developed nations, there is much less known about social relations in developing nations. Wenger (1997) concluded that there are a great many similarities in both size and composition of social networks throughout Western nations, an assertion that is also supported within Asian nations (Antonucci, 2003), but very little data are available from Africa and Latin America. There is a tendency to assume that research in collectivist nations such as Japan or China may apply to developing nations since they tend to be collectivist cultures. However, such an extrapolation would be unwise because the contextual variation between cultures is much more complex than the individualist/collectivist dichotomy. Moreover, such a generalization does not take into account contextual factors such as economic strife, civil unrest and war, and oppression.

Social Relations and Well-being

Advances in developmental and social psychological methodologies have increasingly demonstrated the pervasive influence of social relations on biopsychosocial health from immunological functioning and mortality to normal development, competence, and mental health. This project builds upon the research literature demonstrating significant links between social relations, family structures, and well-being in the United States. The association between social relations and well-being as indicated, for example, by incidence of suicide (Durkheim, 1951), mortality (Berkman & Syme, 1979), mental (Antonucci & Jackson, 1987) and physical ill-health (Seeman, 1996) is well documented. Under optimal conditions social relations appear to have a positive effect on health reducing the likelihood of heart attacks, cancer, infectious diseases, and depression among other illnesses (Avlund, Damsgaard, & Holstein, 2004;

House et al., 1988; Murberg, 2004). Researchers have also suggested that a lack of social support can lead to poor health (Berkman, 2000). However, there is also evidence of a reciprocal relationship between social relations and health in that well-being may also affect relationships. For example, people who report greater depression also report perceiving more negativity in their relationships over time (Gurung, Taylor, & Seeman, 2003; Krause & Rook; 2003).

Research on development within family contexts has produced abundant evidence demonstrating the importance of close social ties for well-being. In a representative regional sample of adults, Fuller-Iglesias et. al, (2006) has shown that family relationships are particularly important for psychological well-being for adults of all ages. The presence of a greater proportion of family members in an individual's social network was found to be associated with greater health and reduced depressive symptoms. Because of the strong family values common in Mexican culture it might be expected that family relationships are strongly related to well-being.

Social Relations within the Mexican Cultural Context

Early works on social relations in Mexico noted the importance of extended family relationships, neighborhood and community, and fictive kin (*compadrazgo*) (Wolf, 1956). Research has suggested that within Latino culture extended family is more extensive and supportive than within mainstream White culture (Markides & Black, 1996). Familism, the view that the central core of life is the family, is suggested as an essential feature of Mexican culture (Sabogal et.al., 1987). Because of this strong sense of familism, there is an expectation that Latinos will experience more support from their families than perhaps individuals from other cultures. Recent research on social relations

supports these ideas by suggesting that Mexicans rely primarily on immediate and extended family for social support (Diaz-Loving, 2006), yet there is little understanding of the quality and type of support provided or what the impact is when social support networks are disrupted. Findings among Mexican-Americans in the United States suggests that within Mexican culture, individuals benefit from dense and supportive networks composed primarily of immediate and extended family members (Vega, 1990). Within Mexico, there are ethnographic reports of the structure and meaning of social relationships; however, there is a need to fill a gap of representative, quantitative information about the structure and quality of social relations and the effect of social relations on human development and well-being.

Mexico is an ideal culture for an in-depth examination of social relations for numerous reasons. First, because the majority of research on social relations has been completed in individualist societies of the United States or Western Europe, it is unlikely that findings can be generalized to a more collectivistic culture such as Mexico. An examination of social relations and well-being in Mexico would enlighten our understanding of the role of social relations in a different cultural context, which in turn would enhance our understanding of the importance of social relations in human development.

Second, though Mexico is a prominent economic and cultural partner of the United States, there is much misunderstanding across cultures and little attention to the within culture attributes of the Mexican family. Many in the United States base Mexico's reputation upon its economic crisis and political corruption instead of its rich cultural traditions and strong family values. The examination of social relations and well-being in

Mexico has the potential to reveal many positive aspects of Mexican social relations and culture.

Third, due to the large migration to the United States, the Mexican population is particularly interesting because of the ongoing natural experiment of migration. Examination of social relations under these conditions can greatly enhance our knowledge about the function of social relations. Because many Mexican migrants cross into the United States without proper documentation, they become separated from family for an indefinite amount of time. The research literature has examined the impact of loss of social network members when the loss is through death or divorce, but there is very little research concerning temporary loss, i.e. through a separation that is expected to eventually lead to reunification. Not only is this an important topic for the United States and Mexico, but it has applications for similar migration patterns across the globe. Globalization makes this question of the impact of separation due to migration a topic that will be of increasing interest across socioeconomic levels and nationalities as migration becomes increasingly salient in the global economy.

Migration as a Natural Experiment

For years immigration scholars have studied migration as a major life changing event that has long-lasting implications for developmental processes (e.g. Foner, 1987; Portes & Rambaut, 1990; etc.). Topics such as acculturation, assimilation, identity, and transnationalism have been at the forefront of research on migration. The primary focus of such research has been the adaptation of the migrants in the new host country. Little attention has been given to the family members and friends who remain behind when a migrant emigrates from their homeland.

Of the limited research on well-being and migration from Mexico, most attention has been given to Mexicans who temporarily migrate to the United States, very little attention has been given to the larger group of family members including spouses, children, and parents who remain behind in Mexico. Recent debate over immigration in the United States highlights the intimate tie that exists between Mexico and the United States, yet also demonstrates a profound lack of understanding between the two cultures. Though economic implications of migration are of primary importance for both nations, an equally pressing issue involves how migration impacts the physical and mental health of the individuals involved. This project is a unique and timely opportunity to contribute to our knowledge concerning the link between psychosocial support and well-being for Mexicans in this historical context of economic crisis and out-migration.

Many Mexicans currently experience an overwhelming out-migration of family members, resulting in separation for indeterminate amounts of time (Pessar & Mahler, 2003). It is unknown, however, how this change in the proximity of support due to migration affects social relations and the ensuing effect on well-being. Social support systems become limited to remittances and phone calls despite the traditional view in Mexican culture of the family unit as central to daily life (Sabogál et.al, 1987).

Recently an increased emphasis has been placed on the idea of transnationalism, which in essence is the maintenance of social ties across international boundaries (Mahler, 1998). It is unclear at this point whether transnational ties are sufficient in maintaining social networks, and moreover, how the quality of those relationships change as they become transnational. Additionally, despite increased technology allowing the maintenance of transnational ties, transnational social relations are not always the result

of separation due to migration. In many cases, the social support systems are forced to transform completely. The impact of this transformation, especially when individuals choose not to or are unable to maintain transnational relationships is unknown. Due to the trend of short-term and undocumented migration from Mexico to the US, research on transnationalism between Mexico and the US is unique from other forms of transnationalism (Goldring, 1996). The traditional view of international migration is one of a permanent, one-time unidirectional migratory pattern. Because of the long-term nature of the migration, migrants may consciously adapt their social networks in anticipation of being able to maintain an extensive transnational network. However, the trend of seasonal and short-term migration between the US and Mexico likely has a different impact on social relationships and the motivation to maintain transnational ties for both migrants and those individuals who remain behind. At this point it is unclear whether social relations are different when the migration is expected to be short-term.

Two specific concerns about how migration affects social relationship are the timing of migration and the demographic shift resulting from migration. The timing of migration may have a significant importance for intergenerational social relations because migration is the most common during the critical time of child rearing. This may lead to absent fathers unable to provide certain types of support to younger generations. Likewise, this timing may indicate that older generations are left behind as younger generations begin families in the United States. Although financial support may be provided, the lack of sufficient social support for these younger and aging generations may pose a significant problem considering Mexico's family-based care-giving infrastructure.

Of additional concern is the gender-biased nature of migration. Since the majority of migrants are men, many women 'left behind' are forced to enter the labor force in Mexico when there are insufficient funds to meet family needs. This further alters the demographic structure of the society (Fry, 2006; Parrado & Flippen, 2005). Migration initiates a change in the infrastructure of Mexican families and society that may lead to the transformation of social support networks. For instance, women who transition from the home to the paid workforce may begin to rely on support from fellow coworkers instead of family and neighbors close to home or a husband who has migrated abroad. This may actually be a positive development, in that a critical void left by the migrating family member is filled. On the other hand, the long term effect must also be assessed to ascertain whether such new arrangements facilitate matters or create difficulties when the migrant returns. Information is needed about how individuals affected by emigration adjust their social support systems to accommodate these ongoing demographic and economic changes. Further, it is not clear to what extent changing social support networks affect psychological and physical well-being.

Familial Separation

An emerging body of research on transnational families addresses how families cope with extended separations due to migration (Mahalingam, Balan, & Molina, 2009). Hondagneu-Sotelo and Avila (1997) first highlighted the phenomenon of "transnational motherhood" which refers to mothers who migrate internationally and leave their young children behind. More recent research has expanded this topic to refer to "transnational parenthood" a term that reflects familial separation between mother and/or father from their children (Dreby, 2006). Due to the increased migration rates of men, the more

prevalent Mexican transnational family form is that in which fathers leave wives and children in Mexico (Suarez-Orozco, 2002).

In recent years a few researchers have begun to address the psychological implications of familial separation as the result of migration. Studies of the psychological well-being of both wives (Salgado de Snyder, 2002; McGuire & Martin, 2007) and children (Suarez-Orozco, 2002; Aguilera-Guzman et al, 2006) of migrants to the United States have indicated that emigration interrupts social support networks and may thereby have a negative impact on psychological well-being and other developmental outcomes. Recent research on transnational families explores the emotional consequences for mothers who live apart from their children while working in the U.S. (Hondagneu-Sotelo & Avila,1997; Salazar-Parreñas, 2001). These studies highlight the difficulty that families have in coping with the familial separation despite participating in frequent transnational communication.

While informative, initial studies are limited in several ways. First, because this research only addresses one relationship type (i.e. wife), it is unclear whether findings are applicable to other relationship types. When studying just one specific relationship type, one cannot broadly examine the impact on the entire social network including both immediate and extended family. By studying the entire social network, one can better understand the mechanism of change and perhaps strategies for coping with stressors related to migration. Second, to truly understand how out-migration affects social relations, it is necessary to first examine typical social relations in Mexico. Because previous studies have only selected for the target group, there is no control group or baseline to provide insight as to the extent of the impact of the familial separation.

Comparisons between Mexicans directly affected by migration and those not directly affected will inform knowledge of the specific effect that emigration has on social relations. Finally, these findings are based on small, qualitative studies. It is, therefore, unclear whether findings are generalizable. Ideally, qualitative methods would be combined with a larger study, using representative samples and encompassing quantitative methodology in order to gain both depth and generalizability.

Additionally, research on transnational parenting has yet to incorporate a lifespan perspective. This small branch of research focuses almost entirely on the transnational relationship between parent and young child. However, migration and transnationalism has more extensive influences on social relationships. Transnational parenting is also an issue between aging parents and their young adult children, in which generally the migrant status is reversed (i.e. the child is the migrant). There is no doubt that issues related to parenting a small child transnationally are of great concern, however, an equally pressing issue arises as migrant children attempt to provide care for aging parents transnationally. There are also important transnational familial ties that deserve attention that are not intergenerational, for example, spouses and siblings. The separation of families due to migration affects family members at all stages of the lifespan. It is essential that research examine how social relationships are affected by migration throughout adulthood.

Chapter II. The Present Study

Objectives and Contributions of the Present Study

Objectives

The goals of the present study were to examine the social relations of adults in Mexico, identify how social relations may relate to well-being, and address the effect of familial out-migration on Mexican adults' social relations and well-being.

The first objective of this study was to identify typical patterns in the characteristics of social networks, the quality of social support provided, and well-being outcomes. In order to gain an understanding of normative social relations within Mexican culture, I first sought to identify the typical size and characteristics of social networks for Mexican adults including the makeup of the network (gender, family, and migrant), mean geographic proximity, and frequency of contact with network members. Then, my goal was to identify both positive and negative aspects of social relationships and highlight patterns of relationship quality. Additionally, I sought to identify psychological and physical well-being outcomes for the average adult in Mexico. Finally, I sought to examine differences between individuals who have immediate family members who have migrated to the U.S. and individuals who do not. The goal was to determine whether there are differences in the characteristics of the social network, quality of social support, and well-being for those individuals affected by familial out-migration. By using a

comparative model and comparing the family members of migrants to the rest of the survey sample, I aimed to examine differences between the normative and migration-related patterns of social relations. By comparing these two groups, I sought to isolate and identify unique adaptations as well as potential causes for concern among individuals affected by emigration.

The second objective of the study was to examine the effects of social relations on physical and psychological well-being. After identifying the characteristics of social networks and the quality of social support in Mexico, the next step was to examine the implications for well-being. Because network characteristics and the quality of social relations have been linked to well-being in the U.S., I planned to ascertain if similar effects are evident in Mexican culture. Moreover, the goal was to identify whether there are age, gender, and familial migration related differences in the effect of social relations on well-being. I hoped to determine the importance of varying aspects of social relations as well as highlight varied effects due to age, gender, and familial migration.

The third objective of the study was to examine the effect of factors related to maintaining transnational relationships on the well-being of individuals who have an immediate family member who has migrated to the U.S. The goal was to examine the extent to which individuals adapt to having a transnational familial relationship and determine the ensuing effect on well-being. To address this objective, only individuals with an immediate family member who is currently living in the U.S. would be selected. I sought to examine how factors related to their transnational relationship, such as frequency of phone calls from the U.S. and length of time their migrant family member has lived in the U.S., are related to well-being. The goal was to identify what factors

promote well-being and adaptation for families who have a member who has migrated to the U.S.

The fourth objective of this dissertation sought to complement the quantitative analyses by providing in-depth qualitative explanations to explain the effect of emigration. The goal was to qualitatively examine the experience of familial separation due to migration to the U.S. and to examine how individuals and families adapt to familial emigration. Moreover, the goal was to gain a better understanding of the processes by which individuals cope and adapt with the familial migration experience.

Contributions

This dissertation has the potential to make a significant contribution to the study of social relations by providing an in-depth analysis of social relations and social support in Mexican society. I anticipate the implications of this knowledge to be two-fold. First, it will begin to address the dearth of research on interpersonal and intergenerational relations in Mexico and hopefully be informative for local policy makers, service providers, and agencies. Second, it will add to our knowledge about the frequently neglected impact of cultural diversity on well-being and human development, specifically by addressing the contextual influence of globalization, a struggling and developing national economy, and the collectivist nature of the culture.

This dissertation also seeks to illuminate the processes underlying social support by examining migration as a natural experiment in social relations. Integrating complementary quantitative and qualitative methodologies will provide both depth and breadth in our understanding of the effect of emigration. The unique design of the study

allows not only for identification of age and gender differences, but also permits the comparison of the social relations and well-being between the general population and those individuals directly affected by familial out-migration. The proposed method allows for a multi-layered analysis of the multiple levels of influence of the migration experience and has the potential to make an important contribution to both bodies of research on social relations and migration.

Finally, among the burgeoning body of research on the effects of migration, the majority of this research focuses on the migrant. This study is a unique opportunity to examine migration from the perspective of the family members who remain behind when someone migrates internationally. This study has the potential to provide a greater understanding of the experiences of transnational families, particularly in the case of undocumented migration which poses additional challenges to the families being separated. This study contributes to the literature by expanding knowledge about transnational families and identifies the changes that occur in families when they are separated for indefinite periods of time.

The data collected for this study have the potential to answer a great variety of questions. Because of the richness of these data, it was necessary to be selective and only address a select number of focal questions. Recognizing both the unique richness and limitations of the dataset, five research questions were selected for elaboration. It is recognized, however, that there remain a wealth of additional questions that can be addressed with these data.

Conceptual Model

The conceptual model presented in Figure 2.1 demonstrates the concepts being examined in this dissertation. The boxes indicate the concepts being considered and the arrows the relationships being tested. The model is based on the convoy model of social relations and places an important emphasis on cultural context and unique situational factors, specifically familial migration. The convoy model is one model that helps to understand the association between social relations, health and well-being. An individual's convoy, or social network, is an assembly of family and friends, who surround the individual, and are available as a resource in times of need. This social network may vary depending on various personal and situational characteristics and may vary in function, type, and quality of social support. Convoys are thought to be dynamic and lifelong, changing in some ways, but remaining stable in others, across time and situations.

In the guiding conceptual model for this dissertation both properties of the person, such as age and gender, as well as properties of the situations, such as culture and migratory experience, influence what the social network looks like and the supportiveness of the social network. In this model, personal characteristics such as age, gender, and socio-economic status have the potential to have an influence on social network characteristics and social support quality as well as a direct relationship to well-being. Personal characteristics may also influence situational characteristics. In this study, the prominent situational characteristic addressed is migratory experience. It is proposed that the experience of migrating to the U.S. or having an immediate family member who migrates to the U.S., may affect social network characteristics and social

support quality, as well as well-being. Social network characteristics and social support quality may be interrelated, mutually affecting each other, and influential for well-being.

As seen in this model, it is important to note the potential bidirectional nature of the relationship between factors. For example, social support quality may influence well-being and well-being may also influence social support quality. The model demonstrates the influential nature of social relations on well-being. This study examines this model within the context of Mexican culture at a single point in time. In the following section, variations of this model will be presented to demonstrate the five different research questions being tested.

Research Questions and Hypotheses

The present study addresses the following research questions:

(1) What are the characteristics of social relations and well-being for adults in Mexico; and do social relations and well-being differ depending on whether a person is affected by familial out-migration? (See Figure 2.2)

Based on the literature reviewed above, it was hypothesized that Mexicans would tend to have large social networks consisting primarily of family and more females than males. Due to cultural values of familism and traditional geographic proximity of families in Mexico, it was expected that social networks in Mexico would consist of a majority proportion of immediate and extended family members, as well as fictive kin, with few non-family friends listed. Additionally, it was hypothesized that Mexicans would have a high mean geographic proximity and high frequency of contact with the social network. Social support quality was expected to show similar patterns to those in

the U.S. with high positivity and low negativity across relationships. The relationship with mother was expected to have high positivity simultaneous with high negativity. The relationship with father was expected to be generally neutral – showing mid-to-high positivity and mid-to-high negativity. The relationship with spouse was expected to have high positivity and high negativity. Sibling, friend, and child were expected to have typically high positivity and low negativity due to respondents selecting the sibling, friend, and child that they count on the most. Well-being outcomes were hypothesized to be consistent with those in the U.S.; older adults and women would experience lower psychological well-being. Younger adults and women were expected to experience higher physical well-being.

There were also hypothesized differences between individuals with immediate family members currently working in the U.S. and those without. It was expected that those affected by familial migration would have smaller networks consisting primarily of family and have less frequency of contact and less geographical proximity with their networks. Those affected by familial migration were expected to have a higher proportion of migrants and a higher proportion of females in the network than those not affected by familial migration. As a result of less in-person contact, it was hypothesized that those affected by familial migration would have more neutrality with their relationships. The expectation was that they would average less positivity and less negativity with their relationships. It was expected that individuals with migrant family members would report lower psychological well-being and higher physical well-being. It was also hypothesized that there would be differences between the relationship quality with local and migrant

family members. It was predicted that there would be more ambivalence in relationships with migrant children than for children living locally.

(2) Is the structure and composition of the social network related to well-being, and are there differences based on age, gender, or familial out-migration? (See Figure 2.3)

It was hypothesized that larger network size would be related to greater well-being. An interaction by age was expected with this effect being greater in younger adults. It was hypothesized that greater frequency of contact and geographic proximity would be related to lower well-being. This effect was predicted to be greater for females and older adults. Having more family in the network was expected to be related to greater well-being. Older adults and females were expected to have a greater effect. It was hypothesized that more females in the network would be related to greater well-being. Finally, it was hypothesized that more migrants in the network would be related to lower psychological well-being and higher physical well-being. Interaction effects were expected for gender and age with women and older adults being more affected.

(3) Is the quality of social support related to well-being; and, are there differences based on age, gender, or familial out-migration? (See Figure 2.4)

Overall, it was expected that quality of support would have similar effects on well-being as in the U.S. Therefore, negativity in relationships would be related to lower well-being, but positivity would not be related to well-being. It was expected that the relationship with mother, spouse, and child would be the most important for well-being, having the strongest relationship with well-being. In accordance with generational differences, it was predicted that the quality of relationship with friend would only be

significant in predicting well-being for young adults. Spouse was expected to be more important for younger participants and older adults were expected to be more affected by quality of relationship with child. It was hypothesized that males would be more affected by their relationship with spouse, whereas females would be more affected by their relationship with child. These hypotheses for age and gender differences are consistent with findings in the U.S. In general, it was hypothesized that relationship quality would be more important for those affected by familial migration.

(4) For individuals with family members in the US, is well-being affected by factors related to maintaining a transnational relationship? (See Figure 2.5)

It was hypothesized that adaptation to the transnational relationship would predict greater well-being for individuals who have a family member living in the U.S. More frequency of phone calls from the U.S. was expected to predict greater psychological well-being and higher frequency of remittances from the U.S. was expected to predict greater physical well-being. Situational characteristics of the familial migration were also expected to be related to well-being. The longer a family member has lived in the U.S and the longer time that has passed since the last time seen in person were predicted to be related to lower psychological well-being. Having family members (such as grandchildren) in the U.S. that the respondent has never met was predicted to be related to lower overall well-being.

(5) Are there qualitative differences in perceptions of the experience and the process of coping with transnational familial relationships between parents of migrant, spouses of migrants, and return migrants? (See Figure 2.6)

It was predicted that there would be differences in the experiences and adaptation between parents of migrant, spouses of migrants, and return migrants. Differences in changes and issues of importance were hypothesized by groups. Though parents and wives both currently have their family members in the U.S., parents were expected to focus more on emotions and family unity, whereas wives were expected to focus more on daily life and loneliness. Parents of migrants were expected to focus the most on missing their children, changes in the family, and experiencing important events with their children missing. However, spouses of migrants were expected to focus more on changes in roles and responsibilities and challenges in maintaining spousal trust, intimacy, and communication. Finally, return migrants were expected to focus on changes in the family and difficulty readjusting.

Chapter III: Methodology

This dissertation is a mixed methods study that incorporates complementary quantitative and qualitative methodologies. The two methods were designed to be complementary and to be collected simultaneously, however the quantitative and qualitative methods called for independent data collections each of which is outlined in this section.

Mixed Methods Research

Mixed methods research designs have grown in popularity within the social and behavioral sciences over the past few decades as researchers have noted the complementary value of combining quantitative and qualitative methods (Morgan, 2007). Quantitative methods generally employ probability sampling with the goal of attaining a large representative sample. Qualitative methods on the other hand generally employ purposive sampling techniques in which a small sample is selected from to represent a specific group and meet a certain purpose. Mixed methods designs use both probability and purposive sampling techniques in order to gain both breadth and depth with regards to the research questions being studied (Teddlie & Yu, 2007).

In designing a mixed methods study there are two factors that need to be considered: the balance between the methods and the timing of the data collections. The researcher must determine the desired balance between qualitative and quantitative methodologies in their mixed methods design. Oftentimes researchers may seek an even

balance between the two methodologies, yet this may not always be the case. Designing a mixed methods study means that the researcher will have to balance a trade-off between the representativeness provided by a quantitative methodology and the saturation provided by a qualitative methodology. The timing of the methods also needs to be considered; the researcher must determine whether to complete one method before the other or complete the methods simultaneously (Morgan, 1998). In a quantitative-qualitative sequential design the quantitative method is completed before the qualitative. Generally with this design, the qualitative method is completed with a subsample of the larger quantitative sample allowing for more in-depth examination after the quantitative method is complete. In a qualitative-quantitative sequential design the qualitative method is completed before the quantitative. In this design the qualitative method is designed to inform the quantitative method and questions and measures used in the quantitative method may be based off of the results of the qualitative aspect. In contrast to these two mixed method designs, in a concurrent mixed methods sample the two methods are conducted simultaneously and independently (Teddlie & Yu, 2007). Instead of one method informing the other as is seen with the sequential designs, the concurrent design allows the researcher to compare and cross-validate findings between the mixed methods (Creswell, Plano Clark, Gutmann, & Hanson, 2003).

The current study was designed with two main focuses: to examine social relations and well-being in Mexico and social relations and well-being for individuals experiencing familial emigration. The examination of social relations and well-being in Mexico was addressed strictly using a quantitative methodology; however, the focus on familial emigration employed a mixed method design. The mixed method design was

selected with the goal of gaining both depth and breadth with regard to the effect of emigration on social relations and well-being. The design selected for the study was a concurrent mixed method sampling technique in order to allow for the comparison between the independent survey and focus group samples.

Quantitative Method

The quantitative phase of this mixed methods study was a survey designed to examine social relations, sociodemographic factors, stress, self-efficacy, depressive symptomatology, illness, family values, transnationalism and migration, and perceived physical and mental health across the lifespan. The survey included in-depth measures of social relations and social support quality as well as measures of physical and psychological well-being. The survey, entitled the Estudio de Relaciones Sociales y Bienestar en Mexico (Study of Social Relations and Well-being in Mexico), employed a methodology similar to that of the Survey of Social Relations and Health Across the Life Course (Antonucci & Akiyama 1992; 2004-5) eventually allowing for cross-cultural comparisons with the United States and Japan, as well as other large surveys in the United States and Europe.

Design

A representative sample of 1,206 adults (18-99 years of age) was selected randomly using stratified area probability methods. The sample was stratified by age and gender in accordance with the most recent Mexican census data in order to achieve a representative sample from the Toluca metro area. Toluca is a mid-sized metropolitan area located an hour west of Mexico City and was selected to match the Detroit metro

area as a similar sized metropolitan area in the interest of cross-national comparison with the aforementioned Survey of Social Relations and Health conducted in Detroit. Older adults (age 60+) were oversampled. The data were collected by Olivares Plata Consultores survey firm in face-to-face interviews that lasted approximately 60 minutes.

The response rate for the survey was 52.5%. This response rate is lower than ideal for a survey of this size, but there were numerous reasons why the response rate is low. First, Mexico is one of the countries undergoing a trend towards the secularization of response rates. Across the globe, lower response rates are being reported for survey data due to changes in people's values of participating in research. Second, because Mexico is a nation with low mean education levels, many of the potential participants do not have an understanding of the benefits of academic research. Finally, the current climate of drug-related violence, kidnappings, and mistrust of authority figures has instilled fear in the Mexican population. Many Mexicans are fearful to open their door to a stranger, and especially fearful, to let that stranger into their homes.

Study Sample

The sample for the study was representative of the population in accordance with Mexican census data except in one aspect: older adults were oversampled. As is seen in Table 3.1, there were a greater proportion of younger adults than older adults. In the actual population, older adults (65+) comprise only 13 percent of the population. Because of the interest in examining older adults specifically, older adults were oversampled to 33% of the sample (as opposed to the naturally occurring 13% in the general population. The other age groups besides older adults were sampled in numbers/proportions consistent with data from the Mexican census. Gender distribution of the sample was

reflective of the gender distribution of the population (See Table 3.2). About half of the sample was made up of females and half males. The majority of the sample had a high school education or less (See Table 3.3). The mean years of education of the sample was 7.5 (SD = 5.2). With about half of the sample never receiving more than an elementary level education, the education level of the sample is low. The income distribution of the sample is reflective of these low education levels. About half of the sample live on the equivalent of \$200 dollars or less per month (See Table 3.4), indicating that the sample is of low socioeconomic status. The majority of the sample is married or living with a partner (See Table 3.5). There is also a large group of widows and never married. Finally, 19% of the sample report having at least one immediate family member in the U.S. (See Table 3.6).

Measures

The survey consisted of a battery of measures and scales that have been validated with Spanish speaking populations of Mexican origin as well as original measures that were translated and back-translated into Spanish to ensure accuracy. Through initial pilot interviews the survey was tested extensively to ensure that measures and questions have the desired meaning and variability. See Table 3.7 for an overview of all measures used in the current study.

Socio-demographic Variables

Age: Respondents were asked the year, month, and day of their birth and age was calculated from the given birthdates. In this study age was used as a continuous variable.

Gender: Respondents indicated their gender as either ‘male’ or ‘female’. Responses were coded into a dichotomous variable (0 = male, 1 = female).

Marital Status: Respondents were asked the question: “At this time are you married, living together with a partner, separated, divorced, widowed or have you never married?” Responses were coded categorically.

Education Level: Respondents were asked the last year of school that they had completed. Education level was measured as a continuous variable with a possible range of 0 to 13+ years.

Income: Respondents indicated their total monthly income from all sources. Predetermined income levels from the Mexican census were used to categorize the incomes into 13 levels. These 13 income levels were used as a continuous variable.

Familial Migration: Respondents were asked the question: “Do you currently have an immediate family member living in the United States?” Responses were coded into a dichotomous variable (0 = no, 1 = yes).

Social network characteristics

The hierarchical network mapping procedure developed by Antonucci (1986) was used to measure social network characteristics of respondents. For this procedure, respondents were first shown a diagram consisting of 3 concentric circles. In the center of the smallest circle was the word “you.” After being told that they were going to be asked questions about people who were important in their life right now, respondents were then asked “Beginning with the people you feel closest to, is there any one person or persons that you feel so close to that it’s hard to imagine life without them?” The names of any persons listed were then placed into the innermost circle of the diagram. Next,

respondents were asked “Are there any people to whom you may not feel quite that close, but who are still very important to you?” The names of any persons listed were then placed in the next largest circle. Finally, respondents were asked “Are there people whom you haven’t already mentioned who are close enough and important enough in your life that they should also be placed in your diagram?” The names of any persons listed were then placed in the outer circle of the diagram. For (up to) the first ten individuals named in the network, respondents also provide the sex and age of each network member, their relationship with the person, number of years they have known the person, their physical proximity to the person, their frequency of contact with the person, and whether the person is a migrant to the U.S.

Using the data provided during the network mapping technique, social network structure and composition variables were computed.

Network size: Network size was the total number of people listed in the network diagram using the hierarchical mapping technique.

Frequency of contact: The question “How often do you maintain contact with [Individual]?” was asked about the first 10 people listed in the social network. Responses ranged from daily to irregularly (5 = daily, 4 = weekly, 3 = once or more a month, 2 = once or more a year, 1 = irregularly). Average frequency of contact was created by calculating the mean score across the first 10 individuals in the network.

Proximity: The question “Does [individual] live less than an hour from you by car?” was asked about the first 10 people listed in the social network (0 = no, 1 = yes). Average proximity was the mean score across the first 10 individuals in the network.

Family makeup: Respondents were asked their relationship to the first 10 people in their network. Non-family was coded as 0, and family members coded as 1. Family makeup is the calculation of the proportion family among the first 10 network members.

Gender makeup: Respondents were asked the gender of the first 10 people in their network (0 = male, 1 = female). Gender makeup is the calculation of the proportion of females among the first 10 network members.

Migrant makeup: The question “Does [individual] currently live in the U.S.?” was asked about the first 10 people listed in the social network (0 = no, 1 = yes). The migrant makeup is the proportion of migrants among the first 10 network members.

Social support quality

Support quality was assessed through a series of questions about satisfaction, adequacy, reciprocity, and negativity with the respondent’s mother, father, spouse, sibling, best friend, and child. Respondents were asked to indicate their endorsement of 5 items addressing positive aspects of the relationship and 4 items addressing negative aspects of the relationship. Positive support items included: (1) When my [relationship] has problems, I like to help them; (2) I feel my [relationship] supports me and is always there when I need him/her; (3) I can share my private feelings and problems with my [relationship]; (4) I like to spend time with my [relationship]; and (5) My [relationship] encourages me in everything I do. Negative support items included: (1) My [relationship] gets on my nerves; (2) My [relationship] demands too much of me; (3) My [relationship] always tries to control me or tell me what to do; and (4) My [relationship] and I argue or disagree frequently. Responses for quality of support were rated on a 5-point scale and reverse coded so that 1=disagree and 5=agree. Separate scores were computed for

positive quality (positivity) and negative quality (negativity) by relationship type (mother, father, spouse, sibling, best friend, and child) using an average across the seven positive and 2 negative items for each scale, respectively, for a total of 12 scores.

Migration- related measures

The following questions will be asked only of individuals who indicate having at least one immediate family member currently living in the U.S. If the respondent had more than one immediate family member in the U.S., they were requested to choose the one they count on the most.

Frequency of phone calls: Respondents were asked: “How often do you receive calls from family members in the U.S.?” Possible responses ranged from daily to never (6 = daily, 5 = 2-3 per week, 4 = weekly, 3 = 1-2 per month, 2 = 1-2 per year, 1 = never).

Frequency of remittances: Respondents were asked: “How often do you receive remittances (money) from family members in the US?” Possible responses ranged from daily to never (6 = daily, 5 = 2-3 per week, 4 = weekly, 3 = 1-2 per month, 2 = 1-2 per year, 1 = never).

Time in the U.S.: Respondents indicated the number of years that their migrant family member had been living in the U.S. Time in the U.S. was used as a continuous variable.

Time since last seen: Respondents indicated the number of years that had passed since they had last seen their migrant family member in person. Responses were reported in years as a continuous variable.

Family member in US never met: Respondents were asked: “Do you have family members (such as grandchildren, nieces or nephews) that you have never met in person?” Responses were coded into a dichotomous variable (0 = no, 1 = yes).

Well-being

Depressive symptoms: Depressive symptoms were measured with the 20 item scale of the Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977) asking how often in the last week the respondent has experienced a series of affective, somatic, and interpersonal symptoms of depression. Scale has been validated with a Spanish speaking population (e.g. Moscicki et.al, 1989). Items were coded on a 4-point Likert-type scale ranging from 1 (rarely/none of the time) to 4 (most/all of the time).

Life satisfaction: Life satisfaction was measured using Diener's 5-item scale of Satisfaction with Life. The items were: (1) For the most part, my life is close to ideal; (2) The conditions of my life are excellent; (3) I am satisfied with my life; (4) Up until now, I have accomplished the things that are most important to me; and, (5) If I could live my life again, I would change almost nothing. Responses were given on a 7-point Likert scale where 7 = completely agree and 1 = completely disagree. Items were summed into a single life satisfaction scale.

Stress: Stress was measured using the 4-item Perceived Stress Scale. The items were: (1) How often do you feel unable to control the important things in your life?; (2) How often are you secure about your ability to manage your personal problems?; (3) How often have you felt that things go your way?; and, (4) How often have you felt that problems have accumulated so much that you cannot overcome them? Responses were given on a 5-point Likert scale where 4 = frequently and 0 = never. Items were coded so that higher scores indicated more stress and mean scores were calculated.

Self-rated health: Self-rated health was assessed through the question: "How would you rate your health at the present time? Would you say it is excellent, fairly, good, average,

not very good, or poor?” Responses were given on a Likert-type scale ranging from 1 (poor) to 4 (excellent). Individual’s subjective rating of their own health has been found to be a valid measure of health when compared to illnesses diagnosed by physicians (e.g., Segovia, Bartlett, & Edwards, 1989).

Number of health conditions: Levels of disease were assessed by presenting a list of common illnesses and asking participants whether they currently suffer from each ailment. The reported illnesses were summed to create a measure indicative of comorbidity of disease.

Quantitative Analyses

The analyses of the aforementioned measures focused on four primary goals. First, basic descriptive analyses were conducted to provide background information on the network characteristics, quality of social relationships, and well-being. Particular attention was given to differences based on age, gender, and education level (as an indicator of SES). Second, paired-samples t-tests analyses were performed to determine mean differences in social relations and well-being between individuals who have a migrant family member and those who do not. Additionally, for parents of migrants, mean differences were also calculated to test for differences in ratings of social support quality between adult children living in Mexico and living in the U.S. Third, the association between social relations and psychological and physical well-being was tested using simple linear regression analyses. Regression analyses tested the relationship of social network characteristics and social support quality to psychological well-being (depressive symptoms, life satisfaction, and stress) and physical well-being (self-rated health and number of health conditions). Models were tested separately by well-being

outcome (depressive symptoms, life satisfaction, stress, self-rated health, and number of health conditions). It was determined that the correlation between each of these well-being variables was moderate (see Table 3.8), indicating that each of the five variables represents a different aspect of well-being, and hence justifies separate analysis. In each regression analysis age, gender, and education level were controlled for in order to assure that potential findings were reflective of effects due to the social relations variables, not demographic variation. Preliminary analysis of the correlations between the social network characteristic variables indicated that at best, the variables were only moderately correlated (See Table 3.9). Because of the low correlation between the social network characteristic variables, it was appropriate to first examine all six variables (network size, frequency of contact, geographic proximity, family makeup, gender makeup, and migrant makeup) together in one model. Social network characteristics were first examined jointly in a single regression model, and then examined separately. The preliminary analysis of the correlations of social support quality variables indicated a great deal of covariance among the variables (See Table 3.10). Because of the strong covariance and because only a small portion of the sample reported on all six relationship types, it was determined that the variables of quality of social support were to be examined separately. Additionally, in order to test for moderation effects, interaction terms were added in hierarchical regression models to determine whether there were age, gender, and migration effects. Finally, simple linear regression analyses were used to examine the effect of migration-related factors on the psychological and physical well-being of individuals directly affected by familial migration. For these analyses only individuals who reported having an immediate family member in the U.S. was selected.

Qualitative Method

Aims and Objectives

The purposes of the qualitative study were to explore the effect of out-migration on family relationships and examine differences in experiences and perceptions between parents of migrants, spouses of migrants, and return migrants. This was accomplished through a community-based qualitative study of families in Mexico affected by familial out-migration. The study was conducted in Villa Nicolas Romero, Mexico, a city located about an hour and a half outside of Mexico City, with a population of low SES, and a high rate of out-migration to the United States (a 'sending community'). The reported data were collected between November 2008 and April 2009.

The goal of the study was to explore migration's affect on families from the perspective of those individuals who remain behind when a family member migrates to the U.S.

Procedure

Qualitative methods are ideal for in-depth explorations of little understood topics such as familial out-migration. A qualitative approach was key to achieving the goals of better understanding the experiences of familial out-migration and the processes related to coping with and maintaining transnational relationships. The method of focus group discussions was selected because it encourages a deeper and more varied exploration of experiences through group interaction.

Focus group interviews provide access to the range of social and psychological processes that take place within a cultural group, and also provide knowledge about the experiences and perspectives of the group under study (Hughes and DuMont, 1993).

Focus groups help to uncover cultural knowledge shared by its participants as well as to group the range of experiences each individual may have. The focus group interview complements other research methods because it allows the researcher to observe the interaction between participants as they discuss specific topics, and also allows the researcher to structure the content of interaction (Agar and MacDonald, 1995). Finally, focus groups are an invaluable source of information for interpreting survey data (Morgan, 1988).

Focus groups allow one to gain a better understanding of participants' own thoughts and feelings about their social relationships and the migration experience. Conducting a group discussion of these issues has the advantage of giving participants the opportunity to hear others' views and respond to ideas that they may not have considered previously. These qualitative discussions provide a unique opportunity to gain insight through interaction with Mexicans directly affected by familial out-migration and obtain first-hand accounts of how social support networks have been influenced.

Morgan (1996) suggests that in order to assure contributions from sufficient participants, and an adequate representation of thoughts, feelings, and experiences, the focus group approach should consist of at least 3 focus groups for each organizing principle of the study. The focus groups in this study were organized by relationship type. There were 3 relationship types studied: return migrants, wives of migrants, and parents of migrants. A secondary organizing principle was gender; groups consisted of either all men or all women. The goal of this secondary organizing principle was to ensure equal participation of men and women since it has been shown that men tend to dominate mixed-gender conversations (Carli, 2001). There were 3 focus groups of return

migrants, 3 focus groups of wives of migrants, and 4 focus groups of parents of migrants. The additional group of parents of migrants was conducted in order to ensure equal participation of mothers and fathers, with 2 groups of each.

The size of focus groups varies depending on the goals of the investigation and topic of study, but generally ranges between 6 and 10 participants. After piloting the focus group questions with a typical sized group of 10 (mothers of migrants), it was determined that due to the sensitivity of the topics discussed it would be best to recruit smaller focus groups consisting of 4-8 participants. The size of the 10 focus groups conducted ranged from 4 to 7 members.

A goal of this study was to examine family dynamics when families are separated indefinitely due to undocumented migration to the U.S. Because the majority of the target sample was being asked to discuss family members who are present illegally in the U.S., fear and trust were important issues to consider in the recruitment strategy. Hence, the recruitment strategy included working with trusted leaders within the community and then participants themselves to spread word of mouth and gain trust within the community. Initially, participants were recruited at a community-based level by contacting local church and community leaders. As the recruitment process progressed, individuals who had already participated were asked if they were willing to help in recruitment by providing the contact information of acquaintances who have also experienced familial out-migration and contacting the referred individuals themselves to dissuade potential fears.

Individuals were recruited if they had a child (or children) or a spouse who was currently living in the U.S. and had been there for at least 1 year. Participants in the

return migrant groups had to have lived in the U.S. for over 1 year. Attempts were made to recruit groups of both men and women for all 3 relationship types; however, we were unable to recruit a complete group of female return migrants and were unable to find any husbands of migrants, reflecting the fact that these are the two least likely groups to migrate.

Focus group discussions were held at a community center that is easily accessible by public transportation. Participants were compensated for their time with a grocery package valued at \$10USD.

From the stage of recruitment, it was evident that not only were their issues of trust related to discussing familial migration with an American researcher, but there were also gender differences in the receptiveness to participating in a group discussion about familial migration. For many potential participants it was a source of concern that the primary researcher was from the United States. Because the sample being recruited were family members of unauthorized migrants, potential participants expressed worry about whether participating in this study could somehow put their migrant family member at risk. Because the issue of trust for an American researcher was so prevalent, it was necessary to employ a recruitment strategy that included: the American researcher recruiting in tandem with a return migrant who was a well-known member of the community, recruiting participants from the local Catholic church with the support of church leaders, and asking participants to assist us in the recruitment of their neighbors, family members, and friends in order to assure them there was minimal risk. By engaging in these three recruitment methods, we were able to overcome the issue of trust and recruit the desired sample.

A major struggle in recruitment was potential participants who confirmed that they would attend a session, and then not show up. About 50% of the time that a focus group discussion was scheduled, the group would have to be canceled because only a few of the confirmed participants would show. Because of Mexicans' desire to be polite, potential participants would often confirm that they would come to the focus group when in fact they had no intention of attending. This cultural phenomenon made scheduling focus groups quite a challenge because a successful focus group can neither have too many or too few participants.

There were differences in the process of recruiting females versus males. The recruitment of males was much more difficult than the recruitment of females for two reasons. First, males were more likely to work outside of the home, often working unpredictable or long hours. Though we were able to find enough men who were willing to participate in the groups, because of their differing work schedules, it was often a challenge to come up with a time in which an entire group of men could meet. A second challenge to recruiting men was that they were not always motivated by the incentive that was given for participation. The incentive for participation was a grocery package worth approximately 10 U.S. dollars. The potential female participants were very excited about the incentive and there were often requests to participate multiple times in order to receive a second incentive package. However, the male participants were less enthused by the incentive that was offered. While the males that participated were overall motivated to participate, during recruitment it was difficult to motivate male participants with the incentive of a grocery package. Potential participants often suggested that instead of groceries we provide them with some 'ice-cold Corona beers'. Due to ethical

implications, offering participants alcohol would not be an option, despite the fact that it might have helped motivate male participants.

The focus groups were facilitated by a native Spanish speaker from the community who was trained as a research assistant. The group moderator was trained in advance and provided with a list of questions to discuss. She was instructed to encourage the participants to speak freely about the topics and encourage equal participation by all group members. The moderator was instructed to encourage discussions among the participants while interjecting questions to keep the discussion on task. The researcher was present at all sessions and took extensive notes of the sessions. The discussions were audio-recorded and lasted for an average duration of 1.5 hours. The audio-tapes were later transcribed verbatim by the research assistant. The researcher reviewed each transcript and audio-tape to ensure accuracy of the transcriptions.

Participant Characteristics

Among the 10 focus groups conducted there were a total of 51 participants in the sample. Before the focus group discussions began, participants were asked to provide responses to a short questionnaire about their socio-demographic characteristics. The socio-demographic and migration-related characteristics of the sample are presented in Table 3.11. The 'average' parent of a migrant is 56.7 years old, married, and has never been to school or only been to a few years of elementary school. The parents had an average of 6.3 children total and 2 children living in the U.S. Their migrant children first migrated to the U.S. at an average age of 21.5 and had an average of 10.2 years living in the U.S. The 'average' wife of a migrant is 34.4 years old, has an elementary or middle school education, and has 2.4 children. Their migrant husbands first migrated to the U.S.

at an average age of 32 and had an average of 4.8 years living in the U.S. The ‘average’ return migrant is 38 years old, is married with 2 children, has an elementary or middle school education, migrated to the U.S. at 25.8 years of age, and stayed in the U.S. for 4.6 years.

The parents of migrants had a lower education level and an average of 4 more children than the wives and return migrants, indicating a likely generational difference. Additionally, their migrant children have been in the US for twice as long as the husbands of the wives in the ‘wives’ focus group or the return migrants. The migrant husbands of the wife group migrated to the US at an older age than the return migrants or migrant children of the parent groups.

Analysis Strategy

The questions for the focus groups centered around 5 general topics: the overall experience of migration, transnational communication, emotions and coping, changes in relationships, and plans and hopes for the future (See Table 3.12). The analysis of the discussion content was guided by grounded theory as elaborated by Strauss (1987). Transcripts were reviewed to identify recurring themes, contradictions, and surprising statements.

Typically, focus group discussions are analyzed following the accepted procedures of grounded theory as elaborated by Strauss (1987). Essentially, this method involves carefully reading transcripts several times and noting broad themes and topics that emerge in participants’ conversations. As themes emerge, statements can then be coded and categorized in order to achieve a broader conceptualization of the findings. This method can lead to the development of valid categories that can be analyzed

independently as well as contribute to interpretation of the quantitative survey analysis. Because quantifying qualitative data is a fairly controversial approach (see Morgan, 1997), data were first analyzed purely qualitatively using qualitative content analysis (Krueger, 1998). Similar to grounded theory, this method includes identifying broad themes and topics that emerge in the focus group discussions. Instead of coding and quantifying these data, the themes were described broadly and using the participant's own words.

Chapter IV: Results

This section presents the results of the statistical analyses conducted to address each of the five research questions presented in the previous section. Results are divided and presented by research question. Within research questions, simpler analyses are presented first, followed by more complex analyses. For the first four research questions, results are presented quantitatively with reference to tables in the appendix. The final research question is presented qualitatively with reference to narratives in the text.

Research Question 1: Description of social relations and well-being

What are the characteristics of social relations and well-being for adults in Mexico, and do social relations and well-being differ depending on whether a person is affected by familial out-migration?

Description of social relations and well-being

In order to describe the characteristics of social relations and well-being for adults in Mexico, mean ratings and standard deviations were calculated for the variables of interest.

Social network characteristics. Table 4.1 presents the mean scores, standard deviations, range, and number of respondents for social network characteristic variables. The mean network size was 7.8 (SD = 4.98), with a range of 1 – 54 this indicates that most people in the sample have a small to moderate sized social network. The mean frequency of

contact with the first ten people listed was 4.3 (SD = 0.66) indicating that on average individuals were in contact with their network members daily or a few times a week. The mean geographic proximity was 0.48 (SD = 0.26) indicating that on average a little less than half of a person's network members, 48%, live less than an hour driving distance from them. The mean family makeup was 0.87 (SD = 0.19), indicating that on average 87% of the first ten network members were immediate or extended family members. The mean gender makeup was 0.46 (SD = 0.22), indicating that on average 46% of the network is composed of females and 54% is composed of males. Finally, the mean migrant makeup was 0.03 (SD = 0.10), indicating that on average 3% of a person's social network is composed of migrants to the U.S.

Social support quality. Mean ratings and standard deviations were calculated for social support quality by relationship type (See Table 4.2). Across relationship types ratings of positive quality were high. The mean rating for positivity with child was the highest (M = 4.81, SD = 0.45), whereas the mean rating for positivity with father was the lowest (M = 4.36, SD = 0.95). Overall, the average relationship was rated as having between high and very high positivity. There was more variance seen in negative quality ratings. The mean rating for negativity with spouse was the highest (M = 2.26, SD = 1.11), whereas the mean rating for negativity with friend was the lowest (M = 1.70, SD = 0.85). Overall, the average relationship was rated as having between low and neutral negative quality.

Well-being. Mean scores and standard deviations for well-being measures are presented in Table 4.3. The mean score for depressive symptoms was 15.24 (SD 6.35). On the CES-D short scale, scores above 15 are indicative of possible depression. This score indicates that the adults in this sample may be at risk for depression. The mean score for life

satisfaction was 28.08 (6.35), indicating an average response of 5.6 on the 1-7 Likert scale. This score indicates that on average Mexican adults were somewhat satisfied with their lives. The mean score for stress was 5.35 (SD = 2.73), indicating that the average response was that adults in Mexico rarely or sometimes experience stress. The average number of health conditions reported was 1.42 (SD = 2.70). A majority of the sample reported suffering from no health conditions, however some indicated up to 13 health conditions. Finally, the mean score for self-rated health was 3.44 (SD = 0.86), indicating that the average respondent rated their health between normal and good.

Demographic differences in social relations and well-being

Social network characteristics

Linear regression analyses were conducted to examine whether there were differences in social network characteristics according to age, gender, or education level. Results are presented in Table 4.4.

Age. Results indicated numerous age differences in social network characteristics. There was a significant relationship between age and network size ($\beta = 0.13$, $p < 0.005$), indicating that older adults had larger social networks than younger adults. Additionally, there was a significant relationship between age and frequency of contact with network ($\beta = -0.14$, $p < 0.001$); younger adults reported more frequent contact with their network members than older adults. There was a significant relationship between age and geographic proximity with network members ($\beta = 0.16$, $p < 0.001$), indicating that older adults live in closer proximity to their social networks than younger adults. Finally, there was a significant relationship between age and family makeup of network ($\beta = 0.33$, p

<0.001); older adults had more family members in their network than younger adults.

There were non-significant, but nearly significant trends for the main effects of age and gender makeup ($\beta = 0.07$, $p < 0.10$) and age and migrant makeup ($\beta = 0.03$, $p < 0.10$).

These trends suggest that older adults may have more females and more migrants in their networks than younger adults.

Gender. There were significant gender effects indicating that females have larger networks ($\beta = 0.08$, $p < 0.05$); males have greater frequency of contact with their networks ($\beta = -0.09$, $p < 0.005$); and males have more females in their networks ($\beta = -0.17$, $p < 0.001$). Additionally, there was a nearly significant trend suggesting that males may have more family in their network than females ($\beta = -0.06$, $p < 0.10$). Results indicated no significant relationships between age and proximity of contact or migrant makeup of network.

Education level. There were fewer results for education level predicting social network characteristics. Results indicated a significant relationship between education level and network size ($\beta = 0.09$, $p < 0.05$) with individuals with higher education having a larger social network. There was also a nearly significant (trend) relationship between education level and family makeup ($\beta = -0.07$, $p < 0.10$) suggesting that individuals with higher education levels may have fewer family members in their networks. Results indicated no significant relationships between education level and frequency of contact, proximity, or migrant makeup of network.

Social support quality

Linear regression analyses were conducted to examine whether there were differences in social support quality according to age, gender, or education level. Results are presented in Tables 4.5 and 4.6.

Age. There were no significant age differences for the positive quality of relationships with mother, father, sibling, best friend or child. However, there was a significant relationship between age and positive quality with spouse ($\beta = -0.14$, $p < 0.005$) indicating that younger adults report more positivity with spouse than older adults.

In contrast, for negative quality of relationship there were no significant age differences for the relationship with spouse, but there were age differences for negativity in all other relationship types. There were significant age differences indicating that older adults reported less negativity than younger adults with their father ($\beta = -0.14$, $p < 0.05$), sibling ($\beta = -0.17$, $p < 0.001$), best friend ($\beta = -0.18$, $p < 0.005$), and child ($\beta = -0.12$, $p < 0.05$). There was a near significant trend between age and negative quality with mother ($\beta = -0.09$, $p < 0.10$) suggesting that older adults may report less negativity with mother.

Gender. There were no significant gender differences for the positive quality of relationships with mother, father, sibling, best friend or child. However, there was a significant relationship between gender and positive quality with spouse ($\beta = -0.18$, $p < 0.001$) indicating that women report less positivity with spouse than men.

There were significant gender differences for negative quality of relationship indicating that women experience less negativity with sibling ($\beta = -0.13$, $p < 0.001$) and with best friend ($\beta = -0.21$, $p < 0.001$). There were no significant gender differences for the negative quality of relationships with mother, father, spouse, or child.

Education level. The relationship between educational level and positive quality of relationship was non-significant across all relationships. The relationship between education level and negative quality of relationship was non-significant for the relationship with mother, father, spouse, sibling, and best friend. There was a significant relationship between education level and negativity with child ($\beta = -0.12, p < 0.05$) indicating that individuals with higher education levels reported less negativity with child.

Well-being

Linear regression analyses were conducted to examine whether there were differences in well-being according to age, gender, or education level. Results are presented in Table 4.7.

Age. Results indicated that there were significant age differences in self-rated health ($\beta = -0.24, p < 0.001$) and number of health conditions ($\beta = 0.39, p < 0.001$). Older adults reported lower self-rated health and more health conditions than younger adults. There were also near significant trends of age predicting life satisfaction ($\beta = 0.06, p < 0.10$) and stress ($\beta = -0.07, p < 0.10$). These trends suggested that older adults are more satisfied and have less stress than younger adults. Finally, there was no significant relationship between age and depressive symptoms.

Gender. Results indicated numerous gender differences in well-being. Females reported significantly higher depressive symptoms ($\beta = 0.10, p < 0.005$), higher stress levels ($\beta = 0.06, p < 0.05$), lower self-rated health ($\beta = -0.09, p < 0.005$), and more health conditions ($\beta = 0.11, p < 0.001$) than men. There was a near significant (trend) gender difference for

life satisfaction ($\beta = -0.06$, $p < 0.10$) suggesting that females may have lower life satisfaction than males.

Education level. Results indicated significant relationships between education level and depressive symptoms, stress, and self-rated health. Individuals with a higher level of education reported fewer depressive symptoms ($\beta = -0.14$, $p < 0.005$), lower stress ($\beta = -0.20$, $p < 0.001$), and greater self-rated health ($\beta = 0.20$, $p < 0.001$).

Mean Differences by familial out-migration

Paired-sample t-tests were used to test for mean differences in demographics, social network characteristics, social support quality, and well-being between individuals affected by familial out-migration (those with an immediate family member living in the U.S.) and those who are not affected by familial out-migration.

Demographics. Paired-sample t-tests indicated demographic differences between those affected and not affected by familial out-migration (See Table 4.8). Those with a migrant family member are significantly younger than those who do not have a migrant family member ($p < 0.05$). There were no significant gender difference between the two groups. There was a highly significant difference in mean income ($p < 0.001$) with those affected by familial migration having a higher income. Finally, there was a highly significant difference in mean years of education ($p < 0.001$) with those affected by migration having more years of education.

Characteristics of the social network. Paired sample t-tests indicated differences in social network characteristics between those affected by familial migration and those not (See Table 4.9). Those with migrant family members had a significantly larger network size

($p < 0.05$). Those individuals who did not have migrant family members reported significantly higher average frequency of contact with network members ($p < 0.001$) and significantly greater average proximity ($p < 0.005$). Having a migrant family member was related to having a significantly lower family makeup of the network ($p < 0.005$). That is to say, individuals affected by familial out-migration had a smaller proportion of family members in their networks. There were no significant differences in the gender makeup of the social network. As expected, those individuals with family members in the U.S. had significantly more migrants in their social networks ($p < 0.001$).

Social support quality. Paired sample t-tests indicated differences in social support quality between those affected by familial migration and those not (See Table 4.10). With regards to positive quality of relationship, there were no significant differences for relationship with mother, spouse, best friend, or child. However, individuals with migrant family members reported higher positivity in their relationships with father ($p < 0.05$) and sibling ($p < 0.05$). There were no significant differences in negative relationship quality.

Well-being. Paired sample t-tests indicated no significant differences in depressive symptoms, life satisfaction, stress, self-rated health, or number of health conditions between those affected by familial migration and those not affected by familial migration (See Table 4.11).

Relationship quality with migrant and non-migrant children

Parents of migrants responded to questions about the quality of relationship for one child living in Mexico and one migrant child living in the U.S. In total, a sub-sample of 35 respondents reported relationship quality with both a migrant and non-migrant adult

child. Paired sample t-tests were used to examine whether there were significant differences in the ratings of positive and negative quality based on whether the child was in Mexico or in the U.S. (See Table 4.12). Parents reported greater positivity with the child in Mexico ($p < 0.05$) as well as greater negativity with the child in Mexico ($p < 0.05$). This finding suggests more ambivalence in the relationship with children who had not migrated to the U.S.

Research Question 2: Social network characteristics predicting well-being

Is the structure and composition of the social network related to well-being; and are there differences based on age, gender, or familial out-migration?

Analysis of the main effects of the six social network characteristics (network size, frequency of contact, geographic proximity, family makeup, gender makeup, and migrant makeup) were originally analyzed together in one regression model and then separately, predicting each of the five well-being outcomes. However, there were no differences in the significant findings between combined or separate analysis (See Table 4.13). For ease of presentation of the interaction findings, the separate analyses are presented.

Network size

Linear regression analysis was used to test whether network size was related to well-being. Five separate regression models were tested with independent variable network size separately predicting the dependent variables: depressive symptoms, life satisfaction, stress, self-rated health, and number of health conditions (See Table 4.14). In each regression model age, gender, and education level were entered as control variables.

Results indicated that there were no significant main effects for network size predicting depressive symptoms, life satisfaction, stress, or self-rated health. However, there was a significant main effect of network size predicting number of health diseases ($\beta = 0.05$, $p < 0.05$). Greater network size was significantly related to a higher number of health conditions.

In order to test for age, gender, and migration effects, each of the five models was examined again after adding an interaction term. The interactions between network size and age, gender, and migration were tested separately.

Age Interactions. Results indicated that the interaction between age and network size was not significant in predicting depressive symptoms, life satisfaction, stress, or self-rated health. The interaction between age and network size approached significance in predicting number of health conditions ($\beta = .17$, $p < 0.10$). This trend indicated that older adults with a larger network had even more health conditions than younger adults with a larger network.

Gender Interactions. Results indicated that the interaction between gender and network size was not significant in predicting well-being outcomes.

Migration Interactions. Results indicated that the interaction of familial migration and network size was non-significant when predicting depressive symptoms, stress, self-rated health and number of health conditions. However, there was a significant interaction between familial migration and network size predicting life satisfaction ($\beta = -.15$, $p < 0.05$). For individuals with migrant family members, a larger network size predicts lower life satisfaction. Whereas for those individuals not affected by familial migration, a larger network size predicts greater life satisfaction (See Figure 4.1).

Frequency of Contact

Linear regression analysis was used to test whether mean frequency of contact with network was related to well-being. Five separate regression models were tested with independent variable frequency of contact separately predicting the dependent variables: depressive symptoms, life satisfaction, stress, self-rated health, and number of health conditions (See Table 4.15). In each regression model age, gender, and education level were controlled for. Results indicated that there were no significant main effects for frequency of contact predicting depressive symptoms, life satisfaction, stress, or self-rated health. However, there was a significant main effect of frequency of contact predicting number of health conditions (diseases) ($\beta = -0.09$, $p < 0.005$). Greater frequency of contact was significantly related to a lower number of health conditions.

In order to test for age, gender, and migration effects, each of the five models was examined again after adding an interaction term. The interactions between frequency of contact and age, gender, and migration were separately tested as independent predictors of well-being.

Age Interactions. Results indicated that the interaction between age and frequency of contact was non-significant when predicting depressive symptoms, life satisfaction, or self-rated health. There was a trend in which the interaction between age and frequency of contact predicted stress ($\beta = -.35$, $p < 0.10$). This trend indicated that younger adults experienced more stress when they had less frequent contact with their network members. Moreover, the interaction of age and frequency of contact significantly predicted number of health conditions ($\beta = -.61$, $p < 0.005$). This significant interaction indicates that older

adults with more frequent contact had a greater number of health conditions (See Figure 4.2).

Gender Interactions. Results indicated that the interaction of gender and frequency of contact was non-significant when predicting depressive symptoms, life satisfaction, stress, and number of health conditions. However, there was a significant interaction between gender and frequency of contact predicting self-rated health ($\beta = .57, p < 0.005$). For women, less frequency of contact was related to lower self-rated health; whereas for men, less frequency of contact was related to higher self-rated health (See Figure 4.3).

Migration Interactions. Results indicated that there were no significant interactions between familial migration and frequency of contact predicting well-being outcomes.

Geographic Proximity

Linear regression analysis was used to test whether mean geographic proximity with network was related to well-being. Five separate regression models were tested with independent variable proximity separately predicting the dependent variables: depressive symptoms, life satisfaction, stress, self-rated health, and number of health conditions (See Table 4.16). In each regression model age, gender, and education level were entered as control variables. Results indicate that there were no significant main effects for proximity predicting depressive symptoms, life satisfaction, stress, or self-rated health. However, there was a significant main effect of proximity predicting number of health conditions (diseases) ($\beta = .07, p < 0.05$). Greater proximity was significantly related to a higher number of health conditions.

In order to test for age, gender, and migration effects, each of the five models was examined again after adding an interaction term. The interactions between proximity and

age, gender, and migration were separately tested as independent predictors of well-being.

Age Interactions. Results indicated that the interaction between age and proximity was not significant in predicting well-being outcomes.

Gender Interactions. Results indicated that the interaction of gender and proximity was non-significant when predicting depressive symptoms, life satisfaction, stress, and number of health conditions. However, there was a significant interaction between gender and proximity predicting self-rated health ($\beta = .14, p < 0.05$). For women, less proximity with network was related to lower self-rated health; whereas for men, less proximity with network was related to higher self-rated health (See Figure 4.4).

Migration Interactions. Results indicated that the interaction between familial migration and proximity was not significant in predicting well-being outcomes.

Family Makeup of Network

Linear regression analyses were used to test whether family makeup of network was related to well-being. Five separate regression models were tested with independent variable family makeup separately predicting the dependent variables: depressive symptoms, life satisfaction, stress, self-rated health, and number of health conditions (See Table 4.17). In each regression model age, gender, and education level were entered as control variables. Results indicated that there were no significant main effects for family makeup predicting depressive symptoms, life satisfaction, stress, self-rated health, or number of health conditions.

In order to test for age, gender, and migration effects, each of the five models was examined again after adding an interaction term. The interactions between family

makeup of network and age, gender, and migration were separately tested as independent predictors of well-being.

Age Interactions. Results indicated that the interaction between age and family makeup was not significant in predicting well-being outcomes.

Gender Interactions. The interaction between gender and family makeup was a significant predictor of both depressive symptoms ($\beta = .49, p < 0.005$) and life satisfaction ($\beta = -.43, p < 0.05$). For older adults, a greater proportion of family members in the network predicted more depressive symptoms, whereas for younger adults, a greater proportion of family members in the network predicted fewer depressive symptoms (See Figure 4.5). For older adults, a smaller proportion of family members in the network predicted greater life satisfaction, whereas for younger adults, a smaller proportion of family members in the network predicted lower life satisfaction (See Figure 4.6). The interaction between age and familial makeup approached significance in predicting stress ($\beta = .30, p < 0.10$). The trend suggests that older adults with a greater representation of family members in their network may experience greater levels of stress. Finally, results indicated that the interaction of age and familial makeup was non-significant when predicting self-rated health and number of health conditions.

Gender Interactions. Results indicated that the interaction of gender and family makeup was non-significant when predicting depressive symptoms, life satisfaction, stress, and self-rated health. The interaction between gender and family makeup was a significant predictor of number of health conditions ($\beta = .36, p < 0.05$). For women, a greater proportion of family members in the network predicted more health conditions, whereas

for men, a greater proportion of family members in the network predicted fewer health conditions (See Figure 4.7).

Migration Interactions. Results indicated that the interaction between familial migration and family makeup was not significant in predicting well-being outcomes.

Gender Makeup of Network

Linear regression analyses were used to test whether gender makeup of network was related to well-being. Five separate regression models were tested with independent variable gender makeup separately predicting the dependent variables: depressive symptoms, life satisfaction, stress, self-rated health, and number of health conditions (See Table 4.18). In each regression model age, gender, and education level were entered as control variables. Results indicated that there were no significant main effects for gender makeup predicting depressive symptoms, life satisfaction, stress, self-rated health, or number of health conditions.

In order to test for age, gender, and migration effects, each of the five models was examined again after adding an interaction term. The interaction between gender makeup of network and age, gender, and migration were separately tested as independent predictors of well-being.

Age Interactions. Results indicated that the interaction of age and gender makeup of network was non-significant when predicting depressive symptoms, stress, self-rated health, and number of health conditions. The interaction between age and gender makeup was nearly significant (trend) in predicting life satisfaction ($\beta = .18, p < 0.10$).

Gender Interactions. Results indicated that the interaction of gender and gender makeup of network was non-significant when predicting depressive symptoms, life satisfaction,

stress, and number of health conditions. The interaction between gender and gender makeup was a significant predictor of self-rated health ($\beta = .19, p < 0.005$). For women, more males in the network predicted lower self-rated health, whereas for men, more males in the network predicted greater self-rated health (See Figure 4.8).

Migration Interactions. Results indicated that the interaction of familial migration and gender makeup of network was non-significant when predicting depressive symptoms, life satisfaction, stress, and self-rated health. The interaction between familial migration and gender makeup was a significant predictor of number of health conditions ($\beta = -.21, p < 0.05$). For women, more females in the network predicted fewer health conditions, whereas for men, more females in the network predicted more health conditions (See Figure 4.9).

Migrant Makeup of Network

Linear regression analyses were used to test whether migrant makeup of network was related to well-being. Five separate regression models were tested with independent variable migrant makeup separately predicting the dependent variables: depressive symptoms, life satisfaction, stress, self-rated health, and number of health conditions (See Table 4.19). In each regression model age, gender, and education level were entered as control variables. Results indicated that there were no significant main effects for migrant makeup predicting depressive symptoms, life satisfaction, stress, or number of health conditions. There was one nearly significant main effect. Migrant makeup was nearly significant in predicting self-rated health ($\beta = -.04, p < 0.10$). The trend indicated that having fewer migrants in the network was related to greater self-rated health.

In order to test for age, gender, and migration effects, each of the five models was examined again after adding an interaction term. The interaction between migrant makeup of network and age, gender, and familial migration were separately tested as independent predictors of well-being.

Age Interactions. Results indicated that the interaction of age and migrant makeup of network was non-significant when predicting depressive life satisfaction, stress, and number of health conditions. The interaction between age and migrant makeup was a significant predictor of both depressive symptoms ($\beta = -.18, p < 0.05$) and self-rated health ($\beta = -.19, p < 0.005$). For older adults, having migrants in the social network was related to lower depressive symptoms (See Figure 4.10). For older adults, having migrants in the network was related to greater self-rated health, whereas for younger adults, having migrants in the network is related to lower self-rated health (See Figure 4.11).

Gender Interactions. Results indicated that the interaction of gender and migrant makeup of network was non-significant when predicting depressive symptoms, life satisfaction, self-rated health, and number of health conditions. The interaction between gender and migrant makeup was nearly significant (trend) in predicting stress ($\beta = .08, p < 0.10$).

Migration Interactions. Results indicated that the interaction between familial migration and migrant makeup of network was not significant in predicting well-being outcomes.

Research Question 3: Social support quality predicting well-being

Is the quality of social support related to well-being and are there differences based on age, gender, or familial out-migration?

Positive quality with mother

Linear regression analysis was used to test whether positive quality with mother was related to well-being. Five separate regression models were tested with positive quality with mother separately predicting the dependent variables: depressive symptoms, life satisfaction, stress, self-rated health, and number of health conditions (See Table 4.20). In each regression model age, gender, and education level were entered as control variables. Results indicated that there was a significant main effect of positive quality with mother predicting depressive symptoms ($\beta = -.11, p < 0.005$). Greater positive quality with mother was significantly related to lower depressive symptoms. Positive quality with mother was also significantly related to life satisfaction ($\beta = 0.12, p < 0.005$) indicating that greater positive quality with mother predicted greater life satisfaction. There were nearly significant trends of the main effects for positive quality with mother with greater positivity with mother predicting lower stress ($\beta = -.07, p < 0.10$) and higher self-rated health ($\beta = .07, p < 0.10$). Finally, results indicated that there was no significant relationship between positive quality with mother and number of health conditions.

In order to test for age, gender, and migration effects, each of the five models was examined again after adding an interaction term. The interactions between positive quality with mother and age, gender, and familial migration were separately tested as independent predictors of well-being.

Age Interactions. Results indicated that the interaction between age and positive quality with mother was a nearly significant (trend) predictor of depressive symptoms ($\beta = .47, p < 0.10$) and stress ($\beta = .42, p < 0.10$). This trend suggests that for younger adults higher positive quality with mother may be related to fewer depressive symptoms and lower

levels of stress. Results indicated that the interaction between age and positive quality with mother was not a significant predictor of life satisfaction. However, the interaction between age and positive quality with mother was significant predictor of self-rated health ($\beta = .84, p < 0.001$) and number of health conditions ($\beta = -.67, p < 0.005$). For older adults only, greater positive quality with mother was related to greater self-rated health whereas there was very little difference in self-rated health regardless of positivity with mother (See Figure 4.12). For younger adults only, greater positive quality with mother was related to reporting a higher number of health conditions whereas for older adults positivity with mother was unrelated to number of health conditions (See Figure 4.13).

Gender Interactions. Results indicated that the interaction of gender and positive quality with mother was non-significant in predicting well-being outcomes.

Migration Interactions. Results indicated that the interaction between familial migration and positive quality with mother was not significant in predicting well-being outcomes.

Negative quality with mother

Linear regression analysis was used to test whether negative quality with mother was related to well-being. Five separate regression models were tested with independent variable negative quality with mother separately predicting the dependent variables: depressive symptoms, life satisfaction, stress, self-rated health, and number of health conditions (See Table 4.21). In each regression model age, gender, and education level were controlled for. Results indicated that there was a significant main effect of negative quality with mother predicting depressive symptoms ($\beta = 0.25, p < 0.001$). Greater negative quality with mother was significantly related to greater depressive symptoms. There was a significant relationship between negative quality with mother and stress ($\beta =$

-0.19, $p < 0.001$) indicating that greater negative quality with mother predicted higher levels of stress. Finally, results indicated that there was no significant relationship between negative quality with mother predicting life satisfaction, self-rated health, and number of health conditions.

In order to test for age, gender, and migration effects, each of the five models was examined again after adding an interaction term. The interactions between negative quality with mother and age, gender, and familial migration were separately tested as independent predictors of well-being.

Age Interactions. Results indicated that the interaction between age and negative quality with mother was not significant in predicting well-being outcomes.

Gender Interactions. Results indicated that the interaction of gender and negative quality with mother was non-significant when predicting life satisfaction, self-rated health, and number of health conditions. The interaction between gender and negative quality with mother was a significant predictor of depressive symptoms ($\beta = .19$, $p < 0.05$). Both men and women had greater depressive symptoms when they reported higher negative quality with their mother, but the effect was greater for women (See Figure 4.14). The interaction between gender and negative quality with mother was nearly significant (trend) in predicting stress ($\beta = .16$, $p < 0.10$). Both men and women experienced more stress when they reported higher negative quality with their mother, but the effect was greater for women.

Migration Interactions. Results indicated that the interaction between familial migration and negative quality with mother was not significant in predicting well-being outcomes.

Positive quality with father

Linear regression analysis was used to test whether positive quality with father was related to well-being. Five separate regression models were tested with independent variable positive quality with father separately predicting the dependent variables: depressive symptoms, life satisfaction, stress, self-rated health, and number of health conditions (See Table 4.22). In each regression model age, gender, and education level were controlled for. Results indicated that there was a significant main effect of positive quality with father predicting depressive symptoms ($\beta = -0.13$, $p < 0.005$). Greater positive quality with father was significantly related to fewer depressive symptoms. Results indicated that there was no significant relationship between positive quality with father and life satisfaction, stress, self-rated health, and number of health conditions.

In order to test for age, gender, and migration effects, each of the five models was examined again after adding an interaction term. The interactions between positive quality with father and age, gender, and familial migration were separately tested as independent predictors of well-being.

Age Interactions. Results indicated that the interaction between age and positive quality with father was not significant in predicting life satisfaction, stress, or self-rated health. The interaction between age and positive quality with father was nearly significant (trend) in predicting depressive symptoms ($\beta = .47$, $p < 0.10$) and number of health conditions ($\beta = .50$, $p < 0.10$). The trend for depressive symptoms suggested that for older adults higher positive quality with father predicted greater depressive symptoms and that for younger adults, greater positive quality with father predicted fewer

depressive symptoms. The trend for number of health conditions suggested that younger adults with lower positivity with father experienced fewer health conditions.

Gender Interactions. Results indicated that the interaction of gender and positive quality with father was non-significant when predicting life satisfaction, self-rated health, and number of health conditions. The interaction between gender and positive quality with father was nearly significant (trend) in predicting depressive symptoms ($\beta = -0.39$, $p < 0.10$). This trend suggests that women with low positivity with father reported more depressive symptoms. The interaction between gender and positive quality with father was a significant predictor of stress ($\beta = -0.46$, $p < 0.05$). Women with low positivity with father reported experiencing higher stress levels (See Figure 4.15).

Migration Interactions. Results indicated that the interaction between familial migration and positivity quality with father was not significant in predicting well-being outcomes.

Negative quality with father

Linear regression analysis was used to test whether negative quality with father was related to well-being. Five separate regression models were tested with independent variable positive quality with father separately predicting the dependent variables:

depressive symptoms, life satisfaction, stress, self-rated health, and number of health conditions (See Table 4.23). In each regression model age, gender, and education level were controlled for. Results indicated that there was a significant main effect of negative quality with father predicting depressive symptoms ($\beta = 0.36$, $p < 0.001$). Greater negativity with father was significantly related to greater depressive symptoms.

Additionally, there was a significant main effect of negative quality with father predicting stress ($\beta = 0.24$, $p < 0.001$) indicating that greater negativity with father was significantly

related to higher stress levels. Results indicated that there was no significant relationship between negative quality with father and life satisfaction, self-rated health, and number of health conditions.

In order to test for age, gender, and migration effects, each of the five models was examined again after adding an interaction term. The interactions between negative quality with father and age, gender, and familial migration were separately tested as independent predictors of well-being.

Age Interactions. Results indicated that the interaction between age and negative quality with father was not significant in predicting depressive symptoms, life satisfaction, self-rated health, or number of health conditions. However, the interaction between age and negative quality with father was nearly significant (trend) in predicting stress ($\beta = .28$, $p < 0.10$). This trend suggested that older adults experience a greater effect of negativity with father on their stress levels.

Gender Interactions. Results indicated that the interaction between gender and negative quality with father was not significant in predicting depressive symptoms, life satisfaction, self-rated health, or number of health conditions. However, the interaction between gender and negative quality with father was nearly significant (trend) in predicting stress ($\beta = .19$, $p < 0.10$). This trend suggested that women experience a greater effect of negativity with father on their stress levels.

Migration Interactions. Results indicated that the interaction between familial migration and negative quality with father was not significant in predicting well-being outcomes.

Positive quality with spouse

Linear regression analysis was used to test whether positive quality with spouse was related to well-being. Five separate regression models were tested with independent variable positive quality with father separately predicting the dependent variables: depressive symptoms, life satisfaction, stress, self-rated health, and number of health conditions (See Table 4.24). In each regression model age, gender, and education level were entered as control variables. Results indicated that there was a significant main effect of positive quality with spouse predicting depressive symptoms ($\beta = -0.17$, $p < 0.001$). Greater positive quality with spouse was significantly related to fewer depressive symptoms. In addition, there was a significant relationship between positive quality with spouse and life satisfaction ($\beta = 0.21$, $p < 0.001$) indicating that greater positivity with spouse was related to greater life satisfaction. Results indicated that there was no significant relationship between positive quality with spouse and life stress, self-rated health, and number of health conditions.

In order to test for age, gender, and migration effects, each of the five models was examined again after adding an interaction term. The interactions between positive quality with spouse and age, gender, and familial migration were separately tested as independent predictors of well-being.

Age Interactions. Results indicated that the interaction between age and positive quality with spouse was not significant in predicting depressive symptoms, stress, or number of health conditions. The interaction between age and positive quality with spouse was a significant predictor of life satisfaction ($\beta = -0.63$, $p < 0.05$) and self-rated health ($\beta = -0.62$, $p < 0.05$). Both young and older adults experience higher life satisfaction when

they report higher positivity with their spouse, however the effect is stronger for older adults (See Figure 4.16). While both young and older adults report higher self-rated health when they experience higher positivity with their spouse, the effect is stronger for younger adults (See Figure 4.17).

Gender Interactions. Results indicated that the interaction of gender and positive quality with spouse was non-significant when predicting depressive symptoms and life satisfaction. The interaction between gender and positive quality with spouse was nearly significant (trend) in predicting stress ($\beta = -0.56$, $p < 0.10$), self-rated health ($\beta = 0.52$, $p < 0.10$), and number of health conditions ($\beta = -0.49$, $p < 0.10$). These findings suggest that women with low positivity with spouse experience higher stress levels and lower self-rated health. In addition, men with higher positivity with spouse reported a higher number of health conditions.

Migration Interactions. Results indicated that the interaction between familial migration and positive quality with spouse was not significant in predicting well-being outcomes.

Negative quality with spouse

Linear regression analysis was used to test whether negative quality with spouse was related to well-being. Five separate regression models were tested with independent variable negative quality with spouse separately predicting the dependent variables: depressive symptoms, life satisfaction, stress, self-rated health, and number of health conditions (See Table 4.25). In each regression model age, gender, and education level were entered as control variables. Results indicated that there was a significant main effect of negative quality with spouse predicting depressive symptoms ($\beta = 0.24$, $p < 0.001$). Greater negativity with spouse was significantly related to greater depressive

symptoms. There was a significant main effect of negative quality with spouse predicting life satisfaction ($\beta = -0.16, p < 0.001$) indicating that greater negativity with spouse was significantly related to lower life satisfaction. Additionally, there was a significant main effect of negative quality with spouse predicting stress ($\beta = 0.13, p < 0.001$) suggesting that greater negativity with spouse was significantly related to higher stress levels. Results indicated that there was no significant relationship between negative quality with spouse and self-rated health or number of health conditions.

In order to test for age, gender, and migration effects, each of the five models was examined again after adding an interaction term. The interactions between negative quality with spouse and age, gender, and familial migration were tested independently predicting well-being.

Age Interactions. Results indicated that the interaction between age and negative quality with spouse was not significant in predicting well-being outcomes.

Gender Interactions. Results indicated that the interaction between gender and negative quality with spouse was not significant in predicting depressive symptoms, self-rated health, or number of health conditions. However, the interaction between gender and negative quality with spouse was nearly significant (trend) in predicting life satisfaction ($\beta = -0.16, p < 0.10$) and stress ($\beta = .15, p < 0.10$). This trend suggested that women who report more negativity with spouse have lower levels of life satisfaction and higher levels of stress.

Migration Interactions. Results indicated that the interaction between familial migration and negative quality with spouse was not significant in predicting well-being outcomes.

Positive quality with sibling

Linear regression analysis was used to test whether positive quality with sibling was related to well-being. Five separate regression models were tested with independent variable positive quality with sibling separately predicting the dependent variables: depressive symptoms, life satisfaction, stress, self-rated health, and number of health conditions (See Table 4.26). In each regression model age, gender, and education level were entered as control variables. Results indicated that there was a significant main effect of positive quality with sibling predicting depressive symptoms ($\beta = -0.10$, $p < 0.005$). Greater positive quality with sibling was significantly related to fewer depressive symptoms. In addition, there was a significant relationship between positive quality with sibling and life satisfaction ($\beta = 0.12$, $p < 0.001$) indicating that greater positivity with sibling was related to greater life satisfaction. Finally, there was a significant relationship between positive quality with sibling and stress ($\beta = -0.08$, $p < 0.05$) indicating that greater positivity with sibling was related to lower stress levels. Results indicated that there was no significant relationship between positive quality with spouse and self-rated health and number of health conditions.

In order to test for age, gender, and migration effects, each of the five models was examined again after adding an interaction term. The interactions between positive quality with sibling and age, gender, and familial migration were separately tested as independent predictors of well-being.

Age Interactions. Results indicated that the interaction between age and positive quality with sibling was not significant in predicting depressive symptoms, life satisfaction, self-rated health or number of health conditions. The interaction between age and positive

quality with sibling was a significant predictor of stress ($\beta = 0.54$, $p < 0.005$). Younger adults experienced a greater effect of positivity with sibling reporting less stress when they experienced high positivity with sibling (See Figure 4.18).

Gender Interactions. The interaction between gender and positive quality with sibling was a significant predictor of depressive symptoms ($\beta = -0.43$, $p < 0.05$). For females only, low positivity with sibling was related to greater depressive symptoms (See Figure 4.19). Results indicated that the interaction of gender and positive quality with sibling was non-significant when predicting life satisfaction, stress, self-rated health, and number of health conditions.

Migration Interactions. Results indicated that the interaction between familial migration and positive quality with sibling was not significant in predicting depressive symptoms, life satisfaction, stress, or number of health conditions. The interaction between familial migration and positivity with sibling was nearly significant (trend) in predicting self-rated health ($\beta = -0.35$, $p < 0.10$) suggesting that individuals not affected by migration who have low positivity with sibling report lower self-rated health.

Negative quality with sibling

Linear regression analysis was used to test whether negative quality with sibling was related to well-being. Five separate regression models were tested with independent variable negative quality with sibling separately predicting the dependent variables: depressive symptoms, life satisfaction, stress, self-rated health, and number of health conditions (See Table 4.27). In each regression model age, gender, and education level were entered as control variables. Results indicated that there was a significant main effect of negative quality with sibling predicting depressive symptoms ($\beta = 0.18$, p

<0.001). Greater negativity with sibling was significantly related to greater depressive symptoms. There was a significant main effect of negative quality with sibling predicting life satisfaction ($\beta = -0.09$, $p < 0.001$) indicating that greater negativity with sibling was significantly related to lower life satisfaction. Additionally, there was a significant main effect of negative quality with sibling predicting stress ($\beta = 0.17$, $p < 0.001$) suggesting that greater negativity with sibling was significantly related to higher stress levels. Results indicated that there was no significant relationship between negative quality with sibling and self-rated health or number of health conditions.

In order to test for age, gender, and migration effects, each of the five models was examined again after adding an interaction term. The interactions between negative quality with sibling and age, gender, and familial migration were tested independently predicting well-being.

Age Interactions. Results indicated that the interaction between age and negative quality with sibling was not significant in predicting depressive symptoms, life satisfaction, or stress. However, the interaction between age and negative quality with sibling was a significant predictor of self-rated health ($\beta = 0.18$, $p < 0.05$) and number of health conditions ($\beta = -0.26$, $p < 0.005$). Both young and older adults experiencing low negativity with sibling reported higher self-rated health and lower number of health conditions, however these effects were stronger for older adults (See Figures 4.20 and 4.21).

Gender Interactions. Results indicated that the interaction between gender and negative quality with sibling was not significant in predicting well-being outcomes.

Migration Interactions. Results indicated that the interaction between familial migration and negative quality with sibling was not significant in predicting well-being outcomes.

Positive quality with best friend

Linear regression analysis was used to test whether positive quality with best friend was related to well-being. Five separate regression models were tested with independent variable positive quality with friend separately predicting the dependent variables: depressive symptoms, life satisfaction, stress, self-rated health, and number of health conditions (See Table 4.28). In each regression model age, gender, and education level were entered as control variables. Results indicated that there was a significant main effect of positive quality with friend predicting depressive symptoms ($\beta = -0.13, p < 0.05$). Greater positive quality with friend was significantly related to fewer depressive symptoms. In addition, there was a nearly significant trend of positive quality with friend predicting life satisfaction ($\beta = 0.09, p < 0.10$) indicating that greater positivity with friend was related to greater life satisfaction. Finally, there was a significant relationship between positive quality with friend and stress ($\beta = -0.11, p < 0.05$) indicating that greater positivity with friend was related to lower stress levels. Results indicated that there was no significant relationship between positive quality with friend and self-rated health and number of health conditions.

In order to test for age, gender, and migration effects, each of the five models was examined again after adding an interaction term. The interactions between positive quality with friend and age, gender, and familial migration were separately tested as independent predictors of well-being.

Age Interactions. Results indicated that the interaction between age and positive quality with friend was not significant in predicting depressive symptoms, life satisfaction, or number of health conditions. The interaction between age and positive quality with friend was a significant predictor of stress ($\beta = 0.90, p < 0.05$). Younger adults with low positivity with friend reported higher stress levels (See Figure 4.22). Additionally, the interaction between age and positivity with friend was a nearly significant predictor (trend) of self-rated health ($\beta = -0.67, p < 0.10$) suggesting that younger adults are more greatly affected by positivity with friend.

Gender Interactions. Results indicated that the interaction of gender and positive quality with friend was non-significant when predicting well-being outcomes.

Migration Interactions. Results indicated that the interaction between familial migration and positive quality with friend was not significant in predicting life satisfaction, stress, or number of health conditions. The interaction between familial migration and positivity with friend was nearly significant (trend) in predicting depressive symptoms ($\beta = 0.78, p < 0.10$) and self-rated health ($\beta = 0.77, p < 0.10$). These findings suggest that persons with migrant family members who report high positivity with friend experience greater depressive symptoms, and persons without migrant family members who report low positivity with friend experience greater depressive symptoms. Both individuals affected by familial migration and those not affected rate their health lower when they have low positivity with best friend, however this effect is stronger for individuals not affected by family migration.

Negative quality with best friend

Linear regression analysis was used to test whether negative quality with friend was related to well-being. Five separate regression models were tested with independent variable negative quality with friend separately predicting the dependent variables: depressive symptoms, life satisfaction, stress, self-rated health, and number of health conditions (See Table 4.29). In each regression model age, gender, and education level were entered as control variables. Results indicated that there was a significant main effect of negative quality with friend predicting depressive symptoms ($\beta = 0.22$, $p < 0.001$). Greater negativity with friend was significantly related to greater depressive symptoms. Additionally, there was a significant main effect of negative quality with friend predicting stress ($\beta = 0.15$, $p < 0.005$) suggesting that greater negativity with friend was significantly related to higher stress levels. Results indicated that there was no significant relationship between negative quality with best friend and life satisfaction, self-rated health, or number of health conditions.

In order to test for age, gender, and migration effects, each of the five models was examined again after adding an interaction term. The interactions between negative quality with friend and age, gender, and familial migration were tested as independent predictors of well-being.

Age Interactions. Results indicated that the interaction between age and negative quality with friend was not significant in predicting depressive symptoms, life satisfaction, or number of health conditions. However, the interaction between age and negative quality with friend was nearly significant in predicting stress ($\beta = -0.29$, $p < 0.10$) and self-rated health ($\beta = 0.23$, $p < 0.10$). High negativity with friend predicts greater stress levels for

both older and younger adults; however, the effect is stronger for young adults. For young adults, low negativity with friend is related to higher self-rated health, however, for older adults, low negativity with friend is related to lower self-rated health.

Gender Interactions. The interaction between gender and negative quality with friend was nearly significant (trend) in predicting depressive symptoms ($\beta = 0.21$, $p < 0.10$). This finding suggests that women experience a stronger effect of friendship negativity on depressive symptoms. Results indicated that the interaction between gender and negative quality with friend was not significant in predicting life satisfaction, stress, self-rated health, or number of health conditions.

Migration Interactions. Results indicated that the interaction between familial migration and negative quality with friend was not significant in predicting well-being outcomes.

Positive quality with child

Linear regression analysis was used to test whether positive quality with child was related to well-being. Five separate regression models were tested with independent variable positive quality with child separately predicting the dependent variables: depressive symptoms, life satisfaction, stress, self-rated health, and number of health conditions (See Table 4.30). In each regression model age, gender, and education level were entered as control variables. Results indicated that there was a significant main effect of positive quality with child predicting depressive symptoms ($\beta = -0.12$, $p < 0.005$). Greater positive quality with child was significantly related to fewer depressive symptoms. In addition, there was a significant main effect of positive quality with child predicting life satisfaction ($\beta = 0.14$, $p < 0.005$) indicating that greater positivity with child was related to greater life satisfaction. Finally, there was a significant relationship

between positive quality with child and stress ($\beta = -0.10$, $p < 0.05$) indicating that greater positivity with child was related to lower stress levels. Results indicated that there was no significant relationship between positive quality with child and self-rated health and number of health conditions.

In order to test for age, gender, and migration effects, each of the five models was examined again after adding an interaction term. The interactions between positive quality with child and age, gender, and familial migration were tested independently predicting well-being.

Age Interactions. Results indicated that the interaction between age and positive quality with child was not significant in predicting depressive symptoms, life satisfaction, stress, or number of health conditions. Additionally, the interaction between age and positivity with child was a nearly significant predictor (trend) of self-rated health ($\beta = -0.88$, $p < 0.10$) suggesting that younger adults are more greatly affected by positivity with child.

Gender Interactions. Results indicated that the interaction between gender and positive quality with child was not significant in predicting depressive symptoms, life satisfaction, self-rated health, or number of health conditions. The interaction between gender and positivity with child was nearly significant (trend) in predicting stress ($\beta = -0.78$, $p < 0.10$). These findings suggest that females with low positivity with child experience higher stress levels.

Migration Interactions. Results indicated that the interaction of familial migration and positive quality with child was non-significant when predicting well-being outcomes.

Negative quality with child

Linear regression analysis was used to test whether negative quality with child was related to well-being. Five separate regression models were tested with independent variable negative quality with child separately predicting the dependent variables: depressive symptoms, life satisfaction, stress, self-rated health, and number of health conditions (See Table 4.31). In each regression model age, gender, and education level were entered as control variables. Results indicated that there was a significant main effect of negative quality with child predicting depressive symptoms ($\beta = 0.13$, $p < 0.005$). Greater negativity with child was significantly related to greater depressive symptoms. Additionally, there was a significant main effect of negative quality with child predicting stress ($\beta = 0.11$, $p < 0.005$) suggesting that greater negativity with child was significantly related to higher stress levels. Results indicated that there was no significant relationship between negative quality with child and life satisfaction, self-rated health, or number of health conditions.

In order to test for age, gender, and migration effects, each of the five models was examined again after adding an interaction term. The interactions between negative quality with child and age, gender, and familial migration were separately tested as independent predictors of well-being.

Age Interactions. Results indicated that the interaction between age and negative quality with child was not significant in predicting well-being outcomes.

Gender Interactions. Results indicated that the interaction between gender and negative quality with child was not significant in predicting well-being outcomes.

Migration Interactions. Results indicated that the interaction between familial migration and negative quality with child was not significant in predicting well-being outcomes.

Research Question 4: Migratory effects on well-being

For individuals with family members in the US, is well-being affected by factors related to maintaining a transnational relationship?

For the following analyses, only individuals who reported having an immediate family who was a current migrant to the U.S. were selected. The total number of individuals in this subsample of individuals with migrant family members was 230. Multivariate linear regression analysis was used to examine whether factors related to the migration circumstances and maintaining a transnational relationship were related to well-being. The five migrant-related variables of interest (frequency of phone calls from U.S., frequency of remittances from the U.S., length of time migrant in the U.S., length of time since last seen migrant, and whether or not has U.S. born family members they have never met) were tested in one model predicting each of the five outcome variables. Age, gender, and education level were included as control variables. See Table 4.32.

Frequency of phone calls

Results indicated that frequency of phone calls from family members in the U.S. was predictive of depressive symptoms for individuals with family members in the U.S. Results indicated that there was a significant main effect with frequency of phone calls related to depressive symptoms ($\beta = -0.17$, $p < 0.005$). This finding indicates that individuals reporting lower frequency of phone calls experienced more depressive symptoms. Results also indicated a nearly significant (trend) relationship between

frequency of phone calls and life satisfaction ($\beta = 0.13$, $p < 0.10$) suggesting that a higher frequency of phone calls may be related to greater life satisfaction. Results indicated no significant relationship between frequency of phone calls and stress, self-rated health or number of health conditions.

Frequency of remittances

The results showed a possible, but not significant, relationship between frequency of remittances from family members in the U.S. and depressive symptoms. Results indicated no significant relationship between frequency of remittances and depressive symptoms, life satisfaction, stress, self-rated health, or number of health conditions.

Time in the U.S.

Results indicated no significant relationship between the number of years the reported migrant family member had lived in the U.S. and depressive symptoms, life satisfaction, stress, self-rated health, or number of health conditions. Length of time of the migrant family member in the U.S. had no effect on well-being.

Time since last seen in person

The results showed a possible, but not significant, relationship between the time passed since the respondent last saw his or her migrant family member in person and life satisfaction. There was a significant relationship between time since last seen in person predicting life satisfaction ($\beta = 0.13$, $p < 0.10$) suggesting that more time passed since last seen in person may be related to greater life satisfaction. This finding may indicate a recency effect in which the families of recent migrants struggle more to cope and feel satisfied; whereas with time, families of migrants learn to cope. Results indicated no

significant relationship between time since last seen in person and depressive symptoms, stress, self-rated health, or number of health conditions.

Family member in the U.S. never met

Results indicated that having a family member (such as grandchild, or niece or nephew) in the U.S. whom the respondent had never met was predictive of self-rated health for individuals with family members in the U.S. Results indicated that there was a significant relationship between having a family member the respondent had never met and self-rated health ($\beta = -0.12, p < 0.05$). This finding indicates that individuals reporting having a family member they have never met reported lower self-rated health. Results indicated no significant relationship between having family member they had never met and depressive symptoms, life satisfaction, stress, or number of health conditions.

Research Question 5: Qualitative view of familial migration

Are there qualitative differences in perceptions of the experience and the process of coping with transnational familial relationships between parents of migrant, spouses of migrants, and return migrants?

Researcher Observations

The researcher observed interesting aspects of the group dynamics within the focus group discussions as well as important differences between the groups. It was evident that initially some participants were reserved about responding to questions both because of the group dynamic and the presence of an American researcher. The discussions were grouped by gender in hopes of encouraging a more open group dynamic than could be found in a mixed gender group. Despite this, there were interesting gender differences that emerged in the group dynamics. Within the male groups, there was an initial hesitancy to share emotions, as if male participants felt uncomfortable sharing their

emotions. However, once one male in the group gained the courage to speak about his emotions, there was an ensuing domino effect in which suddenly the rest of the group also felt comfortable sharing. It was evident that males were uncomfortable sharing their emotions, likely due to cultural norms, but yet in the group setting felt comfortable sharing their emotions as long as they knew they were not the only one expressing emotions. Once the door was opened, the men were surprisingly emotive and open about their feelings. The women on the other hand were overly emotional. For the women, the group dynamic took on a different form. Amongst the women, there was often a competition between women as to who experienced the most severe emotions. For women, it appeared that there was a perception that suffering more indicated a greater love for the migrant family member, and hence the group dynamic for women was often one of competition for who was suffering the most.

Within the discussion there were also notable age dynamics. The older adults were often more talkative than younger members. This appeared to be a result of cultural norms in which older individuals are perceived as having more knowledge due to having more experience. In this study, the older individuals were more likely to have been separated from their family member for a longer period of time, and often because of this they would express feelings that the younger participants were perhaps naïve in their perceptions.

In addition to gender and age differences, there were evident differences in the dynamics by relationship type. The wives groups expressed solidarity among the wives. There was less of a sense of competitiveness but rather expressions of support and understanding. The parents groups were oftentimes somewhat competitive with one

another over their suffering. For example, one parent might suggest that another's situation is not as bad because that parent only has 1 migrant child, not multiple migrant children. Similar to the wives group, the return migrant groups had a group dynamic of camaraderie. The return migrant groups tended to get off topic very frequently and because of this their group discussions were the longest in length. They often went astray from the topics at hand as the groups would reminisce about their experiences as migrants in the U.S.

An important aspect of the group dynamic was that the participants were all from the same community. Because of this, many of the participants knew each other beforehand. Sometimes this meant that group members were already familiar with each others' stories and because of this did not explain things in great detail. Group members often felt more comfortable expressing their feelings because they were already comfortable with the other participants in the discussion. In contrast, there did appear to be times when group members were reluctant to share in depth perhaps because they did not want certain members of the community to know details about their situations. Though respondents were asked to keep all of the discussions confidential and not share anything from the group discussion with non-participants, a challenge of community-level sampling is that confidentiality cannot be guaranteed.

The presence of an American researcher had an interesting impact on the group dynamics. There were two prevalent effects. First, to some extent participants would mention things that they assumed would be desirable for the researcher to hear. For instance, statements about how wonderful the U.S. is and how nice Americans are were often made. These statements likely would not have been made had the American

researcher not been present. The second dynamic was that participants perceived the American researcher as an authority figure or someone who could help them. Participants often asked the researcher to help with family issues through counseling or help them or their loved ones to gain legal entry into the United States. The overall effect was small however, as much of the effect was seen before and after the discussion took place, not necessarily as the research topics were being addressed. Because the researcher spoke Spanish fluently and was living as a member of the community, her presence was received very well and did not appear to have a detrimental effect on the openness or honesty of the responses.

This section has focused on the observations of the researcher. The next section focuses on themes that emerged from the statements and words of the participants themselves.

Global Themes

Each narrative was carefully read to determine if any global themes emerged across the focus groups. Four global themes were identified and are presented here: economic implications, communication, impact on the family, and adaptation. Each theme is described with the support of narratives taken directly from the focus group discussions. Pseudonyms were used in all narratives to protect anonymity. Overall trends as well as apparent differences between parents of migrants, spouses of migrants, and return migrants emerged and are expounded upon here. Explanations are offered concerning the meanings behind the statements.

Economic Implications

As expected, there was a consensus across all groups that the motivation for migration to the U.S. was rooted in certain economic goals. Specifically, it was emphasized by the majority of participants that the primary economic goal was that of constructing one's own home. However, there was considerable variance among the groups as to the extent that economic furtherance was valued and actually achieved. Statements regarding economic implications fell into two categories: *economic benefits* and *economic struggles*. Both of these economic implications appeared to affect the social relationship between the migrant and his (or her) family back in Mexico as well as have a direct relation to emotional well-being.

Economic Benefits

The sub-theme of *economic benefits* was seen consistently across the relationship categories, however to varying degrees. Discussion of economic benefits was prevalent among the return migrant and wives groups, however it was given less consideration by the parent groups. Indications were that the migrant and wives groups are directly affected by the increased income flow resulting from migration, and hence economic benefits are central to them in their discussion of the migration experience. For the return migrants and wives the discussion of economic benefits was important because for them it justified the sacrifices that were made during the migration. Specifically, benefitting economically seemed to be the only justification for the stress of an extended family separation.

The theme of economic benefits emerged across all groups. It is clearly exemplified in the following conversation between return migrants (Pseudonyms are used in all narratives to protect anonymity.):

Carlos – With the money I sent my family could live better and I was able to build my house. I wasn't able to give them luxuries, but was able to give them new opportunities. I was able to build my house quickly. The main benefit for the family from this experience is economic.

José – Yes. I would send all of the money I could so that they could live a better life than before. I sent everything that I could. I think their life was better then.

Juan – There definitely were economic benefits, but also sacrifices. The truth was my family was better economically. But, I was gone for so long, I missed my family so much and they missed me. It was easier for me because I was the one living new experiences. Not even all the money I sent could repay me not being there. I would have exchanged a year in the U.S. to gain that lost time back. It's time that you'll never get back.

Entire group – nodding in agreement.

Miguel – It is really hard. And you're right, it's time you'll never get back. But at the same time, I was able to build my house. We made something of ourselves, we now have a house. I really don't think I would have been able to achieve owning my own home if I hadn't gone.

As seen in the above narrative, for both return migrants and wives economic success consisted primarily in the achievement of building a house. Rarely were other definitions of economic success mentioned such as sending one's children to school, learning new career skills, starting a business, etc. The perception was that constructing a home in Mexico would secure the family's future. This focus in building and owning a house of one's own reflects a desire for independence. Especially for younger generations who still live with other family members, this goal was indicative of an emergent value placed on living independently. While it was evident that owning one's own house was a goal across the entire community (not just for migrants), migrants were those individuals who were motivated to achieve this goal quicker. In this community there was a lack of access to mortgage loan programs and therefore to own a house, the expense of constructing the house must be paid for as the house is being constructed. Focus group participants stated that by migrating to the U.S. you could build a house in as few as 3

years, however by staying and working in Mexico, it would take at least 10 years to achieve the same goal of building a house. Additionally, they noted that migrants to the U.S. could afford to build nicer, bigger homes. Individuals who remained in Mexico could only afford basic homes and often moved into those homes before they had appliances, running water, or sanitary services. This suggests that building a home may also be desirable because it is an outward expression of success. In such tight-knit communities where everyone knows each other, building one's own home may be a way of showing the community that you are successful.

The parents of migrants also mentioned economic benefits, but not all members of the discussions experienced economic benefits, only some. For the migrants and wives, experiencing economic benefits was much more consistent. However, the parent groups had an interesting perception of the economic implications. Generally, for parents it was very often expressed that they were not expecting any economic gain from their child's migration. The following conversation among a group of fathers demonstrates this viewpoint:

Jorge – We can't ask him to send us money. We've never obligated him to send us anything. He has so many expenses in the U.S. Everything is so expensive there. We make it by just fine without his help.

Ronaldo – I told [my son] that he didn't need to worry about us, that we would take care of ourselves. If you go over there (to the U.S.) it's so that you can make something of yourself; it's not so you can help your parents out. I'd go [to the U.S.] myself if need be; it would be wrong to make him help us out.

Ignacio – My sons send me money, but I don't like it. They know I'm sick and can't work so they send me money, but they really shouldn't.

Eduardo- I feel the same way. I mean, they have their family over there and they barely have enough for the kids. When they send me money I feel badly.

Ignacio – And then everything changes. Between parent and child, when they try to help us out economically it just feels wrong.

Eduardo – We don't have any expectations. I'd just prefer that they spend their money on themselves and their kids.

It appeared to be very important for parents to have it be understood that they did not ask their child for anything, as if the parents feared that any economic benefits would be perceived negatively. This is a very interesting juxtaposition to the perspective of the return migrants. The majority of unmarried migrants reported that one of their primary motivations for going to the U.S. was to be able to financially help their parents.

It was interesting to note that as seen in these conversations, economic benefits were not discussed in isolation. Participants discussed economic benefits in the context of the sacrifices that were faced to achieve those economic benefits. For the majority of participants the economic benefits were seen as worthwhile despite these sacrifices. Nevertheless, for some participants the economic benefits did not outweigh the sacrifices. In addition, under the theme of economic implications, another sub-theme that emerged was economic struggles.

Economic Struggles

Similar to economic benefits, the theme of *economic struggles* was more prevalent for wives and return migrants who are more directly economically impacted by the migration than for parents. Some of the wives discussed not being able to make ends meet with the money their husbands sent. Oftentimes, these wives would have to start working themselves because their husbands could not send enough money home. This economic struggle was perceived as being a huge disappointment. As mentioned previously, economic success was seen as justifying the sacrifice of family separation. When the migrant was failing economically, there were no perceived benefits, especially

from the perspective of the wife who experienced the absence of her husband as a detriment. Return migrants discussed economic struggles in the context of unexpected expenses and unemployment in the U.S. When they experienced economic struggles, they were generally able to pay for their expenses in the U.S., but did not have any money left over to send to their family in Mexico. However, the majority stated that crossing to the U.S. (illegally) was so expensive and dangerous, that most migrants are reluctant to return home to Mexico before they had achieved at least some of their economic goals. Most of the return migrants who participated in the group felt they had achieved many of their economic goals before returning home to Mexico, indicating that it may be the case that migrants return upon achieving economic success. Economic struggles were seen more often for the wives group, likely because the migrant husbands of the wives group were still in the U.S. perhaps reluctant to return to Mexico until they had achieved at least some of their goals. The following conversation by a group of wives expresses the participants' perceptions of economic struggles:

Monica - I don't tell him that sometimes I have to borrow money because what he sends me isn't enough to get by. I don't tell him because he gets mad and tells me that he is doing the best he can. I don't want him to worry.

Silvia – It's the same for me. He doesn't send enough money anymore.

Carmen – You know, I was upset because he had gone to the U.S. to give us a better life but he wasn't achieving that. I became accustomed to a life where I didn't have to work and now he can't give that to me anymore. The money he sent me kept decreasing each time he'd send it until eventually he didn't send anything anymore. I had to go and look for work and leave my kids at home alone. But, I had to work to be able to pay for all of our expenses. It didn't matter to me that I was paid very little because I had to put food in my kids' mouths.

Silvia – He told me that he sent me everything that he could. I wouldn't ask him for more because I didn't want him to get upset and then stop calling me. He told me that his salary was only enough for him to pay his rent, and that there wasn't that much more than that to send down here. I took him at his word.

This example indicates the struggle that participants felt when there were not clear economic benefits from the migration. Though economic benefits were the central goal, economic success was not always achieved. In such cases, the sacrifices were often viewed as being in vain. Economic struggles were expressed with great disappointment and often appeared to be linked to family discord. Often when economic struggles were reported, a family rift appeared to emerge because family members who remained behind could not comprehend why their family member would not return to Mexico since in their perception the migrant was not achieving anything in the U.S. and should therefore return to be with his family.

Overall, the topic of economic implications was prevalent in the focus group discussions. It was the consensus of all participants that the primary goal of migration to the U.S. is economic improvement. Those who expressed economic benefits tended to have a more favorable overall opinion of the experience, whereas those who experienced economic struggles due to or during the migration were more likely to feel that the migration was not worthwhile or did not meet their expectations.

Communication

It was evident across all discussions that communication was key to maintaining a transnational family relationship. Often individuals reported having a very open, frequent, and healthy communication, however just as often problems in the communication were expressed. Two aspects of communication emerged as particularly interesting: *Lack of communication* and *Norm of Protection*.

Lack of Communication

Statements reflecting a *lack of communication* were seen in all groups, but were seen most frequently among the family members who stayed behind in Mexico, not the migrants themselves. Parents and wives frequently expressed a lack of communication with the return migrant. The lack of communication was generally experienced not as reflective of the relationship, but rather as reflective of the migrant's efforts in maintaining the relationship. It was usually expressed that the migrant did not call frequently enough, that calls were too short, or that conversations were superficial. The following sample statements from a conversation among a group of mothers indicate what aspects of communication they found lacking:

Maria – Sometimes he's too busy to call. He's so busy, he calls from work when things are slow. But then it's usually just a short call. He doesn't call much because he just doesn't have time.

Luisa – For us it's very little the time that we talk. Sometimes it's little or a lot – sometimes he calls just for a little bit and it just seems like so little, the calls go so fast. He says that he can't call because he has so much work.

Maria – Every time he calls I feel relieved to hear from him, but it's always too short.

Luisa – That's right.

Stella – I wish I could call and talk to him, but it's too expensive. I just have to wait for him to call. He always says he's okay, but I worry. And just wait.

Luisa – The waiting is hard.

Leona – It's helped me that I've been able to go to the U.S. to visit them. Since I have a visa to the U.S. I can go and visit them and it helps me to not be so worried.

Stella – That's nice for you, but most people can't get visas. I wish I could go and see my son. The thing missing is to be able to see him in person.

Leona – It's so difficult to not be able to see them.

Statements such as these above expressed concern about a lack of communication. Parents reported a great deal of worry over not having the amount of communication that they felt necessary. Because their children did not call them frequently enough, they often felt there were things going on in their children's life that were not being shared, and hence were cause for worry. Parents also worried that their children were not calling

frequently because they were so overworked and simply did not have the time. In general, the lack of communication was not necessarily perceived as having a negative effect on the relationship, but rather was a major source of worry regarding the quality of life of their child. Because it is so expensive to call internationally from Mexico, phone calls were almost always initiated by the migrants in the U.S. Hence, the amount of communication was out of control of the family members who remained behind in Mexico. Additionally, it was reported that communication was often limited by the cultural norm of maintaining contact with all family members, friends, and neighbors. Oftentimes when a migrant called to Mexico, the phone would be passed around the room to multiple different people. For example, if the migrant called to talk to his mother, he would often also talk to siblings, cousins, etc. that happened to be around when he called. Parents and wives both reported that because the migrant wanted to maintain contact with all family members and friends in Mexico, phone calls were often group activities where the phone was passed around. The result was a feeling that both time and intimacy were restricted. The migrants expressed feeling a great deal of responsibility related to being in charge of the transnational communication. Having a one-sided control of communication had the potential to be a strain for relationships, especially considering the general tendency for parents and wives to maintain lines of communication in relationships even in person.

Norm of Protection

Another aspect of communication that was a common thread across groups was a *norm of protection*. A norm of protection refers to people's propensity to withhold sharing information that they feel might cause worry or concern in order to protect the

other person. It appears that the norm of protection is more common in parent-child interactions. Parents of migrants were the most likely to express a norm of protection in their communication. In the case of return migrants, very often this theme was expressed by men who were not yet married, and whose primary relationship tie in Mexico was with their parents. Wives rarely expressed a norm of protection in their communication as they reported that it would not be consistent with the type of trust that characterized their spousal relationships. The following sample conversation among mothers provides an example of this norm of protection:

Conversation among mothers:

Luisa – I try not to tell my son when I'm sick. I just don't want him to worry, you know? He probably does the same.

Stella – Right. I don't tell him when I'm sick because I don't want to worry him. Even when I'm so sick that I can't get out of bed, I tell him that I am just fine. I don't want him to worry. For everything else, I don't have anything to hide.

Leona – Uh huh. Nodding in agreement.

Moderator – Anything else?

Maria – I don't tell my son when his dad gets drunk. I don't tell him that his dad still drinks a lot because my son would worry. I don't want him to worry. But everything else I tell him. I don't like to keep secrets.

Stella – You know, you can't tell your kids everything. Every once in awhile we mothers behave badly too! They don't have to know everything.

Rest of group – laughter

For parents the norm of protection was mostly often related to illnesses; the parent did not want their child to worry when they became ill. Wives and return migrants expressed a similar norm of protection to this sample conversation, but not as frequently as parents. A common norm of protection that emerged among the return migrant group was that of migrating to the U.S. without warning family members for fear they would worry. The following statement from a return migrant demonstrates this type of protection:

Manuel – I didn't tell my mother or father when I decided to leave [for the U.S.] because I knew they wouldn't let me go. I called them by phone 20 days later when I had arrived in the U.S. My wife didn't know either, I didn't want her to worry. I did it to improve our life and to get the opportunity to get to see the U.S.

This protection norm of migrating to the U.S. without first informing family members of the decision was expressed in all groups. It was not the typical situation, but it was common for parents, wives, and return migrants to report its occurrence. It was often expressed by the migrant that he felt he wouldn't have the courage to migrate if he felt opposed by his family members. However, the family members that remained in Mexico reported it as being a devastating experience to not get the opportunity to say goodbye.

Overall, there is indication that familial migration causes some strain in the communication between family members. When solid communication is not present in the relationship before migration, it appears that the migration experience may only tax the communication more. A few participants reported that the distance actually helped them to improve their communication. Another group of people reported that their communication remained unchanged despite the migration. However, the discussion in the focus groups suggested that transnationalism also has the potential to strain communication in the relationship. Because migrants and their family members can no longer interact in person, phone communication becomes the sole vehicle of maintaining the relationship. Limited communication has the potential to distance the relationship partners, possibly even creating negative feelings. For example, the family member in Mexico may experience feelings of rejection, as if the migrant no longer wished to maintain the relationship; whereas the migrant may feel that the family member in

Mexico is becoming too demanding. The incomplete communication due to the norm of protection also has the potential to create strain in the relationship. For example, in a group discussion of return migrants, one participant reported feelings of anger and betrayal when he learned that his mother had cancer from a neighbor instead of from his mother or another close family member. It is possible that this norm of protection can be perceived as lack of trust in the relationship and have a negative impact.

Impact on family relationship

Across the groups two very divergent positions emerged regarding the impact of the migration on the family unit: *family unity* and *family disintegration*.

Increase in Family Unity

Some participants reported that the familial migration experience actually strengthened the family, reporting that it increased *family unity*. An increase in family unity was reported by all relationship categories, but to varying degrees. Return migrants and wives reported an increase in family unity the most often. This increased unity was generally reported in regards to the spousal relationship, but was also reflective of unity with the entire family. The following conversation among return migrants indicates how the participants found the family to be more united:

Moderator – Did you feel this experience changed your family?

Edgar – Definitely. We have more communication now. It's like it helped us to...

David – Helps to be more united.

Edgar – Right.

David – You learn to value your family more. You live a little better [in the U.S.] but you miss them so much. The experience helps you learn to live together and communicate better.

Edgar – It unites the family and teaches you to value each other more.

Sergio – I never want to leave them again.

Other participants – Nodding in agreement.

Family Disintegration

On the opposite end of the spectrum, some participants reported that the experience of familial migration had caused fractures in their families. Once again, *family disintegration* was discussed most frequently with regards to the spousal relationship. Wives and return migrants sometimes reported family disintegration or rupture. The majority of the wives and return migrants reporting family disintegration were referring to a break-up or strain to the marital bond. The following conversation among wives demonstrates perspectives expressed on family disintegration:

Monica – In the beginning he thought about us and called a lot, but now he’s forgotten us. I would have preferred to live how we lived before instead of having to live alone for all of these years. I feel that my children have lost so many years of their father’s love. I asked them if they want their dad to come home and they told me that they don’t want him back anymore.

Carmen – Well, since last year I don’t have any communication with him. Not even my brothers-in-law know where he is. I’m not sure what happened. He never gave me any reasons, he just distanced himself.

Silvia – My husband too. I really don’t have any hopes that he will return because now he doesn’t call and I guess that means he doesn’t want anything to do with me. Sometimes I dream he will return, but it’s best not to deceive myself. I think he no longer wants anything to do with me.

Carmen – It’s too hard to keep hoping; you’re better off just moving on.

Monica – I really just want my kids to be able to know their father. They need their father <begins crying>.

Carmen – It’s devastating.

It is not surprising that familial separation has an impact on the family relationship, but it is interesting to note that there is a divergent impact. Family disintegration was reported slightly more than an increase in family unity. However, it is important to note that the majority of participants reported no change in the family relationship and that they remained united just as they did before the migration. Increases in family unity were oftentimes reported by individuals who had a distanced relationship before the move. In these cases it appeared that no longer being able to interact in person

with their family members helped them learn to value and appreciate them more. Cases of family disintegration were also often relationships that were distanced or strained before the migration. However, instead of benefitting from the perspective provided by the distance, these relationships experienced increase strain. In considering these results, it is particularly important to note that 36% of the wives in the sample indicated that their relationship was at or nearing an end. Though we do not know further details about the state of these relationships pre-migration, it appears that the stress of an extended separation due to migration may have a strong potential to destroy the marital relationship. Return migrants and wives of migrants more often reported either positive or negative changes in the family, whereas parents of migrants generally expressed no change in their family relationship. These findings make it clear that familial separation due to migration has the potential to greatly affect family relationships for better or for worse; however, it is also evident that in the majority of cases the family separation does not have a major effect on family unity.

Adaptation

One of the key issues that was discussed across groups was how both migrants and their families adapt to and cope with the experience of familial migration. At times participants reported different strategies for adaptation, but overwhelmingly they discussed concerns related to adaptation. Two sub-themes of adaptation that emerged as particularly interesting were: *Emotional Toll* and *Changes in the Migrant*.

Emotional Toll

When each of the groups discussed how they coped with the separation due to migration it was evident that there was an emotional toll for those involved. Not only

was this emotional toll evident in direct statements (e.g. “I feel sad.”), but it was also indirectly expressed through indicators of emotions such as crying. Of the ten focus groups held, at least one focus group member cried tears of sadness in 9 of the 10 groups. It was evident that the family separation caused by migration was a very emotional issue for all participants. The overwhelming consensus was that this separation had a negative emotional toll. Despite this consistent emotional toll across groups, there were some differences in the types of emotions expressed.

Wives were more likely to express feelings of sadness, loneliness, and anger. The following statements from wives Monica and Lola demonstrate the expression of some of these emotions.

Monica – My feelings are contrary because sometimes I feel so sad and then other times I feel angry. I get angry because I feel like he is living a better life in the U.S. while I’m left behind here taking care of our girls. It’s such a huge responsibility, and it should be shared by the two of us. But then the rest of the time I just feel sad. I am all alone and I don’t have anyone to talk to. It’s sad being so lonely.

Lola - <Crying> It’s an enormous sadness that I feel since my husband left. I miss him so much. Being here alone I am lonely all the time.

On the other hand, parents were most likely to express feelings of sadness and worry. Parents overall concerns were generally not for themselves, but rather worry about how their migrant children were adapting and coping. The following statement from a father named Esteban exemplifies the emotions expressed by parents of migrants:

Esteban – We are often very sad. We aren’t happy even though we know [our kids] are okay. It’s not just about knowing they are alright, it’s about missing them so much. All of us suffer. Them because of the difficult life they lead in the U.S., and us because of the overwhelming worry we have.

Like the wives, return migrants also expressed feelings of loneliness. Moreover, they also expressed struggles with feelings of homesickness. The following statement from return migrant Antonio reflects some of the emotions expressed by return migrants:

Antonio – You learn to live with the loneliness. Whenever I would feel sad, I would call my family and tell them I wanted to come home. The first few years were the most difficult, but they always reminded me that I was in the U.S. with a goal and I had to control my emotions. You feel so much pressure and sadness. I guess it depends on where you live [in the U.S.] – whether you live with Latinos or with Americans. With Americans, I just felt more homesick for Mexico. It's so difficult. I missed everything. I would get so sad and homesick, but I just had to hold on and be strong.

Throughout the discussions, negative emotions were expressed much more often than positive emotions suggesting that the experience of familial out-migration evokes primarily negative emotions. These negative emotions may indicate that migration has a negative impact on well-being for individuals affected. For wives of migrants in particular, it is evident that the experience of having a husband migrate to the U.S. induces many negative emotions.

This emotional toll reflects the difficulty that affected individuals have in adapting to the situation of family migration. Though in most cases participants indicated that the benefits of familial separation due to migration outweigh the sacrifices, it is evident that coping with the separation is difficult. In general, the focus group discussions had a very sad tone. Even when encouraged to discuss positive emotions and experiences, focus group respondents quickly returned to topics of emotional strain. It was evident that negative feelings about the experience were prevalent and that families really struggled to cope with being separated because of migration.

Changes in the Migrant

Another theme that appeared repeatedly across the groups was discussion of changes in the migrant. For the most part, the changes mentioned were positive and indicated positive adaptation to his or her new life. Reports, both by the return migrants and their family members, indicated that changes in the migrant were generally reflective of their adaptations to the migration experience. During their experience as a migrant, migrants tended to become more responsible and mature. Oftentimes when they migrated, the migrant had lived a life where his mother or wife took care of his every need (laundry, food, etc.). However, in the U.S. the migrants learned to take care of themselves. Not only were there changes in the migrants' sense of responsibility, but there were also reports of changes in values. That is, they learned to value the work that their wives or mothers do for them more. The following conversation among fathers demonstrates the kinds of changes that participants referred to:

Jorge – I worry a lot, but what can I do? [My son] has probably changed because of all of the suffering over there. I really do think he has changed because they suffer so much.

Ronaldo – But I think the change doesn't have to be bad. I mean, they become more responsible too. It's different over there they have to do so much for themselves and learn new things. It is really hard because they have to do everything for themselves, and work and do all of the housework. But my son seems to be more responsible now.

Mateo – And that's a good thing.

Ignacio – My son's personality has changed. He used to be very demanding with his wife. This experience has changed that though. The last time he came back home he would help her around the house. He became a lot more responsible and learned to value her more.

Ronaldo – See. It's good that they learn to take care of themselves.

Others - Nodding and expressions of agreement.

Eduardo – And not just being more responsible, they also learn to value family more. My son values his mother a lot more. Now he's not completely dependent on her, so that's a good thing.

Overall, the reports of changes in the migrant were reflections of maturation, not personality changes. For the most part the reports across groups were similar to the above conversation, in reporting that the migrant learned to be more responsible and take care of themselves out of necessity. In general, this increased responsibility was reported as a good thing; however, some mothers were worried that the increased responsibility would be too stressful for their sons. The increased responsibility reflected adaptation to American customs. Other statements of adaptation to American culture also emerged and were a source of both worry and approval. Some family members thought that the migrants would adapt the positive aspects of American culture (such as productivity), yet maintain all aspects of Mexican culture. They felt that once the migrants return to Mexico they would be more successful because what they had learned from American culture. Other parents and wives reported worry that migrants were adapting to American culture and therefore no longer happy with Mexican culture. There were reports of migrants not adapting to Mexican culture upon return, feeling that things were better in the U.S., and therefore deciding to return to the U.S. to live permanently. Overall, statements of changes in the migrant emerged as both a cause for concern and a source of pride.

Group Specific themes

In addition to the global themes just presented, there were four prevalent themes that were group-specific. These themes emerged across the groups, however these themes were much more prevalent for specific groups. For the wives groups, the themes of *increased responsibility, struggles with/concerns for children, and negative perceptions from the community* emerged. For the parent groups, the theme of *coping through faith* emerged.

Wives

Increased Responsibility

Overwhelmingly, wives reported increased responsibilities since their husbands had migrated to the U.S. A common theme that was heard in all 3 wives groups was that of having to be mother and father at the same time. Because 100% of the wives in the sample had children, many of their increased responsibilities were related to raising their children and ‘single motherhood’. The following sample conversation among wives represents some of the increased responsibilities reported:

Moderator – Do you feel your responsibilities have increased since your husband left?

All – Yes.

Monica – It’s having to be mother and father at the same time. He used to make all of the decisions. When the girls would get sick, he would tell me where to take them to the doctor. With him gone, I have to do all that. I’ve even had problems with our land and all of it I had to resolve myself. These kinds of problems are very difficult for a woman to resolve.

Silvia – Me too. I’ve had to solve all of the problems myself too. I have to keep my kids under control all by myself. I even went to fix all of the documentation for our new house. I had to do it. Who else would do it?

Monica – Because he’s not here.

Rosa – I agree. Everything changed since he left. I have to keep track of everything my kids do. I need to take over the role of a man and I have to be in charge. It’s such a big responsibility.

Rest of group – nodding and murmurs of agreement.

Because gender roles in Mexico dictate duties and responsibilities that pertain to men and women, women often were shocked by the changes in their lives and what was required of them when their husbands left. Reports of increased responsibilities reflected the necessity to take over responsibilities and duties that are culturally considered to be ‘man’s work’. Increased responsibilities were most frequently related to household responsibilities, budgeting expenses, and reprimanding children. Wives frequently reported feeling like a single mother and needing to take on the role of both mother and

father. The primary concern for the wives was not their own well-being, but was for the well-being of their children.

Worries about/struggles with children

A related theme that occurred primarily for wives of migrants was worries about and/or struggles with their children. In the discussions with the wives, the central theme that the discussion revolved around was the children. Concerns about the children were mentioned very often by the wives groups, and oftentimes monopolized the conversations. The following sample conversation indicates some of the worries and struggles that were expressed:

Elvia – My daughter is four-years-old and she was a daddy’s girl. This has been really hard for her because all of the other kids tell her that she doesn’t have a dad anymore. I don’t know how to explain to her that her dad is in the U.S. and that he is going to return eventually.

Sara - For me too, my biggest concern has been my children. I had problems with my oldest daughter because she drank poison to try to kill herself because she said she missed her father so much. This was very hard for me. My daughter tells me that she just wants her dad to come home. What can I do?

Moderator – So, you feel this situation has been the hardest on your children?

Elvia – Yes.

Sara – Definitely.

Juana – Actually, in my case, no. Our situation is different because my family feels more united. When my husband was in Mexico he worked as a bus driver and he was almost never at home, he really didn’t pay much attention to our children. My kids didn’t feel like they had a father. But now, he calls them every week and pays more attention to them. They are happier with their dad now.

Lola – Not for me. I just wish he would come back home to us. He was the only support for my kids. He helped them with all of their school work. Now my daughter always asks for help with her homework but I can’t help her. This has made things so difficult and my kids are doing worse in school without him here.

Though many of the parents of migrants had grandchildren separated from their fathers and many of the return migrants had children who remained in Mexico when the

migrant left, it was uncommon for the parents and return migrants to express concerns about the children. In the groups of return migrants, children were mentioned much less often, likely because only 65% of the return migrants left wives and children behind when they migrated to the U.S. These conversations may have focused on other topics that were common themes among all group members. In the groups of parents of migrants, the children of migrants (their grandchildren) were rarely mentioned. For the wives these concerns are foremost in their minds, because it is their daily reality and because their responsibility greatly increased when their husbands migrated. The increased responsibility was evidently a strain on the wives and appeared to affect their well-being. Parents of migrants expressed great worry about their migrant children and the worry was the primary challenge they experienced; however, the wives in addition to emotional concerns their increased responsibilities and childrearing duties created a much greater burden.

Negative perception from the community

When perceptions within the community were mentioned, most of the responses from parents of migrants and return migrants reflected a neutral or negative perception within the community. For wives of migrants, however, criticism and gossip by neighbors and family members was often reported. Though it was common for participants in all groups to report gossip related to economic success, the wives of migrants were additionally subjected to personal character attacks. The following conversation among wives indicates some of the criticism that participants reported:

Moderator – Do you feel you are perceived differently within the community?

Elvia – Yes, people don't like to see me go out by myself. Basically, I just stay to myself.

Lola – Nodding her head. Yes, people here are so gossipy.

Sara – I don't really feel like anything has changed. People here have always gossiped. That's nothing new.

Juana – Well, I've had to distance myself because of the gossip. Mostly, gossip saying that I go out and cheat with other men. They look at me as if I am a bad person because they think that because I'm separated from my husband I think I'm better than them. Or, they think that he sends me a lot of money, but he doesn't. Sometimes they don't know how our husbands suffer to try to make a better life for us. They judge us constantly. Now, I just shut myself up at home to avoid the gossip, and now they say I am stuck-up. I can't win.

Lola – Yeah, people talk about us, but my story is a little different. People ask why if my husband has been in the U.S. for so long, my house has stayed the same. They ask me why we don't fix up our house. They say that he must not be a hard worker and doesn't know how to help his family get ahead in life. I don't care about any of that <cries>, I just want my husband home. I even worked for awhile so he could come home sooner, but people began to gossip even more, so I had to stop working.

Most of the time the community was reported to be either accepting and supportive or neutral about the situation of familial migration, however for wives in particular, the community was often perceived as being a negative factor. They commonly reported vigilance among the community, with neighbors reporting their behaviors back to their spouse or to their mothers-in-law. For wives of migrants, the community was perceived as oppressive and adding an extra burden. Moreover, they reported that their social relations were greatly affected due to this gossip-ridden environment.

Parents

Coping through Faith

Within the parent groups a theme that arose was the tendency to rely on religious faith to help cope with worries or the unknown. Participants were not directly asked about religion, but parents of migrants mentioned their faith frequently, often in response to topics that worried them or that they felt were out of their control. It appears there may

be a generational difference in religiosity. Additionally it is possible that this refuge in faith is due to the parents not having any control over the situation. Parents of migrants frequently expressed that the decisions were not theirs to make and that they could not control or pressure their children. Wives on the other hand for the most part felt that they were involved in making the decisions and had a say over what their husbands did. The following conversation among mothers represents the types of statements made regarding the theme faith:

Elena – When I'm worried, I sit down and pray and every night before I go to sleep I pray to the Virgin [Mary] that she watch over and protect him.

Sonia – What other option do we have?

Other participants – Nodding in agreement.

Diana – It's important to keep the faith. All I do is pray and ask the Virgin [Mary] to take care of [my children].

Sonia – I ask the Virgin [Mary] to take care of my son. There's nothing else I can do because he's so far away.

Parents relied on their faith as a way to cope. For parents, their children had been living in the U.S. an average of 10.2 years, more than twice as long as the return migrants (4.7 years) or migrant husbands of the wives (4.5 years) (Refer to table 3.11). For many of the parents, so much time has passed since their children left that they now fully realize that the situation is out of their control. Because of this, they may be more likely to rely on a higher power to cope.

Summary of focus group themes

The findings from the focus group discussions reflect four global themes: *economic implications, communication, family implications, and adaptation*; and four group-specific themes: *increased responsibility, struggles with/concerns for children, negative perceptions from the community, and coping through faith*. These themes suggest the underlying effect of migration on relationship quality between family

members separated by migration and on the well-being of migrants and their families who remain behind in Mexico.

Bridging the Quantitative and Qualitative Results

The mixed methods design of this study was employed in order to address distinct research questions from different perspectives. Additionally, the purpose was to integrate these diverse and complementary findings to better inform the understanding of the effects of emigration. After reviewing the results from both the quantitative and qualitative methods, findings appeared to be inconsistent. In the survey data, in comparing the family members of migrants to the general population, there were no noteworthy differences in network characteristics (except logically expected differences in frequency of contact, geographic proximity, and migrant makeup of network), social support quality, or well-being. Interpretations of the focus group data, however, suggested that family members of migrants may have unique social networks and social support, and that their well-being is likely affected by the migration experience. On the surface, these findings seem to be contradictory, with the survey data suggesting the family migration experience has little effect on social relations and well-being and the focus group data suggesting the opposite effect.

In considering this seemingly contradictory finding, there were two issues that emerged suggesting the need for follow-up analysis. First, there was an apparent difference in socioeconomic status between the family members of migrants in the two samples that likely has implications for comparisons of the two samples. Second, the relationship types of migrant family members varied between the survey sample and

focus group participants. Both of these issues warranted further analysis in order to understand how the findings are connected.

Education level differences between the survey and focus group samples

Because the survey was a representative sample, the family members of migrants were sampled from a variety of different socioeconomic levels. The goal of the survey was to have a sample that would be representative of the general population in (Toluca) Mexico. Because emigration is currently so common in Mexico, this sample would include family members of migrants who would represent a variety of different socioeconomic statuses, and therefore, types of migration. The focus groups, on the other hand, were conducted in a community composed of primarily low socioeconomic status residents. The goal of the focus group design was to capture the experiences of families when the emigration to the U.S. is unauthorized. The study was specifically designed to examine the effect of unauthorized emigration on social relations and well-being because these families are separated for longer and undetermined periods of time.

In follow-up analyses, differences between the survey and focus group participants in age and education level were addressed. For the survey data, the examination of the distribution of the family members of migrants by age and education level indicated that the survey had a large number of highly educated younger adults (See Table 4.33). In contrast, the distribution of age and education level of the focus group participants indicated that there were very few young adult participants and none of them were highly educated (See Table 4.34). This difference indicates that the samples of the two studies were distinctly different, both by age and education level.

Because 55% of Mexican migrants in the U.S. are unauthorized (Pew Hispanic Center), it is a given that the remaining 45% of Mexican migrants are legally present in the U.S., and more than likely, of a higher socioeconomic status than the undocumented migrants. In the focus group sample an estimated 95% or more of participants had family members present illegally in the U.S. Because the survey is representative of the general population, it is likely that only approximately half of the family members of migrants in the survey had unauthorized migrant family members. While undocumented migrants to the U.S. are not the poorest or least educated, they are generally of a lower socioeconomic status than those individuals who have the financial resources to secure a visa to the U.S. Higher educational attainment, as seen in the survey sample, likely indicates legal emigration, which suggests a very different migratory experience for both the migrant and the family members who remain behind in Mexico. The participants in the focus groups, family members of unauthorized migrants, are likely more at-risk for numerous reasons including lower incomes and education levels.

In order to flesh out the effect of education level and age on the migratory experience and well-being, calculations of a social gradient for self-rated health were conducted. The social gradient suggested that for those who have never attended school, those with an elementary level education, and those with a university level education, having migrant family members is beneficial for health (See Table 4.35). However, for individuals with a middle or high school education, those without migrant family members were more likely to rate their health as good or excellent than individuals with migrant family members. This indicates that individuals with very low education benefit from having family members in the U.S., whereas those with a moderate education do

not. Those with a low education level may be benefitting from substantial income via remittances from the U.S.; however, those with a moderate education and no migrant family members may have more earning potential in Mexico and less worry due to migrant family members, interacting to create greater health ratings. Those with a university education likely benefit for different reasons than the individuals with low education levels, such as exposure to health promotion and disease prevention resources in the U.S.

Relationship types of migrant family members

In the survey, respondents reported whether they had an immediate family member currently living in the U.S. Because the term “immediate family member” was left up to the interpretation of the respondent, the family members of migrants in the survey can include a variety of different relationship types. The participants in the focus groups, however, reported only on very close relationships. The focus group participants were either parents of migrants, wives of migrants, or return migrants (reporting on their parents or wives). This difference in relationship types likely reflects inconsistency between the migrant family members in the survey and the focus groups.

In order to directly link the family members of migrants in the survey to the focus group participants, follow-up analyses were conducted with just parents of migrants (N=40) and return migrants (N=44) in the survey. Analysis of wives of migrants was not possible due to a small N (N=4). For parents of migrants and return migrants, mean differences were calculated for demographic variables, social network characteristics, social support quality, and well-being. Both the parents of migrants and return migrants

were compared to matched samples drawn from the dataset. The sample was randomly selected, but matched for age and gender.

Results of the mean differences calculated for parents of migrants indicated that there were not very many noteworthy significant differences between parents of migrants and parents of non-migrants. There were no significant income or education differences (See Table 4.36). There no significant differences in network size or frequency of contact however, the parents of migrants has less frequent contact and less geographic proximity to their social networks (See Table 4.37). Additionally, parents of migrants had significantly more males and migrants in their social network. The average proportion of migrants in the network was 27%, indicating that it is likely the case that many parents have one or more child living in the U.S. This is consistent with the findings from the focus group discussion that suggested that many parents had multiple children in the U.S. Emigration tends to ‘run in families’ because once one family member in settled in the U.S., they can more easily lend another family member a hand in the process of emigration and resettlement.

Results for mean differences in social support quality indicated that there were no differences between parents of migrants and parents of non-migrants (See Table 4.38). Furthermore, there were no differences in well-being between parents of migrants and parents of non-migrants (See Table 4.39). Overall, these follow-up analyses suggest that for parents of migrants there are few tangible effects of their familial migration experience on their social relations or well-being. This is not entirely surprising when compared to the findings of the focus group discussion with parents. While the parents in the focus groups experienced a great deal of worry and missed their migrant children

greatly, they often had many children who had remained in Mexico and many other sources of social support. While the migration of their child was a source of sadness, the parents seemed to be managing to cope, particularly through faith, and because of this the situation may not have an effect on their well-being.

The analyses of mean differences between *return migrants* and a matched subsample of never-migrants also suggested some interesting connections between the survey and the focus groups. There were no significant differences in income or education (See Table 4.40). Though non-significant, this finding is interesting because it demonstrates the short-term effect of the migration. The migrants likely earned significantly more during their time living in the U.S., however, upon arrival back to Mexico their earning power was the same as their peers. Many of these migrants may have achieved the goal of building their homes, but their migration did not secure them any sort of future economic benefit. Many of the return migrants in the focus groups mentioned their difficulty in readjusting to wages in Mexico. This lack of change in income may have an effect on their ability to adapt.

When examining social network characteristics, there were no mean differences in network size, frequency of contact, geographic proximity, or gender makeup of network (See Table 4.41). It was interesting to note however, that there was a nearly significant trend indicating that return migrants had a lower proportion of family in their social networks. This finding may indicate their adaptation to American cultural norms as suggested in the focus group discussion. Return migrants may place less value on family relationships due to their experiences as a migrant. Additionally, there was a significant difference in the migrant makeup of the social network, with return migrants reporting

more migrants in their social networks. On average, 15% of a return migrants' social network were migrants. This indicates that return migrants maintain many of their relationships in the U.S. even after returning back to Mexico. These relationships with migrants have interesting implications with regards to the finding in the focus group discussions that the majority of return migrants desired to return to the U.S. This suggests that many still have the connections and perhaps the opportunity may arise to return to the U.S.

Overall, there was only one mean difference in relationship support quality between return migrants and never-migrants (See Table 4.42). Return migrants reported more negativity with their mothers than never-migrants. This finding likely reflects the difficulty in adapting and readjusting to Mexico that was reported in the focus group discussions. After living independently in the U.S., return migrants may be overwhelmed by the cultural norms in Mexico, and specifically by the role their mothers choose to have in their lives. Because of a struggle to readapt, they may experience more negativity with their mothers than never-migrants. Finally, there were no mean differences in well-being (See Table 4.43) indicating that like parents of migrants, the migration experience does not affect the well-being of return migrants.

Overview of Results

The results presented in this chapter have addressed five distinct, yet interrelated, research questions. Results for the first research question described social relations and well-being in the general population and examined mean differences in social relations and well-being between individuals with and without migrant family members. These results highlighted Mexicans' family values (See Tables 4.44 and 4.45 for an overview).

Research question 2 examined the effect of social network characteristics on well-being. Findings indicated that network characteristics were mostly predictive of physical well-being and suggested numerous age, gender, and migration effects (See Table 4.45).

Research question 3 examined the effect of social support quality on well-being. Findings indicated that social support quality only predicted psychological well-being and suggested both age and gender effects (See Table 4.45). Only family members of

migrants were examined for research question 4. Findings indicated that for individuals with migrant family members, more frequent phone calls predicted fewer depressive symptoms and having a family member born in the U.S. that the respondent had never met was related to lower self-rated health (See Table 4.45). Finally, research question 5 examined familial migration from a qualitative perspective. The major themes and a summary of the major concepts pertaining to each theme are presented in Table 4.46.

Chapter V: Discussion

In this chapter, the results of this study will be considered within the context of the previously reviewed literature and theory. First, each research question will be reviewed and interpreted in conjunction with the observed findings. Next, implications will be discussed, followed by limitations and future research directions. Finally, overall concluding thoughts will be provided.

The guiding theoretical model for this study is the Convoy Model of Social Relations. The findings of this study highlighted the major facets of the Convoy Model, all within the unique Mexican cultural context. In addition to providing descriptions of social relations and well-being, the first research question specifically addressed personal and situational characteristics and their relationship to both social relations and well-being. The personal characteristics of age, gender, and educational level were found to be predictive of both social relations and well-being. This finding demonstrated the two-fold effect of personal characteristics on social relations and well-being. The effect of the situational characteristic migratory experience was examined by comparing differences in personal characteristics, social relations, and well-being between family members of migrants and non-migrants. Findings demonstrated that situational factors are related to social relations and well-being; however, due to the potential bi-directionality of this relationship as demonstrated in the conceptual model (See Figure 2.1), it is impossible to discern the direction of the effect in a cross-sectional study such as this one.

Research Question 1: Description of social relations and well-being

Characteristics of social networks

It was hypothesized that network size in Mexico would be larger than what is typically reported in the U.S. due to the inclusion of extended family members and fictive kin. This hypothesis was not supported. The average network size was found to be smaller than expected, and was in fact smaller than average network sizes reported in samples in the U.S. (Antonucci & Akiyama, 1987). This finding suggests that though in Mexican culture individuals often live in close proximity with and share time with large extended families, it may be the case that only a few of these family members provide essential social support. The hypothesis was based on the expectation that because Mexicans live in more dense neighborhoods often having frequent contact with immediate, extended and fictive family members, that they would list more people in their social networks. However, it appears that though Mexicans may have frequent contact with more people, they do not count on those people as providing essential social support. That is to say, just because families are large, does not mean social networks are also large. Consistent with work in the U.S., older adults, females, and individuals with higher education all had larger networks (see Antonucci, 2001 for overview). In Mexico, it appears that the larger network size for older adults is related to increasing family size with age reflecting a likely generational difference. Older adults may experience more support from family members and also due to their generational status (grandparent or great-grandparent) have more family members to count on. Females are likely to have larger networks perhaps due to their tendency to incorporate more extended family in their network. This may be reflective of a divide in gender roles, where men typically

work outside of the home and many women are homemakers with an important role as kinkeeper for the family. Individuals with higher education have larger networks because they are likely to incorporate more friends than individuals with lower education levels. This difference in the inclusion of friends is very likely related to opportunities provided by educational experiences as for example, attending high school or college provides the opportunity for bonding with friends that individuals who never attended school or only attended primary school might never have experienced. This finding is consistent with work in the U.S. which suggests that more education yields larger and more diverse social networks, which allow individuals to be more selective in relying on kin (Antonucci 2001).

As was hypothesized, Mexicans have very frequent contact with their network members. Interestingly, younger adults and males have a higher mean frequency of contact with their network members. This is likely due to the smaller network sizes of younger adults and males. It appears that younger adults and males are more likely to count on a smaller network of people that they are frequently in contact with for support.

The mean geographic proximity with network members was lower than expected. On average, fewer than half of the social network members live less than an hour's distance by car. This suggests a divergence from the traditional cultural value of families living in the same home or on neighboring land. Mexican families may be experiencing geographic spread. Moreover, there is an age effect for this finding, with older adults living in closer proximity to their network members. This generational difference likely has to do with the maintenance of traditional values and perhaps reluctance on the part of older generations to maintain social ties via phone or internet.

It was hypothesized that social networks in Mexico would consist of primarily immediate and extended family members, with few friends listed. This hypothesis was supported as social networks consisted of a very high proportion of family members, higher than what is seen in U.S. samples (Antonucci & Akiyama, 1996). These findings suggest that the typical social network in Mexico can be described as being a small network consisting of primarily family. It was interesting to note that of the 1206 participants only 369 reported having a non-relative best friend. Consistent with the work on familism in Mexico (Diaz-Guerrero, 1986; Keefe, Padilla, & Carlos, 1978), these findings confirm the expectation that Mexicans rely mostly on family members for support. As predicted, there were generational differences in the family makeup of network with older adults reporting more family members in their networks. This age difference likely reflects changes in traditional family values, with younger generations beginning to rely more on non-family friends as sources of social support, although across age groups the Mexican social support network remains overwhelmingly composed of family members.

On average, social networks were composed of slightly more men than women. This is in contrast to the U.S. where social networks are composed of more women than men (Ajrouch, Blandon, & Antonucci, 2005). In Mexico women are more likely to have more men in their network, whereas men are more likely to have more women. For women, this finding may reflect values related to the economic situation, that is, because men are more likely to work and earn more money, they may be perceived as providing more social support. However, because men tend to have smaller networks, it is possible

that they are more likely to have a small network where their wife and mother are central features, hence men rely more on women in their networks.

The migrant makeup of the network was the mean percent of social network members who were current migrants to the U.S. On average 3% of the network members were migrants. It is important to note that the majority of the sample did not have any migrants in their network; however, a small subsample of respondents did have migrants in the network. Though it was hypothesized there would be demographic differences related to the migrant makeup of the network, there were no significant demographic differences. This may be because there were too few respondents in the sample with migrants in their network for any demographic differences to appear. On the other hand, this finding may reflect the diversity of families who send migrants to the U.S., for example, some individuals migrate on student visas to attend universities in the U.S. while others migrate as undocumented migrant farm workers.

Description of social support quality

Findings indicated that across relationships there was generally high positivity and low to moderate negativity. This is consistent with previous work in the U.S. and concurred with the hypotheses (Birditt & Antonucci, 2007). For the relationship with both mother and spouse, there was high positivity and moderate negativity indicative of close relationships that are rewarding yet challenging. The relationship with father was rated as somewhat ambivalent with moderate positivity and moderate negativity. Because Mexico is a culture that practices traditional gender roles in parenting, with fathers typically in the role of breadwinner and disciplinarian and mothers in the role of caregiver, it is likely that this ambivalence with the father could be indicative of

emotionally distanced relationships. It is not surprising that the relationships with sibling, friend, and child all had high positivity and low negativity because respondents reported on the sibling, friend, or child that they counted on the most. In effect, they were reporting about a relationship that they considered supportive.

Because relationships are consistently rated as having high positivity, it was not expected that positive relationship quality would vary by demographics. However, in this sample there were significant demographic differences for positive quality with spouse. Younger adults and males reported more positivity with their spouses. This is likely indicative of generational differences. Older generations in Mexico are more likely to have married because of convenience or obligation whereas younger Mexicans are more likely to have married for love. Hence, the former may be less likely to report positivity than the latter. Similarly, because of traditional Mexican cultural values that endorse a power differential, women may be especially adept at assuring that their husbands are happy in their marriage.

As predicted, there was more variation in reports of negativity in relationships. There were no significant demographic differences in negative quality with mother or spouse, suggesting that negativity in these relationships has an equal influence across the lifespan, for both genders, and by education level. Consistent with findings in other cultures (Akiyama, Antonucci, Takahashi, & Langfahl, 2003), younger adults reported more negativity with father. This greater perceived negativity may be due to the higher likelihood that younger adults live with their fathers. Younger adults and males reported more negativity with their sibling. For younger adults, again, this may be the result of a higher likelihood of living at home and hence, still living with siblings. Males may report

more negativity with their sibling because they may feel responsible for the well-being of their siblings and thus find them burdensome. In Mexico, there is a cultural expectation that sons (particularly the eldest son) will take on the responsibility of looking after other siblings (especially females) (Valenzuela, 1999; Weisner, 1989). Younger adults and males reported more negativity with friends. This age difference is likely a generational difference with younger adults having more invested relationships with their friends. Younger adult's friendships may evoke more emotions and conflicts than the friendships of older adults. The gender difference in negativity with friends likely indicates differences in the meaning of friendship for men and women. Women may be more likely to have a best friend that serves as a confidant whereas men may be more likely to have a best friend that they engage in activities such as sports or work together. Men may not expect as much social support from their friends as women do. Finally, younger adults and less educated individuals reported more negativity with child. This may be the result of shared housing arrangements which is more likely among younger and less well-off adults who are more likely to still have their children living with them. The negativity may be due to the frequent interactions and shared living space.

Description of well-being

As predicted, depressive symptoms were relatively high. It was hypothesized that consistent with findings in the U.S. older adults, females, and less-educated individuals would report higher depressive symptoms. The latter two hypotheses were confirmed as women and individuals with less education reported more depressive symptoms. However, there were no age differences in depressive symptoms; the hypothesis that older adults would report more depressive symptoms was not supported. The lack of an

age difference in depressive symptoms may reflect the economic situation in Mexico. High rates of joblessness and poverty among younger adults are likely the cause of their high levels of depressive symptoms. Life satisfaction was somewhat high, but there were no demographic differences. Stress, on the other hand, was moderate, as expected. Women and individuals with less education reported higher stress levels, likely an indication of financial stress. It was hypothesized that older adults and males would report lower physical health. This hypothesis was partially confirmed as older adults reported lower self-rated health and higher number of health conditions. This finding is consistent with the literature suggesting a progression of disease and weakening of the immune system with increasing age. The hypothesis regarding gender, i.e. that men would report lower physical health, was not confirmed. In fact, the opposite effect was confirmed. Women rated their health lower than men and reported more diseases than males. There are multiple possible interpretations of this finding. Women may exaggerate health problems, perhaps as a result of messages learned from their grandmothers who lived through times of incurable illness and death from lack of healthcare. On the other hand, men may not report health concerns because they see disease as a sign of weakness. Individuals with lower education levels rated their health lower than individuals with more education. These findings may be indicative of a difference in health status as a result of lack of healthcare access for individuals with lower incomes.

Summary

Overall, in Mexico adults have small, primarily family oriented networks. There were many generational differences in reports of the quality of support. Oftentimes, these

generational differences appeared to be related to living at home. Unlike findings in the U.S., there were no age differences in depressive symptoms. Finally, there were indications of differences in well-being related to healthcare access.

Mean differences between individuals with and without migrant family members

There were hypothesized differences between individuals with immediate family members currently living in the U.S. and those without. Individuals with migrant family members were more likely to be older, have higher incomes, and higher level of education. This age difference is likely due to the higher likelihood that the immediate family members who migrated to the U.S. were likely to be children or siblings of the respondents. Younger adults typically had younger children who were too young to have migrated to the U.S. already. The finding that individuals with migrant family members were more likely to have higher incomes and higher level of education, may seem counterintuitive because one would expect that migrants to the U.S. come from the poorest families because they migrate (often without documentation) out of desperation. There are two possible explanations for these findings. First, because it is so expensive to migrate to the U.S. (either legally or illegally) the individuals who migrate are generally not the poorest Mexicans, but rather could be considered lower to low-middle class (Durand & Massey, 2006; Passel & Cohn, 2009 (Pew Hispanic Center)). Also, the family members of migrants are likely to benefit economically from having family in the U.S., and through remittances may have a higher income and greater opportunities to further their education.

It was hypothesized that those affected by familial migration would have smaller networks consisting primarily of family, less frequency of contact, and geographical

proximity with their networks. Those affected by familial migration were expected to have a higher proportion of migrants and a higher proportion of females in the network than those not affected by familial migration. Individuals with a migrant family member were more likely to have larger networks in contrast to the hypotheses. Though the hypothesis suggested that those affected by familial migration would have smaller networks due to the family separation and increased effort to maintain transnational ties, it appears that the opposite is true. Individuals with migrant family members appear to maintain the transnational relationships, as well as their local support system, perhaps even adopting new social network members to replace some of the in-person support functions that their migrant family member can no longer provide. As hypothesized, individuals with migrant family members reported less frequent contact and less proximity with their social network. This finding is logically due to having migrant family members living in the U.S. and hence geographically distant. In contrast to the prediction that individuals with migrant family members would have more family in the network, the results indicated that they had fewer family members in the network. Perhaps this is due to the previously mentioned need to replace some of the in-person support functions of their migrant family members. It may be the case that family members of migrants rely more on friends and neighbors to fill support roles that their migrant family members can no longer fill. Finally, as logically expected, those with family members in the U.S. had a more migrants in their social network than those without family members in the U.S.

Due to having less in-person contact, it was hypothesized that those affected by familial migration would have more neutrality in their relationships. The expectation was

that they would average less positivity and less negativity with their relationships. This hypothesis was not confirmed. There were very few mean differences in relationship quality between individuals with and without migrant family members. The two significant mean differences reported actually indicated that those with migrant family members reported greater positivity with father and with sibling. Individuals affected by family migration did not experience more neutrality in their relationships. This greater positivity with father and sibling may be the result of familial separation indicating that perhaps the family has grown more united since a family member migrated to the U.S. It might also be the case that fathers and siblings understand the difficulty their migrant child is experiencing and appreciate their motivation to increase the economic status of the family.

It was hypothesized that individuals with migrant family members would report lower psychological well-being and higher physical well-being. It was expected that psychological well-being would be negatively affected by the familial separation, but that physical well-being would benefit from increased economic resources as the result of having a migrant family member. Surprisingly, results showed no differences in well-being between individuals with and without migrant family members. This lack of differences in well-being may be due to a few factors. First, as was reported in the focus group discussions, there is a great deal of variation in how individuals are affected by familial migration. Some families feel the separation is detrimental and some feel it is beneficial for family unity. This variation in the experience may explain why there is not a distinct pattern of lower psychological well-being in family members of migrants. Second, as suggested earlier, it may be possible that the life situation of families of

migrants is initially more advantaged. Therefore, although they may be more stressed by the familial separation, the affect on psychological well-being may not be greater than the effect of poverty and other factors on individuals whose family member has not migrated. Finally, with regards to physical well-being, individuals with family members in the U.S. may not be receiving enough economic support from migrant family members in the U.S. to help improve their health. Migrants are very likely to send money when medical emergencies occur, but not as likely to send money for regular check-ups and non-emergency treatment (Goldring, 2004). It may also be the case that family members in Mexico feel that the remittances should be used for greater family benefit, such as improved housing, rather than personal needs such as health care.

Finally, it was hypothesized that there would be more neutrality or ambivalence in the quality of relationship with current migrant child as compared to non-migrant child. This hypothesis was confirmed as parents who had children in the U.S. and in Mexico reported more positivity and more negativity with the local child in Mexico. This finding confirms the expectation that due to being near and having more frequency of contact with the local child, parents would have stronger opinions or feelings about the quality of the relationship.

Summary

When comparing families of migrants to those without migrant family members, there was a lack of demographic differences reflecting the diversity in the migrants that migrate. Individuals with migrant family members expanded their networks likely as a result of the migration of their family members. There were no striking differences in support quality between those with and without migrant family members. Finally, there

were no differences in well-being, reflecting the finding from the focus groups indicating that some individuals experience family migration as being beneficial for family unity and some experience detriments.

Research Question 2: Social network characteristics predicting well-being

The second research question addressed the effect of quantity of support on well-being. According to Convoy Model, quantity of support has the potential to affect both physical and psychological well-being. The findings from this study suggest that within the context of Mexican culture, quantity of support influences only physical well-being. However, when taking into account interactions between personal and situational characteristics and quantity of social support, there were effects on both physical and psychological well-being.

Network Size

It was hypothesized that larger network size would be related to greater overall well-being. Research on populations in the U.S. has indicated that larger social networks can be beneficial for well-being indicating increased social resources in times of need (Antonucci, 2001). In this Mexican sample, social network size was not predictive of well-being. It appears that other factors besides the size of the network are more important in predicting well-being. It was hypothesized that there would be significant interactions between age and network size predicting well-being, however no significant age effects appeared. Interestingly, there was one significant interaction of network size and familial migration predicting life satisfaction. Individuals with migrant family members reported lower life satisfaction when they had a larger social network. Whereas

for those individuals not affected by familial migration, a larger network size predicted greater life satisfaction. Consistent with previous literature, individuals not affected by familial migration may experience a larger network as providing greater resources. However, individuals with migrant family members may feel extra burden associated with a larger social network. For example, they may reach out to others because of the need to fill the void of the missing family members, but because relationships tend to be reciprocal, they not only receive support but are expected to give more support. In many cases they may have increased responsibilities in the family due to having one or more family member in the U.S. For example, they may take on family responsibilities formally held by the migrant or may have more responsibilities within the family due to the financial income from the migrant family member. Hence, a larger social network may indicate that more burden falls onto their shoulders.

Frequency of contact

It was hypothesized that greater frequency of contact would be related to lower well-being. Results revealed that frequency of contact was not predictive of psychological well-being, but only physical well-being. Greater frequency of contact was significantly related to having fewer health conditions. This finding suggests that individuals with co-morbid health conditions may be limited in their mobility and therefore in their ability to engage in more frequent contact with their social networks. Age and gender effects were expected, and confirmed through the results. Older adults reported significantly more health conditions and experienced even less frequent contact with the social network than younger adults when they had more health conditions. This age difference likely indicates that health conditions for older adults may be more severe

and debilitating than health conditions that younger adults experience. Only one gender effect emerged, but it was not consistent with the hypothesis that women would show a stronger effect in that frequency of contact would be related to even lower well-being than men. The finding indicated that for women, less frequency of contact was related to lower self-rated health; whereas for men, less frequency of contact was related to higher self-rated health. This is an interesting juxtaposition indicating that women may perceive frequency of contact to be beneficial to their health. Men on the other hand, may perceive increased frequency of contact to be burdensome; or, it may be the case that men with poorer health may have social networks that reach out and even provide more care-giving.

Geographic proximity

It was hypothesized that greater mean geographic proximity would be related to lower well-being. Similar to frequency of contact, geographic proximity was only predictive of number of health conditions. In contrast to the finding for frequency of contact, greater proximity was significantly related to a higher number of health conditions. This may suggest that individuals with more health conditions are more likely to live near or with their social network members who may be integral in providing care. It was predicted that there would be age and gender effects, however only one gender effect was confirmed. The interaction was very similar to the gender effect for frequency of contact. For women, less proximity with network was related to lower self-rated health; whereas for men, less proximity with network was related to higher self-rated health. Again, women may perceive living close to their social network members as being beneficial for their health. Men on the other hand, may perceive this proximity as

being burdensome. Another possible interpretation as suggested above could be that men with poorer health are more likely to live in close proximity with social network members who may provide them care.

Family makeup

In contrast to the hypothesis that having a greater representation of family in the network would be related to greater well-being, there were no significant main effects for family makeup of network predicting well-being. There were however three significant interaction effects. It was hypothesized that there would be age and gender differences in the effect of family makeup on well-being. Both age and gender differences were confirmed. The two significant age x family makeup interactions suggested contradictory conclusions. For older adults, a greater proportion of family members in the network predicted more depressive symptoms; whereas for younger adults, a greater proportion of family members in the network predicted less depressive symptoms. The interaction for life satisfaction suggested the opposite age effect. For older adults, a smaller proportion of family members in the network predicted greater life satisfaction, whereas for younger adults, a smaller proportion of family members in the network predicted lower life satisfaction. Though depressive symptoms and life satisfaction are both indicative of psychological well-being, there are qualitative distinctions between the two variables. Older adults may experience greater depressive symptoms when they have a greater proportion of family in the network because they may not have peers with whom they share common interests. Older adults may not have anyone to confide in when their network is mostly family since they may no longer have a living spouse and most of their family are younger generations who may not understand their problems or share their

interests. This finding may suggest that younger adults are better off not having a network that is made up of mostly friends. For younger adults, a network consisting of less family and more friends may be indicative of problems within the family, which may be the actual source of the greater depressive symptoms. Life satisfaction, on the other hand, instead of indicating current psychological well-being, may be indicative of a review of satisfaction with the entire life. For older adults, a greater proportion of family in the network may be related to greater life satisfaction because it may indicate a larger and more supportive family. Older adults may feel satisfied with their lives due to their family achievements and their ability to maintain strong family ties over the years, even though they may also have depressive symptoms. For younger adults, again a greater family representation in the network is likely indicative of strong family relationships. Individuals without strong family ties are likely to feel less life satisfaction. There was also a significant gender effect for life satisfaction. For women, a greater proportion of family members in the network was associated with more health conditions, whereas for men, more family members in the network predicted fewer health conditions. Women with more health conditions may be more likely to rely on family members. Men with fewer health conditions may not feel a need to rely on a strong family network.

Gender makeup

It was hypothesized that having more females in the network would be related to greater well-being, however results revealed no significant main effects. There were significant gender by gender makeup interactions predicting health. For women, more males in the network predicted lower self-rated health and more health conditions, whereas for men, more females in the network predicted lower self-rated health and more

health conditions. This finding likely represents that caregiving and preventative health is typically provided by women. For females, this finding likely reflects that having many females in the network can help promote good physical health via encouragement to live a healthy lifestyle. On the other hand, when men have poorer physical health they are more likely to rely on women for social support, especially sick care and other forms of care-giving. Women benefit more from preventative care-giving whereas men benefit more from reactive care-giving.

Migrant makeup

Finally, it was hypothesized that more migrants in the network will be related to lower psychological wellbeing and higher physical well-being. There were no significant main effects of migrant makeup predicting well-being; however, there were significant age effects. For older adults, having migrants in the social network was related to lower depressive symptoms. This finding is likely related to the propensity of older adults to have larger families and family members who have been in the U.S. for a longer period of time. Because generations of older adults have larger families, due to generational differences in childbearing (Sedano, 2008) and more younger family members (ie grandchildren) due to increasing age, older adults may have more local social support resources. Though they have migrant family members, they may also have an abundance of family members to provide support to them in Mexico, and thus feel less of an impact from the migrant family members who are not present in Mexico. Additionally, it may be the case that older adults are more likely to have migrant children who have achieved legal immigrant status in the U.S. Because the average age of first-time migrants to the U.S. is 23.4 (Cerutti & Massey, 2006), family members of older adults are likely to have

migrated to the U.S. over 20 years ago. For those that migrated without documentation, migrating before 1986 meant that they would have been eligible for amnesty through the Immigration Reform and Control Act of 1986 that provided legal permanent residence to those migrants (Cerutti & Massey, 2006). Hence, migrant family members of older adults may have legal immigrant status in the U.S. and therefore the ability to return to Mexico frequently to visit. Younger adults on the other hand, are more likely to have had their family members migrate recently, and therefore not likely to have legal status in the U.S. (since there has been no amnesty program for undocumented immigrants since 1986). For older adults, the stability and ability to travel back and forth that legal status provides many of their migrant family members, may be beneficial for these older adults well-being. That is, they may reap financial benefits of the migration while still being able to remain in somewhat frequent in-person contact. The second significant interaction found that older adults with migrants in the network reported greater self-rated health, whereas in contrast younger adults with migrants in the network had lower self-rated health. As expected older adults with migrants in the network benefited in their physical health, likely due to the increased economic support provided by their migrant family members enabling them to seek out preventative and emergency healthcare. Younger adults with migrant family members may report lower self-rated health than other younger adults also due to economic benefits of having a migrant in the U.S. Because these younger adults may have more economic resources, they may be more likely to seek treatment for problems and receive diagnoses. It may be the case that they are more informed about their health and therefore report poorer health than young adults without migrant family members.

Summary

The findings of this study indicated unique effects of social relationship characteristics on psychological well-being for adults in Mexico. Individuals with migrant family members may be less satisfied with larger networks due to feelings of increased burden. Older adults may be more prone to depression when they have networks consisting of primarily family due to burden and a possible lack of cohort confidants, however more life satisfaction due to feelings of accomplishment when reflecting over their lives. Younger adults in Mexico were prone to depression and lower life satisfaction when they had fewer family members in their network, perhaps indicating that having more friends and less family in the network is an indicator of familial strain. Finally, familial migration to the US appears to have benefits for the mental health of older adults.

There were also unique effects of social relationship characteristics on physical well-being for adults in Mexico. For example, the frequency of contact and proximity with network members was related to physical health. However, it may be that physical health affects social relationships. The gender makeup of the network was also related to physical health likely due to gendered care-giving responsibilities. Finally, familial migration appears to be beneficial for the health of older adults. In total, social relationships and support appear to change as a result of physical health.

Research Question 3: Social support quality predicting well-being

In contrast to the second research question which addressed the effect of quantity of support on well-being, the third research question addressed the effect of quality of support on well-being. Quality of support has the potential to affect both physical and

psychological well-being. Findings suggested that quality of support has a stronger link to psychological well-being within the Mexican cultural context. The Convoy Model emphasizes the diversity of relationships in the social convoy and states that it is generally not one relationship, but multiple relationships that supply support. Findings for this research question indicated the importance of multiple relationship types for well-being, supporting the theory of a convoy that provides support.

Interpretation of main effects

It was hypothesized that negativity in relationships would be related to lower overall well-being, but positivity would not be predictive of well-being. Results of the regression analyses only partially supported this hypothesis. Both positive and negative relationship quality were related to psychological well-being to some extent, and there were no significant effects for physical well-being. To facilitate comparisons by relationship type, the findings will be discussed by well-being outcome, rather than by relationship type.

Depressive symptoms

Both positive and negative relationship quality predicted depressive symptoms across all relationship types. High positivity in relationship with mother, father, spouse, sibling, best friend, and child was related to lower depressive symptoms. High negativity in the relationship with mother, father, spouse, sibling, best friend, and child was related to higher depressive symptoms. These findings suggest that relationship quality, both positive and negative aspects, are very important for mental health. All of the relationships addressed in this study appear to have an important impact on depressive

symptomatology. However, on the other hand, because this significant main effect is present indiscriminately across relationship types, it is possible that the link between depressive symptoms and relationship quality is indicative of individuals experiencing depression perceiving their relationships in a more negative light. That is to say, individuals who experience more depressive symptoms may be more likely to perceive their relationships as having more negativity and less positivity.

Life satisfaction

Again contrary to the hypothesis, positive quality of relationships was significantly related to life satisfaction. Higher positivity with mother, spouse, sibling, and child predicted greater life satisfaction. It is interesting to note that positive quality with father and best friend were not predictive of life satisfaction. It appears that these two relationships are not as integral for life satisfaction as the others, perhaps because relationship with father is seen as somewhat ambivalent and because friendships may not be as long lasting and involved as family relationships. As predicted, higher negativity with spouse and sibling predicted lower life satisfaction. Because the spousal relationship is so pervasive in all aspects of life, it makes sense that negativity with spouse would be related to lower life satisfaction. The importance of the sibling relationship is less straightforward. In Mexico families are larger and individuals tend to have more siblings (UN Report, 2005). Respondents were asked to select the sibling that they rely on the most. Because the respondents chose their 'favorite' sibling, high negativity in the selected sibling relationship may indicate that the relationships with the other siblings are even more strained. Negativity within the sibling relationships may be indicative of lifelong negativity within the family unit, explaining the effect on life satisfaction.

Stress

Greater positive relationship quality with sibling, friend, and child was related to lower stress. Of the six relationship types, these were the three where respondents had an option to select the one they relied on the most. Most people in the sample have multiple siblings, friends, and children; in effect, those selected were their 'favorites'. If you report low positivity with your favorite sibling, friend, or child, this suggests that your other relationships may have even less positivity and may therefore cause increased stress. A second interpretation is that these relationships may help alleviate stress. This is a logical interpretation especially for the sibling and friend relationships as these persons are likely to be trusted confidants. As was hypothesized, greater negativity across all relationships predicted greater stress levels. This indicates the significance of negative relationship quality for stress. In fact, negativity in these relationships may even be the direct cause of stress.

Physical well-being

Contrary to the hypothesis, there were no significant main effects for physical health. Neither positivity nor negativity in any of the relationships significantly predicted self-rated health or number of health conditions. It is interesting to note that positive and negative quality predicted psychological well-being, but not physical well-being. This suggests that in Mexico relationship quality plays an important role for mental health, but less so for physical health. This may be because other factors are stronger influences on physical health and may more directly cause ill health, trumping any effect of social relations. For example, poor nutrition creates a susceptibility to illness that good quality of relationships may not offset.

Interpretation of interaction effects

Quality with mother

There were three significant interactions for quality of mother predicting well-being. There were age differences in the effect of positivity with mother on physical well-being. For older adults only, greater positive quality with mother was related to greater self-rated health. This finding suggests that in old age having a positive relationship with mother helps maintain health. It is possible that having a positive relationship with mother indicates that the mother is healthier herself, and that the respondent reports better health due to good genetics. For younger adults only, greater positive quality with mother was related to reporting a higher number of health conditions. One possible interpretation of this finding is that Mexican mothers are more responsive or doting when their young adult child has medical conditions. Another possibility is that mothers with high relationship quality encourage their children to seek out healthcare and hence their children are more aware of their health conditions. There was one significant gender interaction for quality with mother predicting well-being. Both men and women had more depressive symptoms when they reported greater negativity with their mother; however, the effect was greater for women. This suggests that one factor that may play into women's higher propensity towards depression is whether or not they experience negativity with their mothers. Negativity with mother has a pervasive effect on women's mental health (Fingerman, Hay, & Birditt, 2004). Women have more depressive symptoms generally and more negativity in relationships. Of course, relations with mother tend to be a bit dicey and are more likely to include both positivity and negativity.

Quality with father

Though the relationship with father was found to be generally ambivalent, there was one significant gender interaction for quality of father predicting well-being. Women with low positivity with father reported experiencing higher stress levels. As mentioned in the section above, all respondents (both men and women) had higher stress levels when they experienced greater negativity with father. It is interesting that positivity with father only had an effect on women, not men. It may be the case that women expect care and approval from their fathers, whereas men just seek to avoid conflict. Women may perceive a lack of positivity from their fathers as being equal to negativity in the relationship.

Quality with spouse

It was hypothesized that the spousal relationship would be more important for younger participants' well-being. This hypothesis was confirmed only for physical well-being. Both young and older adults reported greater life satisfaction when they had higher positivity with their spouse; however, the effect was stronger for older adults. For older adults, in considering satisfaction over their entire lifespan, positivity in the spousal relationship is central. It is interesting to note that for both younger and older adults, negativity in the spousal relationship predicted lower life satisfaction; however, older adults were more affected by positivity than younger adults. Perhaps older adults have more perspective on life and therefore may be more of the mindset of focusing on the good times, not the bad times. While both younger and older adults reported higher self-rated health when they experienced higher positivity with their spouse, the effect is stronger for younger adults. This finding may be related to age differences in health and

illness. It is evident that positivity with spouse has an effect on self-rated health, however because older adults are likely to suffer more diseases, even though they may experience the benefits of positivity in their relationship, illnesses cannot be as easily avoided in old age. It was also hypothesized that males would be more affected by their relationship with spouse; however, there were no significant gender effects.

Quality with sibling

Quality of relationship with sibling was surprisingly important for well-being in Mexico. Younger adults experienced a greater effect of positivity with sibling reporting less stress when they experienced high positivity with sibling. For younger adults a positive relationship with sibling appears to buffer stress. The ability to rely on social support from siblings is especially important for younger adults who have many responsibilities such as work and caring for young children. For females only, low positivity with sibling was related to greater depressive symptoms. It appears that females may perceive lack of positivity as a negative attribute. Females may be more sensitive to reactions of close others, and thus may in effect perceive the absence of positivity as negativity. There were also significant interactions for negativity with sibling predicting physical health. Both younger and older adults experiencing low negativity with sibling reported higher self-rated health and lower number of health conditions; however, these effects were stronger for older adults. Older adults are more likely to have poorer physical health. It is interesting to consider why the relationship with sibling evokes these differences. It is possible that this finding reflects a generational difference in which older generations are not as likely to confide in non-family members. For older Mexican adults, their siblings may in effect be their best friends and perhaps their primary confidant when

they are widowed. Perhaps because in a family centered society where ‘blood is thicker than water’ one turns to same-age peers who are relatives for close relationships.

Quality with best friend

In accordance with generational differences, it was predicted that quality with friend would only be significant in predicting well-being for young adults. This hypothesis was confirmed. Younger adults with low positivity with friend reported higher stress levels. As addressed earlier, stress levels were higher for both younger and older adults who experienced high negativity with best friend. Younger adults are more likely to rely on friendships to provide social support, and are thus affected not only by negativity with friends, but also a lack of positivity with friends. A lack of positivity with the person a young adult elects as their best friend, may indicate that they do not have very supportive friendships.

Quality with child

It was hypothesized that older adults and females would be more affected by the quality of their relationship with their child. This hypothesis was not supported, as there were no significant interactions between demographics and quality of relationship with child predicting well-being.

Summary

Consistent relationships between quality of support and depressive symptoms across relationship type, suggest that depressive symptoms predicts reports of social support quality. While the direction of this relationship cannot be inferred from cross-sectional data, it is more than likely that the relationship between social relations and

depressive symptoms is bidirectional. It is a possibility that this finding indicates that psychological well-being affects social support quality. In contrast to work in the U.S., in Mexico, not just negativity of relationships, but also positivity of support predicts well-being. Positive quality of support has important implications in Mexico. The effect of positivity on well-being may be a reflection of socioeconomic differences in the effect of social relations that are more prevalent in Mexican society as a result of high poverty rates. It may be the case that individuals experiencing economic crisis or poverty benefit more from positivity in their relationships.

Quality of support had important effects on psychological well-being, but was not related to physical health. There were no differences between ratings of support quality of those individuals with migrant family members and those without. Of the relationship types, mother, spouse, and sibling were the most pervasively influential. Father, friend, and child were less important in predicting well-being. Women were affected more by the quality of relationship with their mother. Positivity with spouse was linked to higher life satisfaction for older adults, but higher health for younger adults. Quality with sibling was more important than was originally expected. Perhaps since the 'favorite' sibling was selected, quality with sibling is an important indicator of overall family support. Quality with child was positive, and not a significant factor predicting well-being. Similarly to in the U.S. (Fingerman, Hay, & Birditt, 2004), parents in Mexico perceive their relationship with their children in an overwhelmingly positive light and hence there is little variability.

Research Question 4: Migratory effects on well-being

Research question 4 directly addressed the effect of situational characteristics on well-being. These findings suggest an additional situational/social relations effect of maintaining a transnational family relationship. It was hypothesized that adaptation to the transnational relationship would predict greater well-being for individuals who have a family member living in the U.S. The hypothesis was that higher frequency of phone calls from the U.S. would predict greater psychological well-being and higher frequency of remittances from the U.S. would predict greater physical well-being. The first of the hypotheses was confirmed as individuals reporting less frequent phone calls from the U.S. experienced more depressive symptoms. Maintaining frequent contact with migrant family members was directly related to the mental health of family members that remain behind. Less frequent contact suggests not only a loss of social support but also possible underlying conflicts or problems in the relationship that lead to the infrequent communication. It was expected that a higher frequency of remittances would predict physical well-being as it should indicate economic gains allowing the respondent to seek out preventative and emergency healthcare. This hypothesis was not supported; frequency of remittances was not related to physical health.

Situational characteristics of the familial migration were also predicted to be related to well-being. The longer a family member has lived in the U.S and the longer time that has passed since the last time seen in person were factors hypothesized to be related to lower psychological well-being. This hypothesis was not supported, however. There were no significant main effects of time in the U.S. Surprisingly, the opposite effect was confirmed for time since last seen in person, as greater time since last seen

predicted greater life satisfaction. This counterintuitive finding is likely reflective of a recency effect in which the family members of recent migrants may struggle more to cope with the familial separation as compared to families who have been separated for longer periods of time and become accustomed to and have learned to cope with the familial separation. The final hypothesis was that having family members (such as grandchildren or nieces and nephews) in the U.S. whom the respondent had never met in person would be related to lower overall well-being. Surprisingly, having family members in the U.S. whom the respondent had never met was not predictive of psychological well-being, but it was predictive of lower physical well-being. This question addresses two underlying factors. First, migrants who have U.S. born children who have never been to Mexico to meet the rest of the family are very likely to be undocumented in the U.S. If migrants have the financial resources, they may send the U.S. born children to Mexico alone to meet the family or risk returning to Mexico with the plan of entering the U.S. without inspection again. If the U.S. born children of migrants have never been to Mexico, it may indicate that the migrants are less economically well-off. Migrants who start a family in the U.S. have new expenses related to maintaining his or her family in the U.S. and likely will not have as much extra money to send to Mexico in remittances anymore. Reductions in income from remittances may mean they have less access to healthcare. As a result, respondents who have family members born in the U.S. whom they have not yet met likely report poorer health.

Research Question 5: Qualitative view of familial migration

The final research question of this dissertation examined differences in experiences of familial migration between parents of migrants, spouses of migrants and

return migrants. It was hypothesized that there would be group differences in the perceptions and the effect of the experience of familial migration. The analyses of the focus group data revealed both the content of the conversations and the meaning of the discussions. With the overall goal of understanding both direct and indirect opinions expressed by the participants, the analyses permitted the understanding of both conscious and subconscious perceptions. Because group differences were hypothesized, the interpretations center upon differences and similarities between the groups. Direct responses to specific questions tended to illuminate similarities across groups, however indirect responses pointed out many differences across the three groups.

It is important to keep in mind that there are major basic differences between the groups. The parents and wives were currently experiencing the familial migration from the perspective of family members who remain behind when a family member migrates to the U.S. The return migrants however brought a divergent perspective as they were the migrants who left family behind to live in the U.S. and since they had returned, their reports of their migration experience were retrospective. In addition to these situational and perspective differences, there were generational and gender differences evident between the groups. The parent group included nearly equal numbers of males and females, however the wives groups were all females, and the return migrant groups all males. Also, the parent group was older whereas the wives and return migrant groups were younger. Due to gender and age differences in relationships and roles, differences were expected. However, the unique design of this study permitted a greater understanding of differences in the experience of migration based on gender, age, and family relationship simultaneously and separately.

This discussion focuses on the themes drawn from the statements of participants. It was hypothesized that there would be group differences in the experience of familial migration dependent on the relationship type. Differences were also expected between the family members of migrants and the return migrants due to difference in perspective as well as the fact that the family members are currently separated from their migrant family members, whereas return migrants have been reunited with their families. The findings indicated many differences between the groups which reflected differences by relationship type, migrant role (migrant versus family member), gender, and age.

Themes

The themes that emerged from the conversations represent common concerns, perceptions, and experiences of familial migration. The themes that emerged were *economic implications, communication, family implications, and adaptation*. These themes suggest differences in experiences between the groups, yet findings also demonstrate a wide variety of experiences across as well as within groups.

The theme of *economic implications* indicates the motivation for migration and the reasons that families enter into a situation of family separation. This issue was very important to participants because it placed a rationale behind the family separation. Values of family togetherness and unity are very strong in Mexican culture and in the discussions economic implications often came up as an explanation for why the family was separated. There was an underlying need for participants to reassure themselves that the sacrifice that the family was making was worthwhile and would have a valuable outcome of improving the quality of life of the family for the future. Some individuals reported *economic benefits* that were reflective of a rewarding experience and others

reported *economic struggles* that were often related to disappointment and discontentment. Economic success appeared to be directly related to satisfaction with the migration experience primarily for wives and return migrants. Wives and return migrants directly benefitted from the economic success of the migrant, while parents reported that only their migrant children truly benefit from the migration. This suggests that parents are not likely to feel as invested in the migration being worth the sacrifices because they do not benefit directly. Indeed, conversations reflected this lack of investment. Though parents were very supportive of their child's decisions, parents were likely to state that they just want their child to come home as soon as possible. The wives and return migrants on the other hand were focused on the migrant only returning once the goals (generally of constructing a house) were achieved. Another interesting implication that emerged was a difference in economic success. It is likely that migrants generally return back to Mexico when they have achieved their economic goals; hence, the return migrants may be better off economically and for that reason focus more on the economic benefits. The wives and parents have migrant family members who may remain in the U.S. because they have not yet achieved their economic goals, and this may explain why these groups, especially wives, were more likely to express economic struggles.

The findings related to *communication* reflected the struggles in maintaining transnational relationships. The *norm of protection*, in which each partner in the relationship tries to ensure that the other does not worry, appears to be a protective measure for coping with a stressful and worrisome situation. When probing the issue further in the discussions, it was reported that despite trying to protect the family members from worrying, in the end they always found out and oftentimes were hurt for

not being told of worrisome issues from the start. While this is evidently a coping behavior, from the perspective of maintaining trust in the relationship, it does not appear to be a healthy strategy for the relationship. The *lack of communication* that was reported by family members who stayed behind appears to be indicative of a lack of control in maintaining the transnational relationship. Because calls are only made from the U.S., the family members in Mexico are in the position of only being receptive of phone calls from the migrants. This was reported to be a struggle for family members in Mexico who wish that they could have more communication. Additionally, wives often reported being “slaves” to the phone waiting for phone calls from their husbands. Not only were these wives experiencing a lack of communication with their husbands, but other social relationships were suffering because they would in effect become shut-ins in their homes waiting for the phone to ring. Throughout all of the conversations it was evident that maintaining communication transnationally is an obstacle that few are able to easily overcome.

Findings related to *family unity* demonstrated drastic differences as to how families reacted to the family separation. Generally, relationships that were unified before the migration, maintained this same family unity during the migration. Families that were struggling and had problems such as emotional distance or conflict, were often the ones that reported changes due to the migration. Some families felt that they had become closer because of the migration; whereas other families felt their families had been broken-up by the migration. This finding was reflective of differences in family dynamics and how families responded to a stressful major life event. It was evident that for some families family separation had the potential to magnify problems that already existed in

the relationship. For example, both wives and fathers reported that the migration was the breaking point for the already rocky relationship. In other cases, familial separation had the potential to improve the relationship, creating more family unity. In essence, this effect was a ‘distance makes the heart grow fonder’ effect.

Overall, the *emotions* expressed were negative emotions; however, it is not entirely clear why primarily negative emotions are expressed. The most frequently expressed emotions were worry, loneliness and sadness; positive emotions such as happiness, hope, and pride were expressed much less often. There are a few possible explanations as to why negative emotions were expressed so much more often than positive emotions. First, this difference might reflect suffering that the family separation causes. The prevalence of expressions of negative over positive emotions indicates that familial separation evokes negative emotions. The general impression of the familial migration experience was negative. The incidence of negative emotions suggests a potential negative effect on well-being. The familial separation for indeterminate periods of time, under circumstances in which the migrant is constantly at risk of deportation or other problems is obviously a very stressful situation that is likely to provoke negative emotions. However, the expression of negative emotions also appears to be at least in part a reflection of cultural values. There was an unspoken understanding that the emotions expressed in the groups should be negative. Though participants often had positive things to say, there was a much greater emphasis on the negative and at times the positive was glossed over. This appeared to be rooted in feelings of family values and expectations about what makes a good or bad family within Mexican culture. Particularly for mothers, at times it appeared there was competition as to who was suffering the most,

as if suffering more meant that you loved your child more. That is to say, for respondents, having more negative emotions might mean you were a more devoted and loving family. Finally, the focus group participants were generally very comfortable in expressing their emotions. Both men and women freely expressed their emotions. At least one group member cried in all 10 groups. Sometimes all group members cried, in a waterfall effect. At the end of the discussions group members expressed how wonderful it was just to have the opportunity to discuss their situation with people in a similar situation and to have a group that would listen and understand their feelings. Because the focus groups served as a way to release feelings that they generally keep to themselves, they may be more likely to express their negative emotions freely because of the unique opportunity to express their feelings in a supportive environment.

To an extent, there appears to be a gender differences with wives and mothers expressing more emotions than fathers and return migrants (males). It was evident that wives expressed the most emotions and the most variety of emotions of any of the relationship types. This finding appears to indicate the pervasiveness of the effect of spousal separation. The wives in this sample relied so much on their husbands that life without them was extremely challenging both logistically and emotionally. While parents and return migrants were definitely affected by the separation, the effect did not appear to be as extreme likely because they had other family members to rely on for support (i.e. parents had more children who remained behind in Mexico). Overall, these findings suggest that familial separation due to migration is related to negative expressions of emotions, especially for wives of migrants.

The wives and parents reported expectations of very few *changes in the migrant* family members; however, the return migrants reported experiencing great changes. This divergence in perceptions likely indicates a disconnect with family members in Mexico not fully aware of the changes that their migrant family members have undergone during their time in the U.S. These divergent perceptions have implications for how both the migrant and the family will adapt if the migrant ever returns to Mexico, and if the migrant chooses to remain permanently in the U.S. For example, the return migrants reported difficulties readjusting to Mexico because of the changes they had undergone in the U.S. Their changes were evident in their mentalities, dreams, and desire for quality of living. The families receiving them were unprepared for these changes and even more unprepared for the apparently common occurrence of return migrants not readjusting and instead deciding to return to the U.S. There are important implications for how families will cope after the migrant returns. The discussions suggested that the migrants would change and struggle to adapt, yet family members in Mexico had no expectations that they would struggle. Family members reported being even more devastated when the migrant returned to Mexico only to turn around and migrate to the U.S. again. With dreams of the family being reunited, it is possible that families may be in denial that they may never be reunited as they hope.

In the discussions, the theme *perceptions from the community* was mentioned as an additional stressor for families of migrants. For wives in particular, the community tended to be judgmental and unsupportive. Wives felt there may have been jealousy from other members of the community because they saw evidence of the economic success that their husband's were having in the U.S. This finding suggests an interesting

implication for community-based social support. Because communities in Mexico tend to be very small and composed of families who have long histories of living as neighbors, the community is an important part of life. However, though the community is influential, these findings indicate this influence is not necessarily helpful.

Wives expressed feelings of *increased responsibility*, particularly with regards to childrearing. The findings suggested that wives of migrants experienced the greatest burden from the migration of their spouses. Not only did their responsibilities increase from taking on their husband's duties, but childrearing became more difficult because children acted out and had problems as a result of missing their fathers. Overall, wives suffered when they were left behind by their husbands. They lacked social support and had incredible emotional burdens and daily responsibilities. From the discussions it was clear that many of these wives were at risk for mental health problems such as depression, as well as physical health problems as a result of increased stress. Despite this increased risk to their well-being, the wives had very limited access to mental healthcare.

In the parent group the theme of *coping through faith* emerged. This reliance on faith and prayer may reflect a generational difference as the parent groups were an average of 20+ years older than the return migrants or wives. As a generational difference, this finding indicates a difference in religiosity and the tendency to employ faith as a method of coping. Though this finding is at least in part reflective of generational differences, it is not likely entirely the explanation. Faith as a coping method for parents also appears to be a result of a sense of lack of control on the part of the parents. Wives and return migrants both expressed feeling at least some sense of control in the decisions being made related to the migration and when the migrant would return.

However, the parents reported that they did not have any control over or input in the decision, but could only play a supportive role. This lack of control in the situation likely leads the parents to rely more on their faith to help cope with an undesirable situation that is out of their own control.

Implications

The findings from this study have numerous implications. Some findings confirmed predictions, while others were contradictory to expectations. In this section significant implications of these findings will be discussed and possible interpretations expounded.

Social Relations and Well-being

Social relations in Mexico displayed similar patterns to research in other countries such as the U.S., however there were findings that suggested unique implications for social relations in the Mexican context. The size of the network appears to be highly indicative of resources for support. Findings suggested that the average network size in Mexico is relatively small, suggesting that contrary to expectations, Mexicans may have fewer resources for social support. Though network size is predictive of well-being in the U.S. (Antonucci, 2001), in Mexico, neither a smaller nor larger network size predicted greater well-being. Having on average smaller networks with network size not predicting well-being, suggests that perhaps Mexicans do not rely only on their social network to provide essential social support. The social network is made up of the most important people in the respondent's life, those people who he or she relies on consistently for support. However, culturally, it is acceptable for Mexicans to rely on people that they do

not consider close relationships. For example, it is commonplace to recruit neighbors and extended family members to help pay for special events such as baptisms or weddings (through the role of godparents). Though Mexicans have small networks, this may not be detrimental as it is in the U.S. Social support resources may be provided through cultural norms of helping one another within the community. Mexicans may have small tight-knit social networks, yet have many social support resources provided by a greater community of distant relationships.

Age differences in frequency of contact and geographic proximity suggest that Mexico may be undergoing a generational shift in values related to living in close contact with the family. The findings suggested that people of all ages maintained frequent contact with their social networks, but that there were decreases in geographic proximity in the younger generations. These differences suggest a geographic spread with younger adults more likely to live farther away from their social network members. Younger adults are less likely to build homes on family land and remain close to home, instead seeking out new opportunities that may be further away. It is unclear how this change in geographic proximity will affect social relationships, but is well worth exploring further.

Findings indicated that across all age groups social networks in Mexico are very family oriented. However, like geographic proximity, there are age differences in the family makeup of the social network. Younger adults have fewer family members in their networks than older adults. This generational difference implies a shift in values between older and younger generations. Older generations appear to be strongly maintaining traditionally held values of familism, whereas younger adults are less inclined to rely solely on family for support. It is unclear whether this is a generational difference or an

age difference, that is to say, whether these younger adults will adopt a more family-oriented network as they age (age difference), or if there really has been a shift in values within Mexican culture (generational difference). If the former is true, then this finding highlights the need for examination into this discrepancy between older and younger adults. For example, it would be important to consider what the ramifications are for an older grandmother that lists her grandchild in her social support network, while that grandchild does not consider his grandmother a source of support. In this case, it would be important to understand the implications of the lack of reciprocity between older and younger family members. If the latter is true, and this finding reflects a cultural shift, then there are important implications for how society and the infrastructure of social support systems will adapt to this shift. For example, Mexico has a long tradition of family-based care-giving both for children and for infirm older adults. With a shift in family values, it will be necessary to consider how systems such as family-based care-giving will change and how people will adapt to these changes.

Social support quality was overall consistent with findings in the U.S. It was evident that the relationships with mother and spouse are considered to be both challenging and rewarding simultaneously. The relationship with father on the other hand, was somewhat ambivalent. These findings are not surprising, but have interesting implications considering apparent shifts in family values. It is interesting to consider how the quality of relationships will change if younger generations continue to move away from their families. It may be the case that the relationship with both mother and father may become more ambivalent as families become more geographically dispersed. Living at home appears to be a negative experience for younger adults as those individuals who

still live at home report more negativity within those relationships with which they would have the most frequent contact. Geographic spread may reduce negative feelings, but may not increase positive feelings, creating an ambivalent quality to these family relationships.

The findings highlighted various implications regarding the well-being of the participants in the sample. It appears that psychological well-being is linked to financial strain. Less educated individuals and women, both groups likely to experience more financial strain, experienced more depressive symptoms and stress. This finding implies that the poor economic situation has a negative impact on mental health. Additionally, individuals with less education and women reported poorer physical health, indicating a possible lack of health-care access. Overall, these findings reflected a link between financial strain and overall well-being. These findings reflect the intimate tie between the economy and well-being, especially in a struggling economy such as Mexico.

Differences between individuals with and without migrant family members

Findings illuminated differences between individuals with and without migrant family members suggesting important implications. One important difference uncovered was that older adults are more likely to have migrant family members than younger adults. This age difference appears to be a result of older adults having larger families with more likelihood of having family members being the typical migrating age. While the explanation for this difference appears to be clear, it is important to consider what affect this might have on older adults. Older adults often have a higher need for instrumental social support as they have more health and mobility challenges. Having a

higher likelihood of having their family members migrate to the U.S. and hence leaving them with fewer social resources, may put them at a disadvantage or even at risk.

In addition to age differences, there were also income and educational differences between individuals with and without migrant family members. These findings indicate that individuals who migrate are not generally from the poorest or least educated families. Rather the findings indicated that the family members of migrants tend to have higher incomes and education levels. As has been suggested in the literature (Durand & Massey, 2006; Chiquiar & Hanson, 2005), this finding indicates that migrants must have access to some resources to migrate. Hence, from the start, families of migrants may be better-off than the poorest families in Mexico. Moreover, once the migrant family member is established in the U.S., the family members remaining behind in Mexico may benefit financially possibly increasing their socio-economic status.

Individuals with migrant family members had larger networks with fewer family members than individuals without migrant family members. This suggests that individuals seek out more and varied sources of support when family members migrate to the U.S. Not only does familial migration potentially change the social support network through loss of proximity, but it also appears that it leads to a transformation of the social network in Mexico. Interestingly, individuals with migrant family members have more friends in their social network, as they appear to rely more on non-family support than people who do not have migrant family members. The long-term implication of this shift in social network is unknown. It is possible that the expanding social network is valuable and increases support resources, but on the other hand, they could also be burdensome over time. More specifically, it is interesting to consider how this expanded social

network might change as the migrant family members return back to Mexico, as they do in many cases.

Relationship quality was not more neutral for individuals with migrant family members, as had been hypothesized. If anything, the results suggested that relationship quality was better overall for individuals in families affected by migration. These findings may imply an increased unity in the family despite having migrant family members. It may be the case that after experiencing one family member migrating to the U.S., the family members who remain behind learn to value each other more. Interestingly, the comparison of support quality between Mexican and U.S. migrant children for parents of migrants indicated more ambivalence with U.S. migrant child than with the child who remained in Mexico. Though there were very few parents of migrants in the sample, this comparison permitted an understanding not just of how migration changes the relationships with other family members, but how migration changes the relationship with the migrant themselves. This finding implies that the transnational relationship becomes somewhat ambivalent compared to the in-person relationship. Because the relationship with the migrant is restricted almost entirely to telephone communication, the relationship does not have as much positivity nor negativity as the in-person child relationships. This difference suggests an important change in relationship quality when relationships become transnational. It is necessary to consider what the long-term implications would be for maintaining a transnational relationship, and again, how the relationship would change once the family is again reunited.

It was expected that having migrant family members would have significant implications for well-being, however, no differences in well-being were found. Families

affected by migration are no better or worse off with respect to well-being. However, well-being overall in Mexico is low. This familial out-migration appears to be just one of the many factors playing into the low well-being in Mexico. Considering that one of the motivations often cited for migration to the U.S. is to take care of family that remain behind, it is a surprise that we do not see at least better physical health for the family members of migrants. One would expect that the family members of migrants would have access to more financial resources to access healthcare. While perhaps surprising, it is interesting to consider why the physical health of family members of migrants is not benefitted. Perhaps migrants are not able to send money home as they had hoped, or money is not enough to guarantee good preventative healthcare.

The expectations that migrant family members would have lower well-being than individuals without migrant family members, was rooted in the findings from the focus group discussions, which indicated potential effects of familial emigration on emotional well-being. Follow-up analysis indicated that this hypothesis may not have been supported because of educational differences between the survey sample and focus group sample. As a representative sample, the survey included individuals from both high and low socioeconomic status; however, the focus group specifically recruited an at-risk sample of individuals from a lower socioeconomic group who were likely to have family members who were unauthorized in the U.S. In the representative survey sample, people had migrant family members who were both legally and illegally present in the U.S. The inconsistent findings between the survey and the focus group suggest that there are likely qualitative distinctions between families of legal migrants and unauthorized migrants that

reach beyond just economic implications. Further analyses and studies should specifically examine the differences in social relations and well-being between these two groups.

Characteristics of social networks

The characteristics of social networks had numerous interesting implications for well-being. In this section the most striking findings will be discussed.

Though it was found that individuals with migrant family members have larger social networks, having a larger network was associated with lower life satisfaction. It may be the case that individuals affected by familial migration increase their network size to fill the void of those who have migrated; however, this finding implies that they would be more satisfied if they were to maintain a smaller network. The increased network size may be burdensome or even remind them of who is missing.

There were interesting implications for frequency of contact and proximity with network. Individuals with more health problems had less frequent contact yet lived in closer proximity to their social networks. These findings were especially true for older adults. Sick and disabled older adults live close to their social networks, likely because they provide their care-giving; however, despite living close to these network members, they have less frequent contact with them. This pattern of having sick elderly relatives close by for care-giving, but not spending much time with them could be detrimental to the older adult's well-being. Older adults may have limited mobility and thus may be shut-ins waiting for their social network members to visit them. The inability for these older adults to reciprocate social support may cause them to feel like a burden to their social network and affect their well-being both through feelings of loneliness and depression as well as withdrawal from the social network leading to decreased physical

health. This finding has important implications for older adults. It appears that the familial value of caring for older adults is in practice; however, with reports of lower frequency of contact the quality of life of those older adults may not be as great as would be desired.

Age differences with regard to family makeup suggested differential implications for age groups. Though younger adults have a lower proportion of family members in their networks than older adults, for younger adults, having more family in the network appears to be beneficial. These findings could suggest that having more friends may be detrimental. Considering the cultural values related to family and friendship, it appears that having more friends in the network may actually be an indicator of family strain. Therefore the indirect implication of this finding is that younger adults who have strained family relationships experience lower well-being. For older adults, having more family in network is beneficial for life satisfaction but increases depression. Older adults with social networks consisting entirely family may be living close to family members and no longer mobile enough to maintain other non-family social relationships. As was suggested previously, these older adults may feel lonely and shut-in despite living close to family members. Feelings of loneliness and lack of emotional support may lead to greater instance of depression. On the other hand, these same older adults may report feelings of great life satisfaction because they are at a stage where they can reflect on the family that they have created and achieved. Though they may feel lonely and sad, being surrounded by family may make them feel that their life has been worthwhile.

Finally, age differences suggested that younger adults were more affected by having migrants in their network than older adults. Younger adults with migrants in their

network experienced greater depressive symptoms and lower self-rated health. It appears that older adults living with familial migration have more local social support resources than younger adults. Because older adults have larger families, despite having important social network members in the U.S., they still have ample social support partners to rely on in Mexico. This finding implies that younger adults are at greater risk for mental and physical health problems when they have migrant family members. For younger adults it may be more difficult to cope with having an important person in the social network missing for an indeterminate amount of time. Older adults however may have developed better coping skills throughout their years of experience. For example, a majority of the older adults in the sample were widows, indicating that they may have a perspective on loss that allows them to keep in mind that the migrant family member will hopefully one day return.

Social support quality

The findings for social support quality had interesting implications for cultural differences. Typically, studies of social support quality have indicated that negativity in relationships is generally the strongest or only predictor of well-being, not positivity (Birditt et.al, 2005). In Mexico, positivity is just as predictive of well-being as negativity. Mexicans vary more in their ratings of positive aspects of relationships, apparently as they are more apt to distinguish the positive qualities of relationships than Americans.

It was evident that in Mexico depression has a significant link to ratings of relationship quality. Though it is impossible to determine direction of any effects, because positivity and negativity in all relationship types predicting depressive symptoms, it appears to imply a directionality of more depressed individuals perceiving

their relationships in a negative light. This finding has multiple interpretations. It could be that depression causes a perception of high negativity and low positivity in relationships or that depression actually leads to problems in the relationship such as conflict or arguments. Increased depressive symptoms can be very detrimental for relationships. This is of particular concern because it has been shown that social support is integral for improvement of people suffering from depression (George, Blazer, Hughes, & Fowler, 1989). The poor economic situation in Mexico already means that many depressed individuals will not have the financial capabilities to access mental healthcare, and moreover this finding implies that depressed individuals may be experiencing problems in their relationships possibly leading to fewer social support resources. This suggests a striking risk, especially considering the high rate of depressive symptoms among the sample.

Consistent with previous findings, the relationships with mother and spouse are very important for well-being. A potentially unique finding in Mexico is that the relationship with sibling is also significant for well-being. Positivity with sibling was important for psychological well-being indicating that individuals in Mexico may rely on their siblings in the role of confidant or best friend. Negativity with siblings was very predictive of physical well-being. In this case, it appears that the sibling relationship may be indicative of the overall family relationship. The importance of the sibling relationship may be due to Mexicans having more siblings and a high likelihood of living in close proximity with these siblings. Because the respondents select the sibling that they rely on the most, if the relationship with the 'favorite' sibling is very negative, then it could be assumed that the relationship with other siblings is even worse. Relationship quality with

sibling may be an indicator of overall family relationship quality. The greater implication of this finding is that family unity or family strain may be important predictors of well-being.

Across relationship types, negativity was linked to stress. It may be true that relationships are a significant source of stress implying that not only do relationships provide much needed social support, but they may create stress. In Mexico, this is particularly relevant as people cope with multiple sources of stress. Stress can be an indicator of well-being, but can also be a predictor of well-being.

Migration-related factors

Findings directly related to migrant factors in the sub-sample of individuals with migrant family members suggested two important implications. First, frequency of phone calls is integral for psychological well-being. How often the migrant called home was directly linked to the depressive symptoms of the family member who stayed behind in Mexico. This implies that maintenance of frequent communication is important for psychological well-being. Frequent phone calls likely suggest that the migrant still maintains an important role in the individual's life despite being far away. Migrants who do not call frequently likely do not provide social support to the family members who remain in Mexico. This finding indicates the importance of communication in maintaining a transnational tie. Those family members of migrants who do not have frequent communication may feel despair or a sense of loss over all aspects of the relationship, not just loss of the physical presence of the migrant.

Surprisingly, the length of time the migrant had been in the U.S. was not predictive of well-being, yet the time since last seen in person predicted life satisfaction.

This question likely reflects the economic and legal status of the migrant family member and hence suggests some important distinctions between legal and illegal migration.

Those individuals who have gone a significant length of time without returning home to Mexico to visit family members are more likely to be unauthorized immigrants who cannot easily return to Mexico to visit. The finding suggested that more time passed since the individual last saw their migrant family member in person was related to greater life satisfaction. The most likely explanation for this counterintuitive finding is that families of migrants may struggle to cope and adjust more in the initial years of familial separation. Additionally, this may be reflective of a selection effect in which families that struggle the most to cope with the familial separation are less likely to stay in the U.S. for extended periods of time. It may be the case that migrants that decide to stay in the U.S. longer without returning home may have family members that have coped better to the familial separation allowing them to feel more comfortable staying longer.

Additionally, having family members in the U.S. who the respondent had never met was a predictor of poorer physical well-being. Similar to length of time since last seen in person, this question also reflects the economic and legal status of the migrant. Individuals who have migrant family members with children born in the U.S. that they have never met are very likely to be illegal immigrants. If the U.S. born children of migrants have never been to Mexico, it may indicate that the migrants are less economically well-off. Migrants who start a family in the U.S. likely will not have as much extra money to send to Mexico in remittances due to their increased financial obligations in the U.S. As a result, the family members in Mexico may have less access to health care due to reduced income from the U.S.

Focus groups

Major findings from focus group discussions suggested different implications across relationship types. For wives of migrants, spousal migration represented an incredible burden both emotionally and with their daily responsibilities. Of all of the relationship types, wives appear to be the most greatly affected by the migration as evidenced by greater negativity in the relationship, more expression of negative emotions, increased responsibilities, and more concerns about communication, family disintegration, and lack of community support. These findings indicated that wives of migrants may be at increased risk for emotional and mental health problems due to the increased stress. Moreover, they may have fewer social support resources that would help them cope with mental health concerns. The findings from the discussions suggest that wives of migrants are highly stressed and may be at-risk with regards to their well-being. In some cases the relationship dissolved as a result of the separation, and in these cases the well-being of the wives appeared to be at even greater risk.

Parents experienced great amounts of worry and expressed missing their migrant children a lot. Though they worried, they supported their children in their decisions, yet hoped they would decide to return to Mexico soon. For parents, the most prevalent finding was a sense of a lack of control in the situation. The parents expressed having less communication than they would like, having no financial link to the migration, and generally feeling that they couldn't even really give their children advice about their decisions. Because of this lack of control, parents relied on faith and prayer as a source of coping. Though parents were not as greatly burdened as the wives of migrants, there were unique implications for this group and their well-being. Parents have a greater likelihood that multiple children would migrate to the U.S. and a greater possibility that the children

would not return. Their children may start a new life in the U.S., marrying and having children in the U.S. The consensus of the parents what that they fully expected their children to return and live in Mexico, it was just a matter of time. This expectation may be a cause of concern for the well-being of parents, as they may have unrealistic expectations, and in effect praying for the child to return home when the child has no intentions of returning to live in Mexico.

Finally, for the return migrant group, while there were reports of struggles during the years they were separated from their family, overall they spoke of the benefits and rewards of their migration. In general, they felt the sacrifices were worth it and did not feel that their family had been negatively affected by the separation. The return migrants had the perspective of being back home with their family and being able to look retrospectively at the entire experience of migration and repatriation. It could be possible that families return to normal when the migrants return and there are no lingering effects. To an extent, reports from the return migrants indicate that this may be the case; yet they also reported difficulties in adaptation that likely has an effect on their relationships and well-being. Follow-up results that compared the results for return migrants in the survey and in the focus groups, suggested that there are in fact lingering effects of the migration on social relationships. It was evident that migrants had adapted to American culture to an extent, as their family values had shifted and had a smaller proportion of family members in their social network. Moreover, they experienced more negativity with their mothers, likely indicated difficulties in readjustment and adaptation to living in Mexico again. Moreover, there is no guarantee that all migrants will return. Those who stay longer tend not to return. In fact, the majority of the return migrant participants stated that

they would return to the U.S. if given the opportunity. This suggests that the experience in the U.S had somehow transformed their familism values and that the quality of life they had achieved in the U.S. was more important than maintaining close familial proximity. This consensus of a desire to return to the U.S. indicates that return migrants may be experiencing difficulties in readjusting to their native culture and community.

Limitations

Though this study applied a comprehensive mixed methods design, there were various limitations that need to be considered. In the following section limitations will be presented for both the quantitative and qualitative methods of the study.

Quantitative

The survey method had some inherent limitations due to sampling technique and design. The response rate for the survey was lower than ideal. This may be due to the current climate of fear and mistrust in Mexico. The response rate of family members of migrants may be even lower due to their reluctance to respond to a survey about their migrant family members for two reasons. First, because majority of the migrant family members are illegally present in the U.S., they are reluctant to provide any information that they fear may put them at risk for deportation. Second, there are frequent reports of kidnappings for ransom in Mexico, with frequent stories reported of families of migrants being kidnapped in hopes of drawing a bigger ransom from migrant family members in the U.S. Because of fears of kidnapping, potential respondents may have been reluctant to share information about their lives with a complete stranger. Additionally, because the current job market requires individuals to work long hours with long commutes, many

individuals in the country only arrive at their homes to sleep, and were therefore unavailable to respond to the survey. Due to all of these and other factors, the response rate was lower than ideal at 52.5%. However, in order to validate the sample, plans are currently in preparation to collect an intensive smaller sub-sample in which extensive efforts will be made to secure a high response rate. This small sub-sample will then be compared to the original sample to verify whether the low-response rate indicates bias in the results.

The design of the survey, though unique, also has its limitations. At this point, the survey is only cross-sectional, and hence it is impossible to test the direction of effects or to determine whether age differences are reflective of cohort effects or genuine age differences. Future hopes are to continue this study as a longitudinal panel study, permitting one to decipher age differences and effect direction. The range of ages in the current study is so large (18 to 99) that it can be difficult to compare findings across ages as there are distinctive differences between the extremes. In future analysis, efforts will be made to look at smaller sections of the sample in an attempt to understand more nuanced differences.

The content of the survey also presents some minor concerns. Though many of the selected measures were previously validated with Spanish-speaking populations, there may be linguistic characteristics unique to Mexico that affect the respondents' interpretation of the questions. The questionnaire was revised and back-coded by native Mexican Spanish speakers, however, the possibility exists that the meaning in the U.S. is not exactly the same as in Mexico. Many of the standardized scales have been criticized

as to their validity across age groups and gender (e.g. Posner, Stewart, Marin, & Perez-Stable, 2001; Cohen, 1986).

Due to time restrictions, it was necessary to limit the amount of social relations data that could be collected. Because of this, there is only information on the first ten network members, not any additional individuals listed beyond ten. While this provides an excellent picture of the social network, as the most important people are generally present within the first 10, it would be ideal to have comprehensive information on all network members. A related limitation is that there is only information about the 'favorite' sibling, child, and friend. Because individuals are asked to select the sibling, child or friend they rely on the most, the responses are generally highly biased towards positive relationships. Because time limits from asking about all siblings, children, and friends, it is only possible to ask about one, and the most relied upon is the most logical. However, in the future it would be interesting to examine differences among these different relationship types.

Finally, one of the intents of the survey was to be able to examine issues related to familial migration. However, individuals affected by migration only make up a very small portion of the sample. Additionally, respondents were asked whether they had an immediate relative in the U.S., but the relationship type with the relative was not recorded so it is impossible to examine differences by relationship type. Moreover, immediate family member was not defined. Though there are cultural norms of what is considered an immediate family member, it is possible that people defined immediate relative differently and may consider people typically categorized as extended family members to be immediate family members.

Qualitative

For the qualitative focus group there were some limitations due to selection methods. It would be ideal to recruit a random, representative sample. However, because the criteria for participating were so specific, recruitment was not able to be achieved randomly. Because of the subject of familial out-migration (with most migrants migrating illegally), it was essential to gain trust with the participants before they were willing to participate. In order to gain trust it often meant that participants were recruited via word of mouth (snowballing) techniques with former participants referring neighbors and family friends. Because the participants were in the same community and many knew each other, the experiences may not be representative of experiences in other regions of the country. Also, because families of migrants in the community tend to know one another, in the discussions there were often at least a couple participants who knew one another. Though we ensured that family members were not in the same focus groups, it was impossible to assure that no one in the focus groups knew one another. Due to the typical demographics of migrants to the U.S. there were gender biases in the spouse and return migrant groups. Women do not typically migrate to the U.S. leaving their spouse behind, whereas it is somewhat common for men to migrate without their spouses. Because of this, the three spouse groups were composed of entirely females. Though women migrate to the U.S. frequently, they are less likely to return back to Mexico as men who migrate. Recruiting efforts only uncovered 2 female return migrants. The focus groups were designed to be gender specific to encourage uninhibited participations by all group members. Because not enough female return migrants were found, the return migrant groups were made up entirely of males. Finally, little information is known about

the individuals who refused to participate, though every individual was contacted at least three times in an attempt to gain trust and encourage them to participate.

There appeared to be some limitations to the method of focus group discussions for examining the topic of familial migration. The group setting may have made people apprehensive to respond with their true responses, instead succumbing to group consensus or group think. At the same time, there was such a large variety of experiences that it was very difficult to come to any sort of consensus among the group members. At times, there appeared to be competition among the group members, especially in the parent groups, for whose situation or experiences were the worst. The group setting had the potential to become competitive. Some of the topics addressed were difficult to discuss in a group setting because the topics were so personal and emotional. Participants would often end up crying and then at times shut down. A resolution to many of these aforementioned challenges was to reduce the size of the focus groups. In a large pilot group of 11 participants, many of these challenges were experienced, and it was decided that reducing the size of the focus groups could help create a more welcome environment to share experiences. Reducing the size of the focus group helped resolve some of the problem, but the method of focus group may be limiting in this regard.

One final limitation relates specifically to the return migrant group. Many of the men in the return migrant group have intentions of returning back to the U.S. again, so were not permanent return migrants. Their statements may have been biased due to their intention to return to the U.S. in a short time. For example, they may have played down the negative aspects of the family separation in an attempt to justify their plans to return to the U.S.).

Mixed Methods

Despite the goal of integrating the methods of this study, the ability to compare the quantitative and qualitative data was limited. Bryman (2007) suggests that despite the complementary design of mixed method studies researchers may struggle to integrate the findings upon completion of the study due to the complexity and divergence between the methods. With regards to the questions about familial emigration, the qualitative data from the focus group was more intrinsically interesting and hence has been given more priority in examining the questions related to familial emigration. Additionally, because the samples were so distinct, it was difficult to compare the findings between the survey and the focus groups. The differences between the migrant samples of the survey and the focus groups were a result of differences in sampling and in location. Because the survey method was a representative sample, the families of migrants represented both legal and illegal migration. The focus group sample, however, was a purposive sample that was aimed at recruiting families who represented illegal migration. Additionally, the survey was collected in an urban location and the focus groups in a rural location. The difference between urban and rural samples meant that there the groups were distinct and could not be compared as representing the same population. Though the mixed method data was valuable, because the mixed method design was so complex, the findings were not able to be integrated and compared as planned.

Future Research

Taking into account the implications and limitations of this study, the following section suggests pertinent future directions for this line of research. Suggestions for

future research are presented both for general research on social relations and for directed research on familial migration.

Social relations

This research suggested some implications that should be explored further in future research. There were indications that Mexicans may have smaller networks yet rely on community level support resources. Future research should explore the different types and sources of support in Mexican culture. In American culture individuals receive the majority of their support from individuals they list as their social support network, however, cultural norms in Mexico may dictate a broader array of social support sources. Additionally, there were some indications of generational shifts in familism values. Future studies should specifically address age differences in Mexican family values and how possible shifts may affect intergenerational relations as well as well-being.

Age differences were evident in findings related to frequency of contact, geographic proximity, and family makeup, however further exploration is warranted. An examination of care-giving practices for older adults is particularly important. The findings from this study suggested that sick older adults may be cared for in close proximity to their family members, but that those younger generations providing care may not be able to provide older adults with the quality of life that promotes well-being in late-life. Future research should explore family care-giving of older adults and how social networks are affected by family care-giving situation. It may be pertinent to explore interventions and programs to help families adapt to the care-giving of older adults, especially considering that care-giving may be financially burdensome for

younger generations. These findings suggest that future research should focus on how to promote successful aging and the best quality of older adults.

Some findings were in direct contrast to what has been found in other cultures, suggesting that further investigation is warranted. For example, the relationship between positivity in relationships and well-being may be unique to Mexican culture and may reflect a specific cultural value. However it is not understood why this cultural difference exists. Future research could be designed to examine positivity in relationships in Mexico more in depth to understand why there is variance in positivity that predicts well-being. An additional unique finding within this Mexican sample was the importance of the sibling relationship for well-being. However, this is consistent with some literature in the U.S. (e.g. Kramer & Bank, 2005) that suggests siblings may be particularly important in large families and in old age. In this study, it appears the sibling relationship could be an indicator of overall family relationship quality; however, this finding warrants further investigation.

Underlying factors related to financial strain and well-being were of significant importance in the study of social relations and should be examined further. Depressive symptomatology in Mexico was very high and indicators suggested linked in part to financial strain. Financial strain was also found to be related to lower physical well-being. While these findings are consistent with previous findings in the U.S. (Marmot, 2005; Lynch, Smith, Kaplan, & House, 2000) it is very necessary to continue a line of research addressing financial strain and well-being in Mexico in an attempt to uncover solutions or interventions that could help alleviate the problems. One possibility is exploring ways to promote better well-being despite financial strain, either through the

investigation of how to promote stronger social support networks and provide access to resources to provide preventative care and treatment for mental and physical health.

The current study not only suggested topics to explore in the future, but also analytical strategies and methodological designs to pursue. As this project was designed to compare social relations between the U.S. and Mexico, an important next step with this survey data is to examine cultural differences with a direct comparison between this survey and similar surveys in the U.S. Ideally, a cross-cultural comparison will illuminate important differences in social relations across the two cultures, particularly with regards to familial interactions. In order to fully understand age differences and change over time, it would be necessary to follow-up with the same individuals longitudinally. In the future, this study seeks to expand from cross-sectional into a longitudinal panel survey in order to examine change over time. The findings from this study also suggest that it would be valuable to address relationship support across multiple relationships, not just one selected relationship. For example, examining relationship quality with all children would be more informative than only receiving reports about one child. Additionally, it would be valuable to investigate paired samples. Instead of only asking a child about the relationship with mother, it would be valuable to also survey the mother about her child and thereby gain the perspective of both members of the couple. Finally, future studies of social relations would benefit by expanding the health measures and exploring the relationship between social relations and health biomarkers.

Familial migration

This study suggested numerous future directions for both the quantitative and qualitative analysis of familial migration. The number of individuals with migrant family

members included in the survey was relatively small. Future investigations should sample more individuals affected by familial migration and thoroughly examine the social network characteristics, support quality and well-being of this group. Additionally, it would be very interesting to examine differences between the relationship type with the U.S. migrant and differences between individuals with one versus numerous migrant family members in the U.S. For example, there are likely differences in social relations and well-being for individuals with a spouse versus a sibling in the U.S. Moreover, the social relations and well-being of individuals with just one migrant family member likely vary greatly from individuals with numerous family members in the U.S. A larger sample of Mexicans with migrant family members would also permit a more in depth examination of why the separation due to familial migration is detrimental for some families and beneficial for other families. As suggested by follow-up analysis, there are likely distinct differences in the social relations and well-being of families dependent on whether migration is legal or unauthorized. Future studies should address these differences by recruiting sufficient participants to be able to compare the two groups and gain a better understanding of how they are differentially impacted.

Future qualitative research should examine differences in families associated with the experience of familial migration leading to increased family unity or family disintegration. Additionally, it would be beneficial to examine age differences qualitatively by holding focus groups that are not grouped by gender or relationship type, but rather by age. Interviews or discussions with multiple family members would help gain a better perspective on how the family unit is affected and even on how family dynamics change. The current research only addressed the experiences of adults affected

by familial migration. However, there were many indications from the discussions with spouses of migrants that the children left behind by migrants had very unique experiences and perspectives. Future studies should specifically examine how children are affected when a parent migrates to the U.S. A final important future direction suggested by the qualitative data of this study is to examine not only the experiences of one member of the pair separated by migration, but instead both members of the couple. It would be very valuable to complete interviews with both a migrant husband in the U.S. and his wife who remains behind in Mexico.

Finally, this study suggested the need to address familial migration from both sides of the divide, both family members that remain behind and the migrant family members living in the U.S. It would be interesting to complete a survey of migrants in the U.S. examining similar issues as this study. Such a survey would examine social relations and well-being as well as an in-depth examination of how they maintain transnational family ties. The findings from this study indicated negative implications for adults in Mexico who have family members who they have never met because they were born in the U.S. This finding begs the question of how these young children are affected by never having met family members living in Mexico (for example, U.S. born grandchildren who have never met their Mexican grandparents). Future research should examine the social relations and well-being of children of migrants born in the U.S. and examine how they are affected by not being able to meet their family members in Mexico.

Because the findings have suggested that well-being is affected by familial migration, it is important that future research begin to address interventions to help people cope with stresses related to familial migration. In addition to an exploration of

ways to help families cope with separation, future research on familial migration may inspire changes in policies and address how migratory policies impact families and well-being.

Conclusion

The purpose of this study was to examine social relations and well-being in Mexico with a special emphasis on how social support and well-being are impacted by familial out-migration. When considered together, the results for the five research questions of this study emphasize the importance of social support and family dynamics for well-being. This study makes important contributions to the literature by examining cultural differences in social relations and well-being specifically by highlighting the role of social support in Mexican culture. Moreover, the study provides a unique perspective on social relations by examining the effect of familial separation due to migration. An important contribution of this study was to examine these issues using complimentary quantitative and qualitative methods thereby providing a comprehensive understanding of social support and family out-migration. This study adds insight into how social support and family relations change and their influence on well-being when individuals face stressful life situations such as economic crisis or familial separation due to emigration.

Appendix: Tables and Figures

Table 3.1: Survey Age Distribution.

Age	N	Percent
18-29	268	22.2
30-44	312	26.0
45-59	197	16.3
60-74	309	25.5
75+	120	10.0
Total	1206	100
Mean Age = 48.4 (SD 19.64)		

Table 3.2: Survey Gender Distribution.

Gender	N	Percent
Male	581	48.2
Female	625	51.8
Total	1206	100

Table 3.3: Survey Education Level Distribution.

	N	Percent
Never	165	13.7
Elementary	421	34.9
Middle School	260	21.6
High School	217	18.0
University	143	11.9
Total	1206	100

Mean Years of Education = 7.5 (SD 5.2)

Table 3.4: Survey Income Distribution.

Monthly Income			
Mex. Pesos	U.S. Dollars	N	Percent
< 1300	< 100	307	25.5
1300-2600	100-200	262	21.7
2600-5200	200-400	241	20.0
5200+	400+	185	15.3
Total		995	100

Table 3.5: Survey Marital Status Distribution.

	N	Percent
Married	689	57.1
Living w/ partner	86	7.1
Widowed	157	13.0
Divorced	24	2.0
Separated	46	3.8
Never married	203	16.8
Total	1206	100

Table 3.6: Survey Distribution of Immediate Family in the U.S.

	N	Percent
At least 1	230	19.1
None	975	80.8
Total	1205	100

Table 3.7: Variables Examined.

Demographics			
Age	Calculated from date of birth		
Gender	Male = 0, Female = 1		
Marital Status	1 = married, 2 = living together, 3 = separated, 4 = divorced, 5 = widowed, 6 = never married		
Education Level	Last year of education completed, range 0 – 13+		
Income	Total monthly income counting all sources		
Familial Migration	Do you have an immediate family member currently living in the US?	Yes = 1, No = 0	
Structure and Composition			
Network Size	Total number of people listed in social support network using Hierarchical Mapping Technique		
Frequency of Contact - Mean of first 10 in network	How often do you maintain contact with _____?	5 = daily, 4 = weekly, 3 = once or more a month 2 = once or more a year, 1 = irregularly	
Proximity	Does _____ live less than an hour from you?	0 = no, 1 = yes	Mean of first 10
Family Makeup	What is your relationship with _____?	0 = non-family, 1 = family member	Proportion family in first 10
Gender Makeup	Is _____ male or female?	0 = male, 1 = female	Proportion female in first 10
Migrant Makeup	Is _____ currently living in the US?	0 = no, 1 = yes	Proportion migrant in first 10
Quality			

Positive Quality (Positivity) - Mean of 5 questions - Separate scores by relationship type	1. When my ____ has problems, I like to help them. 2. I feel my ____ supports me and is always there when I need him/her. 3. I can share my private feelings and problems with my ____. 4. I like to spend time with my _____. 5. My _____ encourages me in everything I do.	5 = Completely agree 4 = somewhat agree 3 = neither agree nor disagree 2 = somewhat disagree 1 = completely disagree	Mother Father Spouse Sibling Friend Child
Negative Quality (Negativity) - Mean of 4 questions - Separate scores by relationship type	1. My _____ gets on my nerves. 2. My _____ demands too much of me. 3. My _____ always tries to control me or tell me what to do. 4. My _____ and I argue or disagree frequently.	5 = Completely agree 4 = somewhat agree 3 = neither agree nor disagree 2 = somewhat disagree 1 = completely disagree	Mother Father Spouse Sibling Friend Child
Migration Related	<i>Questions asked of individuals who indicated having an immediate family member living in the U.S.</i>		
Frequency of phone calls	How often do you receive calls from family members in the US?	6 = daily, 5 = 2-3 per week, 4 = weekly, 3 = 1-2 per month, 2 = 1-2 per year, 1 = never	
Frequency of remittances	How often do you receive remittances (money) from family members in the US?	6 = daily, 5 = 2-3 per week, 4 = weekly, 3 = 1-2 per month, 2 = 1-2 per year, 1 = never	
Time in the US	How many years has your family member been in the US?	Continuous	
Time since last seen	How many years have passed since the last time you saw him or her in person?	Continuous	
Family members in US never met	Do you have family members (such as grandchildren, nieces or nephews) that you have never met in person?	0 = no 1 = yes	
Well-being			
Depressive Symptoms	- CES-D Short Item (20 items) - Scores range 0-60 - Over 15 indicates possible depression	4 = All the time, 3 = frequently, 2 = sometimes, 1 = rarely or never	
Life Satisfaction	1. For the most part, my life is close to ideal.	7 = completely agree, 6 = strongly agree,	

- 5-item	<p>2. The conditions of my life are excellent.</p> <p>3. I am satisfied with my life.</p> <p>4. Up until now, I have accomplished the things that are most important to me.</p> <p>5. If I could live my life again, I would change almost nothing.</p>	<p>5 = somewhat agree, 4 = neither agree nor disagree, 3 = somewhat disagree, 2 = strongly disagree, 1 = completely disagree</p>
<p>Stress - 4-item General Perceived Stress Scale</p>	<p>1. How often do you feel unable to control the important things in your life?</p> <p>2. How often are you secure about your ability to manage your personal problems? (Backcoded)</p> <p>3. How often have you felt that things go your way? (Backcoded)</p> <p>4. How often have you felt that problems have accumulated so much that you cannot overcome them?</p>	<p>4 = frequently 3 = often 2 = sometimes 1 = rarely 0 = never</p>
<p>Self-rated Health - 1-item</p>	<p>How would you rate your health currently?</p>	<p>5 = Excellent, 4 = Good, 3 = Normal, 2 = Not very good, 1 = Poor</p>
<p>Number of Health Conditions</p>	<p>Count of reported health conditions from list of 30 health conditions or problems.</p>	<p>Continuous</p>

Table 3.8: Pearson correlation matrix among well-being variables.

	Life Satisfaction	Stress	Self-rated Health	Number of health Conditions
Depressive Symptoms	-.347**	.496**	-.323**	.269**
Life Satisfaction		-.324**	.191**	-.159**
Stress			-.272**	.213**
Self-rated health				-.198**

Note: **p < 0.01

Table 3.9: Pearson correlation matrix among social network structure variables.

	Frequency of Contact	Proximity	Family Makeup	Gender Makeup	Migrant Makeup
Network Size	-.200**	.137**	.055	.003	.033
Frequency of Contact		.142**	-.074	-.016	-.268**
Proximity			.156**	.108**	-.120**
Family Makeup				.284**	.016
Gender Makeup					-.064*

Note: **p < 0.01, *p<0.05

Table 3.10: Pearson correlation matrix among positive and negative quality variables.

	Negative Mother	Positive Father	Negative Father	Positive Spouse	Negative Spouse	Positive Sibling	Negative Sibling	Positive Friend	Negative Friend	Positive Child	Negative Child
Positive Mother	-.209**	.558**	-.127*	.091	-.088	.469**	-.080	.174**	-.155*	.092	-.015
Negative Mother		-.152**	.694**	-.042	.566**	-.165**	.636**	-.108	.442**	.043	.407**
Positive Father			-.165**	.152**	-.125*	.338**	-.091	.021	-.077	.183	-.075
Negative Father				-.090	.599**	-.184**	.574**	-.234**	.381**	.116	.352**
Positive Spouse					-.264**	.198**	-.039	.136*	-.057	.137**	.061
Negative Spouse						-.065	.441**	-.073	.493**	-.035	.492**
Positive Sibling							-.160**	.335**	-.057	.211**	-.053
Negative Sibling								-.113*	.569**	-.020	.509**
Positive Friend									-.194**	.441**	-.062
Negative Friend										-.118	.570**
Positive Child											-.062

Note: **p < 0.01, *p<0.05

Table 3.11: Characteristics of focus group participants.

	Parents of Migrants				Wives of Migrants			Return Migrants		
	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6	Group 7	Group 8	Group 9	Group 10
Number of participants	5	4	5	6	4	6	4	7	5	5
Gender	Male	Female	Female	Male	Female	Female	Female	Male	Male	Male
Average Age	59.2	51.2	54.4	61	34.8	32.7	36.5	34.3	40.4	40.6
Range of Ages	40-67	45-55	41-66	51-80	23-42	22-42	32-40	23-58	26-51	24-63
Marital Status	5m	2m, 2w	5m	5m, 1l	1m, 3l	4m, 2l	2m, 2l	6m, 1s	4m, 1l	4m, 1l
Education:										
Never	2	1	2	1	0	0	0	1	0	0
Elementary	3	3	2	3	3	1	1	2	2	2
Middle school	0	0	1	2	0	5	3	2	2	3
High school	0	0	0	0	1	0	0	2	1	0
Average no. of Children	6.6	6.5	5.4	6.5	2.5	2	2.8	1.6	2.4	3.2
Average no. of children in the US	2.6	1.8	2.4	1.5						
Average age first moved to US	21.4	19	20	24.5	31.5	31.2	34	19.9	28.2	32
Average length of time in US	14.2	8.8	11.1	7	2.3	5.4	6.3	4.7	3.8	5.2

Note: Marital Status: m = married, w = widow, l = living together, S = single.

Table 3.12: Guiding questions for focus group discussions.

Overall Experience:

- 1) In your own words, can you describe the experience of having your family member migrate to and live in the U.S.?
- 2) For some people this experience can be positive. Are there ways that you feel you and your family have benefitted from your family member's migration?
- 3) For some people this experience can be not so easy. Are there ways that you feel you and your family have been challenged by your family member's migration?

Communication:

- 4) Can you describe your communication with your family member? What kinds of things do you talk about? What kinds of things do you not talk about?

Roles and Responsibilities:

- 5) Have your roles within the family changed since your family member moved to the US (both within the immediate and extended family)? If so, can you describe how?
- 6) Do you feel your relationships with other family and friends have changed since your family member migrated? If so, can you describe how?
- 7) Can you talk about how you are perceived within the community since your family member moved to the US? Are there different expectations of you or beliefs about your family?

Emotions:

- 8) Do you ever have conflicts with your absent family member? What kinds of things do you have conflict about?
- 9) How have you felt about important events your family member has had to miss (for example: celebrations such as weddings and birthdays, and difficult events such as illnesses or deaths)?
- 10) Do you have concerns or worries about how your family member has changed during his/ her time in the US? Can you describe these feelings?

Global:

- 11) Overall, how do you feel this experience has changed your family?
 - 12) What are your hopes and dreams for your migrant family member in the future?
-

Table 4.1: Descriptives of Social Network Characteristics.

Variable	Mean	SD	Range	N
Network Size	7.8	4.98	1-54	1177
Frequency of Contact	4.3	0.66	1-5	1170
Proximity	0.48	0.26	0-1	1170
Family Makeup	0.87	0.19	0-1	1173
Gender Makeup	0.46	0.22	0-1	1173
Migrant Makeup	0.03	0.10	0-1	1173

Table 4.2: Descriptives of Social Support Quality.

	Positivity				Negativity			
	Mean	SD	Range	N	Mean	SD	Range	N
Mother	4.57	0.75	1-5	638	2.09	1.09	1-5	638
Father	4.36	0.95	1-5	442	2.15	1.09	1-5	442
Spouse	4.75	0.62	1-5	789	2.26	1.11	1-5	789
Sibling	4.53	0.78	1-5	899	1.85	0.94	1-5	899
Friend	4.66	0.54	1-5	369	1.70	0.85	1-5	369
Child	4.81	0.45	1-5	592	1.86	0.93	1-5	592

Table 4.3: Descriptives of Well-being.

Variable	Mean	SD	Range	N
Depressive Symptoms	15.24	9.47	0-51	1179
Life Satisfaction	28.08	6.35	5-35	1185
Stress	5.35	2.73	0-14	1195
Number of health conditions	1.42	2.70	0-13	1206
Self-rated health	3.44	0.86	1-5	1206

Table 4.4: Demographic factors predicting network structure.

	Network Size			Frequency			Proximity			Family Makeup			Gender Makeup			Migrant Makeup		
	B	SE	β	B	SE	β	B	SE	B	B	SE	β	B	SE	β	B	SE	B
Age	.03	.01	.13**	-.01	.00	-.14***	.00	.00	.16***	.00	.00	.33***	.00	.00	.07†	.00	.00	.03†
Gender	.80	.33	.08*	-.12	.04	-.09**	-.03	.02	-.06	-.02	.01	-.06†	-.08	.01	-.17***	.01	.01	.06
Education	.09	.04	.09*	-.01	.01	-.05	-.00	.00	-.05	-.00	.00	-.07†	.00	.00	-.01	.00	.00	.06
R ²	.03			.02			.06			.16			.05			.01		
F	5.3***			4.5***			10.6***			37.4***			9.9***			2.1†		

Note: *** $p \leq 0.001$, ** $p \leq 0.01$, * $p \leq 0.05$, † $p \leq 0.1$.

Table 4.5: Demographic factors predicting positive relationship quality.

	Mother			Father			Spouse			Sibling			Friend			Child		
	B	SE	β	B	SE	β	B	SE	B	B	SE	β	B	SE	β	B	SE	β
Age	-.00	.00	-.08 \dagger	.00	.01	.05	-.01	.00	-.14**	-.00	.00	-.03	.00	.00	-.01	.00	.00	.02
Gender	.01	.07	.00	-.01	.10	-.01	-.22	.05	-.18***	.13	.06	.09	.10	.06	.09	.06	.04	.06
Education	.01	.01	.07	.01	.01	.06	-.01	.01	-.04	.00	.01	.02	.00	.01	.03	-.00	.01	-.03
R ²	.02			.01			.07			.01			.02			.01		
F	2.1 \dagger			.7 n.s.			9.6***			1.8 n.s.			1.0 n.s.			1.1 n.s.		

Note: *** $p \leq 0.001$, ** $p \leq 0.01$, * $p \leq 0.05$, $\dagger p \leq 0.1$, n.s. non-significant.

Table 4.6: Demographic factors predicting negative relationship quality.

	Mother			Father			Spouse			Sibling			Friend			Child		
	B	SE	β	B	SE	β	B	SE	B	B	SE	β	B	SE	β	B	SE	β
Age	-.01	.00	-.09 \dagger	-.01	.01	-.14*	-.01	.00	-.08 \dagger	-.01	.00	-.17***	-.01	.00	-.18**	.02	.00	-.12*
Gender	-.05	.10	-.02	-.19	.12	-.09	-.08	.09	-.03	-.25	.07	-.13***	-.37	.10	-.21***	-.06	.09	-.03
Education	-.01	.01	-.05	.01	.02	.05	-.02	.01	-.07	-.01	.01	-.04	-.01	.01	-.06	-.02	.01	-.12*
R ²	.02			.03			.01			.04			.07			-.01		
F	2.7*			2.4*			1.6 n.s.			5.9***			4.3**			1.7 n.s.		

Note: *** $p \leq 0.001$, ** $p \leq 0.01$, * $p \leq 0.05$, $\dagger p \leq 0.1$.

Table 4.7: Demographic factors predicting well-being outcomes.

	Depressive Symptoms			Life Satisfaction			Stress			Self-rated Health			Diseases		
	B	SE	β	B	SE	β	B	SE	β	B	SE	B	B	SE	B
Age	.00	.02	.01	.02	.01	.06†	-.01	.01	-.07†	-.01	.00	-.24***	.05	.01	.39***
Gender	2.0	.60	.10**	-.72	.42	-.06†	.35	.17	.06*	-.16	.05	-.09**	.61	.16	.11***
Education	-.27	.08	-.14**	-.07	.05	-.06	-.11	.02	-.20***	.03	.01	.20***	-.02	.02	-.04
R ²	.07			.02			.08			.22			.20		
F	15.5***			4.0**			17.7***			56.8***			49.15** *		

Note: *** $p \leq 0.001$, ** $p \leq 0.01$, * $p \leq 0.05$, † $p \leq 0.1$,

Table 4.8: Mean differences in demographics by familial emigration

	Mean (SD)		P-Value
	Family of Migrant	Not Family of Migrant	
Age	45.98 (19.47)	48.96 (19.65)	*
Gender	.52 (.50)	.52 (.50)	n.s.
Income	4.23 (2.83)	3.34 (2.47)	***
Education	8.82 (5.14)	7.20 (5.15)	***

Note: n.s. = non significant, * $p < .05$, *** $p < .001$.

Table 4.9: Mean differences in social network structure and composition by familial out-migration

	Mean (SD)		P-Value
	Family of Migrant	Not Family of Migrant	
Network Size	8.44 (4.63)	7.70 (5.06)	*
Frequency of Contact	4.09 (.74)	4.38 (.62)	***
Geographic Proximity	.42 (.02)	.49 (.01)	**
Family Makeup	.84 (.21)	.87 (.19)	**
Gender Makeup	.46 (.22)	.46 (.22)	n.s.
Migrant Makeup	.11 (.18)	.01 (.06)	***

Note: n.s. = non significant, * $p < .05$, ** $p < .01$, *** $p < .001$.

Table 4.10: Mean differences in social relationship quality by familial emigration

	Positive Quality			Negative Quality		
	Mean (SD)		P-Value	Mean (SD)		P-Value
	Family of Migrant	Not Family of Migrant		Family of Migrant	Not Family of Migrant	
Mother	4.61 (.69)	4.56 (.77)	n.s.	2.17 (1.08)	2.06 (1.09)	n.s.
Father	4.52 (.72)	4.31 (1.01)	*	2.19 (1.01)	2.13 (1.12)	n.s.
Spouse	4.73 (.69)	4.76 (.61)	n.s.	2.25 (1.04)	2.27 (1.13)	n.s.
Sibling	4.63 (.65)	4.50 (.81)	*	1.82 (.90)	1.86 (.95)	n.s.
Best Friend	4.67 (.51)	4.66 (.56)	n.s.	1.67 (.84)	1.71 (.86)	n.s.
Child	4.85 (.34)	4.80 (.47)	n.s.	1.75 (.91)	1.88 (.93)	n.s.

Note: n.s. = non significant, * $p < .05$.

Table 4.11: Mean differences in well-being by familial emigration

	Mean (SD)		P-Value
	Family of Migrant	Not Family of Migrant	
Depressive symptoms	15.15 (9.09)	15.27 (9.56)	n.s.
Life satisfaction	27.50 (6.71)	28.20 (6.26)	n.s.
Stress	5.17 (2.50)	5.40 (2.79)	n.s.
Self-rated health	3.50 (.86)	3.43 (.86)	n.s.
Number of health conditions	1.48 (2.71)	1.41 (2.70)	n.s.

Note: n.s. = non significant.

Table 4.12: Mean differences in positivity and negativity with adult children in Mexico and in the U.S.

(N=35)	Mean (SD)		P-Value
	Child in Mexico	Child in U.S.	
Positivity	4.86(.26)	4.41 (1.06)	*
Negativity	1.61(.64)	1.41 (.55)	*

Note: * $p < .05$.

Table 4.13: Well-being as a function of social network characteristics.

	Depressive Symptoms	Life Satisfaction	Stress	Self-rated Health	Diseases	
	β	β	B	β	β	
Age	-.01	.09*	-.05	-.24***	.36***	
Gender	.15***	-.04	.10**	-.09**	.12***	
Education	-.19***	.02	-.24***	.27***	-.08*	
Network Size	-.02	.01	-.04	-.00	.04	
Frequency of Contact	-.06†	.08*	-.02	.01	-.10***	
Proximity	.01	-.02	-.05	.03	.08**	
Family Makeup	.02	.02	.04	-.02	.02	
Gender Makeup	.01	-.00	-.00	.04	-.02	
Migrant Makeup	.00	-.02	-.05	-.04	.02	
	R ²	.07	.02	.08	.22	.23
	F	8.6***	1.8†	9.0***	31.3***	32.2***
	N	983	989	1001	1005	1005

Note: †p<.10, *p<.05, **p<.005, ***p<.001.

Table 4.14: Well-being as a function of network size and interactions of frequency of contact and age, gender, and migrant status.

	Depressive Symptoms			Life Satisfaction			Stress			Self-Rated Health			Diseases		
	B	SE	β	B	SE	B	B	SE	B	B	SE	β	B	SE	β
Step 1: Main Effects															
Age	.00	.02	.01	.02	.01	.06†	-.01	.01	-.05	-.01	.00	-.24***	.05	.00	.38***
Gender	2.6	.55	.14***	-.72	.38	-.06†	.48	.16	.09**	-.16	.05	-.09***	.66	.14	.12***
Education	-.36	.06	-.19***	-.03	.04	-.02	-.14	.02	-.26***	.04	.01	.27***	-.04	.02	-.08*
Network Size	-.02	.06	-.01	.03	.04	.02	-.02	.02	-.03	-.00	.00	-.01	.03	.01	.05*
	R ²	.07		.01		.07			.21			.21			
	F	19.7***		2.7*		21.7***			77.7***			75.6***			
	N	1147		1147		1162			1172			1172			
Step 2: Interactions															
Age X Network		n.s.		n.s.		n.s.			n.s.			.00	.00	.17†	
	R ²											.21			
	ΔR^2											.00			
Gender X Network		n.s.		n.s.		n.s.			n.s.			n.s.			
MigFam X Network		n.s.		-.25	.11	-.15*	n.s.			n.s.			n.s.		
	R ²			.02											
	ΔR^2			.01											

Note: n.s. = non significant, †p<.10, *p<.05, **p<.005, ***p<.001.

Table 4.15: Well-being as a function of frequency of contact and interactions of frequency of contact and age, gender, and migrant status.

<u>Step 1: Main Effects</u>	<u>Depressive Symptoms</u>			<u>Life Satisfaction</u>			<u>Stress</u>			<u>Self-Rated Health</u>			<u>Diseases</u>				
	B	SE	β	B	SE	B	B	SE	B	B	SE	β	B	SE	β		
Age	.00	.02	.00	.02	.01	.07*	-.01	.01	-.05	-.01	.00	-.23***	.05	.00	.38***		
Gender	2.5	.55	.13***	-.62	.38	-.05	.46	.16	.09**	-.16	.05	-.09***	.64	.14	.12***		
Education	-.37	.06	-.20***	-.02	.04	-.02	-.14	.02	-.26***	.04	.01	.27***	-.04	.02	-.08*		
Frequency	-.66	.42	-.05	.61	.29	.06	.00	.12	.00	.04	.03	.03	-.37	.11	-.09**		
	R ²	.07		.01		.07		.21		.21		.21					
	F	20.5***		3.6**		20.7***		77.7***		78.1***		78.1***					
	N	1141		1145		1156		1162		1166		1166					
<u>Step 2: Interactions</u>																	
Age X Frequency		n.s.		n.s.		-.01		.01	-.35†		n.s.		-.02		.01	-.61**	
	R ²					.07				.22				.22			
	ΔR^2					.00				.01				.01			
Gender X Frequency		n.s.		n.s.				n.s.		.22		.27	.57**		n.s.		
	R ²									.22							
	ΔR^2									.01							
MigFam X Frequency		n.s.		n.s.				n.s.				n.s.				n.s.	

Note: n.s. = non significant, †p<.10, *p<.05, **p<.005, ***p<.001.

Table 4.16: Well-being as a function of proximity with network and interactions of proximity with network and age, gender, and migrant status.

<u>Step 1: Main Effects</u>	Depressive Symptoms			Life Satisfaction			Stress			Self-Rated Health			Diseases		
	B	SE	β	B	SE	B	B	SE	B	B	SE	β	B	SE	B
Age	.00	.02	.00	.03	.01	.08	-.01	.01	-.04	-.01	.00	-.25***	.05	.01	.38***
Gender	2.9	.59	.15***	-.61	.41	-.05	.51	.17	.09**	-.16	.05	-.09**	.72	.15	.13***
Education	-.36	.07	-.20***	.01	.05	.01	-.13	.02	-.26***	.05	.01	.27***	-.03	.02	-.07†
Proximity	.10	1.1	.00	.06	.80	.00	-.47	.32	-.05	.12	.09	.04	.71	.30	.07*
	R ²	.07		.01		.07		.21		.21		.21			
	F	18.2***		2.1†		19.0***		69.4***		70.0***		70.0***			
	N	983		989		1001		1005		1005		1005			
<u>Step 2: Interactions</u>															
Age X Proximity	n.s.			n.s.			n.s.			n.s.			n.s.		
Gender X Proximity	n.s.			n.s.			n.s.			.40	.19	.14*	n.s.		
	R ²														
	ΔR^2														
MigFam X Proximity	n.s.			n.s.			n.s.			n.s.			n.s.		

Note: n.s. = non significant, †p<.10, *p<.05, **p<.005, ***p<.001.

Table 4.17: Well-being as a function of family makeup and interactions of family makeup and age, gender, and migrant status.

Step 1: Main Effects	Depressive Symptoms			Life Satisfaction			Stress			Self-Rated Health			Diseases		
	B	SE	β	B	SE	B	B	SE	B	B	SE	β	B	SE	β
Age	.00	.02	.00	.02	.01	.06†	-.01	.01	-.06†	-.01	.00	-.23***	.05	.00	.37***
Gender	2.6	.55	.14***	-.68	.38	-.05†	.46	.16	.09**	-.16	.05	-.10***	.69	.14	.13***
Education	-.36	.06	-.19***	-.03	.04	-.02	-.13	.02	-.26***	.04	.01	.26***	-.03	.02	-.06*
Family Makeup	.88	1.5	.56	.05	1.0	.00	.58	.43	.04	-.07	.12	-.02	.56	.39	.04
	R ²	.06		.01		.07		.21		.20					
	F	19.6***		2.5*		21.3***		77.1***		74.8***					
	N	1144		1148		1159		1169		1169					
<u>Step 2: Interactions</u>															
Age X Family	.21	.08	.49**	-.13	.06	-.43*	.04	.02	.30†			n.s.			n.s.
	R ²	.07		.01		.07									
	ΔR^2	.01		.00		.00									
Gender X Family		n.s.		n.s.		n.s.		n.s.		n.s.		1.83		.72	.36*
	R ²													.21	
	ΔR^2													.01	
MigFam X Family		n.s.		n.s.		n.s.		n.s.		n.s.		n.s.		n.s.	

Note: n.s. = non significant, †p<.10, *p<.05, **p<.005, ***p<.001.

Table 4.18: Well-being as a function of gender makeup and interactions of gender makeup and age, gender, and migrant status.

<u>Step 1: Main Effects</u>	Depressive Symptoms			Life Satisfaction			Stress			Self-Rated Health			Diseases		
	B	SE	β	B	SE	B	B	SE	B	B	SE	β	B	SE	β
Age	.00	.02	.01	.02	.01	.07†	-.01	.01	-.05	-.01	.00	-.24***	.05	.00	.39***
Gender	2.6	.56	.14***	-.70	.39	-.06†	.45	.16	.08**	-.16	.05	-.09**	.69	.14	.13***
Education	-.36	.06	-.20***	-.03	.04	-.02	-.14	.02	-.26***	.04	.01	.26***	-.04	.02	-.07*
Proportion Female	.86	1.2	.02	-.35	.86	-.01	-.02	.36	-.00	.08	.10	.02	.08	.32	.00
	R ²	.07		.01			.07			.21			.20		
	F	19.7***		2.5*			20.8***			77.2***			74.1***		
	N	1144		1148			1159			1169			1169		
<u>Step 2: Interactions</u>															
Age X Gender Makeup			n.s.	.07	.04	.18†			n.s.			n.s.			n.s.
	R ²			.01											
	ΔR^2			.00											
Gender X Gend. Makeup			n.s.			n.s.			n.s.	.60	.20	.19**			n.s.
	R ²									.22					
	ΔR^2									.01					
MigFam X Gend. Mkup.			n.s.			n.s.			n.s.			n.s.	-1.72	.81	-.21*
	R ²												.21		
	ΔR^2												.01		

Note: n.s. = non significant, †p<.10, *p<.05, **p<.005, ***p<.001.

Table 4.19: Well-being as a function of migrant makeup and interactions of migrant makeup and age, gender, and migrant status.

<u>Step 1: Main Effects</u>	Depressive Symptoms			Life Satisfaction			Stress			Self-Rated Health			Diseases		
	B	SE	β	B	SE	β	B	SE	B	B	SE	β	B	SE	β
Age	.00	.02	.01	.02	.01	.07†	-.01	.01	-.04	-.01	.00	-.23***	.05	.00	.39***
Gender	2.5	.55	.13***	-.67	.38	-.05†	.46	.16	.09**	-.16	.05	-.09***	.68	.14	.13***
Education	-.36	.06	-.20***	-.02	.04	-.02	-.13	.02	-.25***	.04	.01	.27***	-.04	.02	-.07*
Migrant makeup	.29	2.7	.00	-1.6	1.9	-.02	-1.2	.77	-.04	-.37	.22	-.04†	.84	.69	.03
	R ²	.06		.01		.07		.21		.20					
	F	19.5***		2.6*		21.4***		77.9***		74.6***					
	N	1144		1148		1159		1169		1169					
<u>Step 2: Interactions</u>															
Age X Migrant		-.32	.14	-.18*		n.s.		n.s.		-.03	.01	-.19**			n.s.
	R ²	.07								.22					
	ΔR^2	.01								ΔR^2		.01			
Gender X Migrant			n.s.			n.s.	2.7	1.6	.08†			n.s.			n.s.
	R ²					.07									
	ΔR^2					.00									
Migfam X Migrant Makeup			n.s.			n.s.			n.s.			n.s.			n.s.

Table 4.20: Well-being as a function of positive support quality with mother and interactions of positive quality with mother and age, gender, and migrant status.

	Depressive Symptoms			Life Satisfaction			Stress			Self-Rated Health			Diseases		
	B	SE	β	B	SE	β	B	SE	β	B	SE	β	B	SE	β
Age	-.03	.03	-.04	.01	.22	.03	.00	.01	.00	-.02	.00	-.24***	.06	.01	.37***
Gender	2.5	.73	.14**	-.57	.54	-.04	.28	.21	.05	-.14	.06	-.09*	.50	.14	.13**
Education	-.38	.09	-.18***	-.04	.07	-.03	-.13	.03	-.21***	.05	.01	.25***	-.03	.02	-.06
Positive Mother	-1.3	.49	-.11**	1.1	.35	.12**	-.24	.14	-.07†	.07	.04	.07†	-.06	.10	-.02
R ²	.07			.02			.06			.20			.18		
F	11.5***			2.6*			10.5***			38.7***			35.1***		
N	625			628			632			636			636		
Interactions															
Age X Pos Mom	.07	.04	.47†			n.s.	.02	.02	.42†	.01	.00	.84***	-.02	.01	-.67**
Gender X Pos Mom			n.s.			n.s.			n.s.			n.s.			n.s.
MigFam X Pos Mom			n.s.			n.s.			n.s.			n.s.			n.s.

Note: *** $p \leq 0.001$, ** $p \leq 0.01$, * $p \leq 0.05$, † $p \leq 0.1$, Ns: non-significant

Table 4.21: Well-being as a function of negative support quality with mother and interactions of negative quality with mother and age, gender, and migrant status.

	Depressive Symptoms			Life Satisfaction			Stress			Self-Rated Health			Diseases		
	B	SE	β	B	SE	β	B	SE	β	B	SE	β	B	SE	β
Age	.00	.03	.00	.00	.02	.01	.01	.01	.04	-.02	.00	-.24***	.06	.01	.38***
Gender	2.7	.71	.14***	-.62	.54	-.05	.30	.21	.06	-.15	.06	-.09*	.50	.14	.13**
Education	-.39	.09	-.19***	-.03	.07	-.02	-.13	.03	-.22***	.05	.01	.26***	-.03	.02	-.06
Negative mother	2.1	.33	.25***	-.48	.25	-.08*	.47	.10	.19***	.02	.03	.03	.09	.07	.05
R ²	.12			.10			.09			.19			.18		
F	20.9***			1.4 n.s.			16.2***			37.9***			35.7***		
N	625			628			632			636			636		
Interactions															
Age X Neg Mom	n.s.			n.s.			n.s.			n.s.			n.s.		
Gender X Neg Mom	1.33	.66	.19*	n.s.			.33	.19	.16†	n.s.			n.s.		
MigFam X Neg Mom	n.s.			n.s.			n.s.			n.s.			n.s.		

Note: *** p \leq 0.001, ** p \leq 0.01, * p \leq 0.05, † p \leq 0.1, Ns: non-significant

Table 4.22: Well-being as a function of positive support quality with father and interactions of positive quality with father and age, gender, and migrant status.

	Depressive Symptoms			Life Satisfaction			Stress			Self-Rated Health			Diseases		
	B	SE	β	B	SE	β	B	SE	β	B	SE	β	B	SE	β
Age	.03	.04	.03	.04	.03	.06	.00	.01	.00	-.01	.00	-.18***	.03	.01	.26***
Gender	2.1	.87	.12*	-.26	.63	-.02	.14	.25	.03	-.23	.07	-.15**	.12	.13	.04
Education	-.21	.11	-.10*	-.10	.08	-.06	-.12	.03	-.19***	.04	.01	.24***	-.03	.02	-.08
Positive Father	-1.2	.45	-.13**	.55	.33	.08†	-.19	.13	-.07	.01	.03	.01	.07	.07	.05
R ²	.05			.02			.05			.15			.09		
F	5.7***			1.7 n.s.			5.4***			18.5***			10.3***		
N	433			436			440			441			441		
Interactions															
Age X Pos Dad	.07	.04	.47†	n.s.			n.s.			n.s.			.01	.01	.50†
Gender X Pos Dad	-1.57	.89	-.39†	n.s.			-.53	.26	-.46*	n.s.			n.s.		
MigFam X Pos Dad	n.s.			n.s.			n.s.			n.s.			n.s.		

Note: *** p \leq 0.001, ** p \leq 0.01, * p \leq 0.05, † p \leq 0.1, Ns: non-significant

Table 4.23: Well-being as a function of negative support quality with father and interactions of negative quality with father and age, gender, and migrant status.

	Depressive Symptoms			Life Satisfaction			Stress			Self-Rated Health			Diseases		
	B	SE	β	B	SE	β	B	SE	β	B	SE	β	B	SE	β
Age	.06	.04	.07	.03	.03	.05	.01	.01	.03	-.01	.00	.23***	.03	.01	.26***
Gender	2.4	.85	.13**	-.28	.63	-.02	.21	.24	.04	-.23	.07	-.16**	.13	.13	.05
Education	-.23	.10	-.11*	-.10	.08	-.07	-.12	.03	-.20***	.04	.01	.23***	-.03	.01	.26
Negative father	2.1	.39	.36***	-.38	.29	-.06	.58	.11	.24***	-.04	.03	-.06	.06	.06	.05
R ²	.10			.01			.10			.14			.09		
F	11.2***			1.6 n.s.			11.9***			18.1***			10.3***		
N	432			435			439			440			440		
Interactions															
Age X Neg Dad			n.s.			n.s.	.02	.01	.28†			n.s.			n.s.
Gender X Neg Dad			n.s.			n.s.	.37	.22	.19†			n.s.			n.s.
MigFam X Neg Dad			n.s.			n.s.			n.s.			n.s.			n.s.

Note: *** p ≤ 0.001, ** p ≤ 0.01, * p ≤ 0.05, † p ≤ 0.1, n.s.: non-significant

Table 4.24: Well-being as a function of positive support quality with spouse and interactions of positive quality with spouse and age, gender, and migrant status.

	Depressive Symptoms			Life Satisfaction			Stress			Self-Rated Health			Diseases		
	B	SE	β	B	SE	β	B	SE	β	B	SE	β	B	SE	β
Age	-.01	.02	-.02	.04	.01	.10*	-.01	.01	-.06	-.01	.00	-.23***	.06	.01	.39***
Gender	1.9	.68	.11**	-.28	.46	-.02	.55	.21	.10**	-.20	.06	-.12***	.67	.18	.13***
Education	-.30	.07	-.16***	-.01	.05	-.01	-.12	.02	-.20***	.05	.01	.27***	-.05	.02	-.09*
Positive Spouse	-2.5	.52	-.17***	2.1	.35	.21***	-.17	.16	-.04	-.01	.04	-.01	-.08	.14	-.02
R ²	.08			.06			.05			.19			.20		
F	15.5***			11.5***			11.0***			45.5***			47.9***		
N	770			775			781			787			787		
Interactions															
Age X Pos Sp			n.s.	-.04	.02	-.63*			n.s.	-.01	.00	-.62*			n.s.
Gender X Pos Sp			n.s.			n.s.	-.65	.35	-.56†	.18	.10	.52†	-.51	.30	-.49†
MigFam X Pos Sp			n.s.			n.s.			n.s.			n.s.			n.s.

Note: *** $p \leq 0.001$, ** $p \leq 0.01$, * $p \leq 0.05$, † $p \leq 0.1$, n.s.: non-significant

Table 4.25: Well-being as a function of negative support quality with spouse and interactions of negative quality with spouse and age, gender, and migrant status.

	Depressive Symptoms			Life Satisfaction			Stress			Self-Rated Health			Diseases		
	B	SE	β	B	SE	β	B	SE	β	B	SE	β	B	SE	B
Age	.01	.02	.02	.02	.01	.06	-.01	.01	-.04	-.01	.00	-.23***	.06	.01	.40***
Gender	2.6	.65	.14***	-.84	.46	-.07†	.62	.20	.11**	-.20	.06	-.12***	.7	.17	.14***
Education	-.26	.07	-.14***	-.03	.05	-.03	-.11	.02	-.19***	.05	.01	.27***	-.05	.02	-.09*
Negative Spouse	1.9	.28	.24***	-.89	.20	-.16***	.33	.09	.13***	-.01	.02	-.01	.02	.08	.01
R ²	.10			.04			.07			.19			.20		
F	22.1***			7.5***			14.6***			45.5***			47.8***		
N	770			775			781			787			787		
Interactions															
Age X Neg Sp			n.s.			n.s.			n.s.			n.s.			n.s.
Gender X Neg Sp			n.s.	-.73	.40	-.16†	.31	.17	.15†			n.s.			n.s.
FamMig X Neg Sp			n.s.			n.s.			n.s.			n.s.			n.s.

Note: *** $p \leq 0.001$, ** $p \leq 0.01$, * $p \leq 0.05$, † $p \leq 0.1$, Ns: non-significant

Table 4.26: Well-being as a function of positive support quality with sibling and interactions of positive quality with sibling and age, gender, and migrant status.

	Depressive Symptoms			Life Satisfaction			Stress			Self-Rated Health			Diseases		
	B	SE	β	B	SE	β	B	SE	β	B	SE	β	B	SE	B
Age	.01	.02	.02	.02	.01	.07†	-.01	.01	-.06	-.01	.00	-.23***	.05	.01	.38***
Gender	3.2	.63	.17***	-.95	.43	-.08*	.60	.18	.11**	-.14	.05	-.08**	.69	.16	.13***
Education	-.30	.07	-.16***	-.03	.05	-.03	-.12	.02	-.23***	.05	.01	.28***	-.04	.02	-.08*
Positive Sibling	-1.2	.40	-.10**	.99	.27	.12***	-.29	.11	-.08*	.04	.03	.03	-.01	.10	-.00
R ²	.07			.03			.07			.21			.20		
F	16.9***			5.3*			15.8***			57.6***			57.0***		
N	879			881			888			895			895		
Interactions															
Age x Pos Sib			n.s.			n.s.	.02	.01	.54**			n.s.			n.s.
Gender X Pos Sib	-1.74	.80	-.43*			n.s.			n.s.			n.s.			n.s.
MigFam X Pos Sib			n.s.			n.s.			n.s.	-.16	.09	-.35†			n.s.

Note: *** p \leq 0.001, ** p \leq 0.01, * p \leq 0.05, † p \leq 0.1, Ns: non-significant

Table 4.27: Well-being as a function of negative support quality with sibling and interactions of negative quality with sibling and age, gender, and migrant status.

	Depressive Symptoms		Life Satisfaction			Stress			Self-Rated Health			Diseases					
	B	SE	B	B	SE	B	B	SE	B	B	SE	B	B	SE	B		
Age	.03	.02	.06	.02	.01	.05	-.00	.01	-.03	-.01	.00	-.23***	.05	.01	.38***		
Gender	2.4	.62	.18***	-.95	.43	-.08*	.66	.18	.13***	-.14	.05	-.08**	.67	.16	.13***		
Education	-.29	.07	-.15***	-.03	.05	-.02	-.12	.02	-.22***	.05	.01	.28***	-.04	.02	-.08*		
Negative sibling	1.8	.33	.18***	-.57	.23	-.09*	.49	.09	.17***	-.02	.03	-.02	-.08	.08	-.03		
R ²	.09		.02			.09			.21			.21					
F	22.6***		3.7**			21.4***			57.3***			57.3***					
N	879		881			888			895			895					
Interactions																	
Age X Neg Sib			n.s.			n.s.			n.s.			.00	.00	.18*	-.01	.00	-.26**
Gender X Neg Sib			n.s.			n.s.			n.s.			n.s.			n.s.		
MigFam X Neg Sib			n.s.			n.s.			n.s.			n.s.			n.s.		

Note: *** p≤ 0.001, ** p≤ 0.01, * p≤ 0.05, † p≤ 0.1, n.s.: non-significant

Table 4.28: Well-being as a function of positive support quality with friend and interactions of positive quality with friend and age, gender, and migrant status.

	Depressive Symptoms			Life Satisfaction			Stress			Self-Rated Health			Diseases		
	B	SE	β	B	SE	β	B	SE	B	B	SE	β	B	SE	β
Age	-.04	.03	-.08	.08	.02	.023***	-.02	.01	-.12*	-.01	.00	-.26***	.05	.01	.41***
Gender	2.7	.97	.14**	-1.8	.70	-.13*	.52	.28	.10†	-.26	.08	-.15**	.62	.21	.14**
Education	-.37	.10	-.20**	.10	.08	.07	-.13	.03	-.24***	.05	.01	.26***	-.04	.02	-.09†
Positive Friend	-2.2	.89	-.13*	1.1	.64	.09†	-.55	.26	-.11*	.11	.08	.07	-.13	.19	-.03
R ²	.07			.06			.07			.23			.24		
F	6.6***			6.0***			6.7***			27.1***			28.8***		
N	360			361			365			366			366		
Interactions															
Age X Pos Friend			n.s.			n.s.	.03	.01	.90*	-.01	.00	-.67†			n.s.
Gender X Pos Fr			n.s.			n.s.			n.s.			n.s.			n.s.
MigFam X Pos Fr	3.58	.214	.78†			n.s.			n.s.	.33	.18	.77†			n.s.

Note: *** p \leq 0.001, ** p \leq 0.01, * p \leq 0.05, † p \leq 0.1, n.s.: non-significant

Table 4.29: Well-being as a function of negative support quality with best friend and interactions of negative quality with friend and age, gender, and migrant status.

	Depressive Symptoms			Life Satisfaction			Stress			Self-Rated Health			Diseases		
	B	SE	β	B	SE	β	B	SE	β	B	SE	β	B	SE	β
Age	-.02	.03	-.03	.08	.02	.21***	-.01	.01	-.09	-.01	.00	-.27***	.05	.01	.43***
Gender	2.1	.96	.17**	-1.8	.71	-.13*	.62	.28	.11*	-.26	.08	-.15**	.65	.21	.14**
Education	-.34	.11	-.19**	.10	.08	.07	-.13	.03	-.24***	.05	.01	.26***	-.04	.02	-.09†
Negative Friend	2.5	.57	.22***	-.39	.42	-.05	.49	.17	.15**	-.01	.05	-.01	.14	.13	.05
R ²	.10			.06			.08			.23			.24		
F	9.72***			4.5***			7.8***			26.4***			29.1***		
N	360			361			365			366			366		
Interactions															
Age X Neg Friend			n.s.			n.s.	-.02	.09	-.29†	.01	.00	.23†			n.s.
Gender X Neg Fr	2.01	1.14	.21†			n.s.			n.s.			n.s.			n.s.
MigFam X Neg Fr			n.s.			n.s.			n.s.			n.s.			n.s.

Note: *** p \leq 0.001, ** p \leq 0.01, * p \leq 0.05, † p \leq 0.1, n.s.: non-significant

Table 4.30: Well-being as a function of positive support quality with child and interactions of positive quality with child and age, gender, and migrant status.

	Depressive Symptoms			Life Satisfaction			Stress			Self-Rated Health			Diseases		
	B	SE	β	B	SE	β	B	SE	β	B	SE	β	B	SE	B
Age	.04	.03	.06	.03	.02	.06	-.00	.01	-.02	-.01	.00	-.15***	.07	.01	.34***
Gender	3.6	.81	.18***	-1.2	.52	-.09*	.66	.23	.12**	-.14	.07	-.08*	1.05	.25	.17***
Education	-.32	.09	-.16***	.04	.06	.03	-.15	.03	-.26***	.04	.01	.25***	-.03	.03	-.04
Positive Child	-2.7	.87	-.12**	1.9	.56	.14**	-.60	.25	-.10*	.08	.07	.04	.15	.27	.02
R ²	.09			.03			.10			.13			.14		
F	14.1***			5.1**			15.1***			21.6***			24.1***		
N	573			572			582			588			588		
Interactions															
Age X Pos Child	n.s.			n.s.			n.s.			-.01	.01	-.88†	n.s.		
Gender X Pos Ch	n.s.			n.s.			-.91	.51	-.78†	n.s.			n.s.		
MigFam X Pos Ch	n.s.			n.s.			n.s.			n.s.			n.s.		

Note: *** p \leq 0.001, ** p \leq 0.01, * p \leq 0.05, † p \leq 0.1, Ns: non-significant

Table 4.31: Well-being as a function of negative support quality with child and interactions of negative quality with child and age, gender, and migrant status.

	Depressive Symptoms			Life Satisfaction			Stress			Self-Rated Health			Diseases		
	B	SE	β	B	SE	β	B	SE	β	B	SE	β	B	SE	B
Age	.05	.03	.08†	.02	.02	.06	-.00	.01	-.01	-.01	.00	-.15**	.07	.01	.33***
Gender	3.6	.81	.18***	-1.2	.53	-.09*	.67	.23	.12**	-.14	.07	-.08*	1.05	.25	.17***
Education	-.28	.09	-.14**	.03	.06	.03	-.14	.03	-.24***	.04	.01	.26***	-.03	.03	-.04
Negative Child	1.4	.43	.13**	-.43	.28	-.07	.32	.12	.11**	.03	.04	.03	-.02	.13	-.00
R ²	.09			.02			.10			.13			.14		
F	14.2***			2.7*			15.4***			21.4***			24.1***		
N	573			572			582			588			588		
Interactions															
Age X Neg Child	n.s.			n.s.			n.s.			n.s.			n.s.		
Gender X Neg Ch	n.s.			n.s.			n.s.			n.s.			n.s.		
MigFam X Neg Ch	n.s.			n.s.			n.s.			n.s.			n.s.		

Note: *** $p \leq 0.001$, ** $p \leq 0.01$, * $p \leq 0.05$, † $p \leq 0.1$, n.s.: non-significant

Table 4.32: Well-being as a function of transnational factors for family members of migrants.

	Depressive Symptoms	Life Satisfaction	Stress	Self-rated Health	Diseases	
	β	β	β	B	β	
Age	-.11	.21**	-.13†	-.28***	.28***	
Gender	.22***	-.10	.18**	-.15*	.15*	
Education	-.28***	.12	-.34***	.23***	-.20**	
Frequency of phone calls	-.16*	.14†	-.02	.04	-.05	
Frequency of remittances	-.05	-.00	-.02	-.01	-.02	
Time in U.S.	-.00	-.08	-.06	.01	.08	
Time since last seen	-.07	.19*	-.09	.09	-.10	
Has USC family never met	-.03	.02	.08	-.15*	-.08	
	R ²	.15	.07	.15	.26	.24
	F	4.7***	2.1*	4.6***	9.8***	8.6***
	N	223	224	227	229	229

Note: *** $p \leq 0.001$, ** $p \leq 0.01$, * $p \leq 0.05$, † $p \leq 0.1$

Table 4.33: Distribution of individuals with migrant family members by age and education level

Age	Level of Education					Totals
	Never	Elementary	Middle School	High School	University	
18-29	2 (25%)	5 (16.7%)	12 (14.5%)	32 (34.4%)	16 (31.4%)	67 (25.1%)
30-44	0 (0%)	7 (8.1%)	20 (19.8%)	9 (11.4%)	13 (31.7%)	49 (15.7%)
45-59	5 (21.7%)	20 (22.7%)	9 (23.7%)	6 (22.2%)	6 (28.6%)	46 (23.4%)
60-74	7 (8.9%)	27 (16.7%)	11 (35.5%)	2 (14.3%)	3 (13.0%)	50 (16.2%)
74+	7 (14.0%)	7 (12.7%)	2 (28.6%)	1 (100%)	1 (20.0%)	18 (15.0%)
Totals	21 (12.7%)	66 (15.7%)	54 (20.8%)	50 (23.0%)	39 (27.5%)	230 (19.1%)

Note: Percentages represent the percent of that age-by-education group that have a migrant family member.

Table 4.34: Distribution of focus group participants (wives and parents of migrants).

Age	Level of Education					Totals
	Never	Elementary	Middle School	High School	University	
18-29			2	1		3
30-44	1	5	7			13
45-59	2	7	1			10
60-74	2	4	1			7
74+	1					1
Totals	6	16	11	1	0	34

Table 4.35: Social gradient for self-rated health

Education Level	Report good or excellent health		
	No migrant family	Migrant family	Total sample
Never	20.1%	23.8%	20.6%
Elementary School	27.3%	28.8%	27.6%
Middle School	54.9%	51.6%	54.2%
High School	73.1%	64.0%	71.0%
University or more	76.7%	82.1%	78.3%

Table 4.36: Mean differences in demographics between parents of migrants and parents of non-migrants

	Mean (SD)		P-Value
	Parents of migrant	Not Parents of Migrant	
Age	Matched		
Gender	Matched		
Income	3.39 (2.39)	3.12 (2.46)	n.s.
Education	5.98 (4.47)	5.82 (5.36)	n.s.

Note: n.s. = non significant.

Table 4.37: Mean differences in social network structure and composition between parents of migrants and parents of non-migrants.

	Mean (SD)		P-Value
	Parent of Migrant	Not Parent of Migrant	
Network Size	8.81 (4.08)	10.37 (10.11)	n.s.
Frequency of Contact	3.56 (.88)	4.29 (.66)	***
Geographic Proximity	.31(.20)	.48 (.25)	***
Family Makeup	.91 (.16)	.94 (.15)	n.s.
Gender Makeup	.43 (.19)	.53 (.26)	*
Migrant Makeup	.27 (.24)	.02 (.06)	***

Note: n.s. = non significant, * $p < .05$, *** $p < .001$.

Table 4.38: Mean differences in social relationship quality between parents of migrants and parents of non-migrants.

	Positive Quality			Negative Quality		
	Mean (SD)		P-Value	Mean (SD)		P-Value
	Parent of Migrant	Not Parent of Migrant		Family of Migrant	Not Family of Migrant	
Mother	4.41 (.89)	3.97 (1.31)	n.s.	1.88 (0.84)	1.83 (1.29)	n.s.
Father	4.96 (.09)	4.52 (.65)	n.s.	1.40 (.54)	1.95 (1.00)	n.s.
Spouse	4.95 (.15)	4.87 (.28)	n.s.	1.90 (.93)	1.91 (0.86)	n.s.
Sibling	4.75 (.49)	4.56 (.77)	n.s.	1.55 (.58)	1.50 (.65)	n.s.
Best Friend	4.79 (.54)	4.42 (1.08)	n.s.	1.36 (1.36)	1.38 (.46)	n.s.
Child	4.88 (.25)	4.86 (.27)	n.s.	1.59 (.62)	1.60 (.82)	n.s.

Note: n.s. = non significant.

Table 4.39: Mean differences in well-being between parents of migrants and parents of non-migrants.

	Mean (SD)		P-Value
	Parents of Migrant	Not Parents of Migrant	
Depressive symptoms	13.38 (9.44)	15.91 (8.97)	n.s.
Life satisfaction	28.76 (6.68)	29.85 (5.88)	n.s.
Stress	5.34 (2.68)	5.66 (2.96)	n.s.
Self-rated health	3.07 (.92)	3.14 (1.00)	n.s.
Number of health conditions	2.55 (2.72)	2.53 (3.16)	n.s.

Note: n.s. = non significant.

Table 4.40: Mean differences in demographics between return migrants and never-migrants

	Mean (SD)		P-Value
	Return migrants	Never-migrants	
Age	Matched		
Gender	Matched		
Income	5.00 (2.73)	4.54 (2.96)	n.s.
Education	9.53 (5.73)	8.87 (4.23)	n.s.

Note: n.s. = non significant.

Table 4.41: Mean differences in social network structure and composition between return migrants and never-migrants

	Mean (SD)		P-Value
	Return migrants	Never-migrants	
Network Size	8.16 (5.52)	7.67 (4.74)	n.s.
Frequency of Contact	4.15 (.73)	4.17 (.94)	n.s.
Geographic Proximity	.39(.26)	.42 (.24)	n.s.
Family Makeup	.81 (.28)	.90 (.16)	†
Gender Makeup	.46 (.20)	.54 (.21)	n.s.
Migrant Makeup	.15 (.21)	.06 (.19)	*

Note: n.s. = non significant, * $p < .05$, *** $p < .001$, † $p < 0.10$.

Table 4.42: Mean differences in social relationship quality between return migrants and never-migrants

	Positive Quality			Negative Quality		
	Mean (SD)		P-Value	Mean (SD)		P-Value
	Return migrants	Never-migrants		Return migrants	Never-migrants	
Mother	4.22 (.87)	4.36 (.95)	n.s.	2.29 (0.95)	1.64 (1.03)	*
Father	4.60 (.70)	3.83 (1.41)	n.s.	2.08 (.94)	1.76 (0.81)	n.s.
Spouse	4.80 (.39)	4.81 (.65)	n.s.	2.17 (.84)	2.31 (1.10)	n.s.
Sibling	4.45 (.63)	4.56 (.54)	n.s.	1.70 (.84)	1.55 (.71)	n.s.
Best Friend	4.41 (.85)	4.50 (1.24)	n.s.	1.39 (.52)	1.42 (.60)	n.s.
Child	4.64 (.84)	4.59 (.91)	n.s.	1.80 (.59)	1.82 (.84)	n.s.

Note: n.s. = non significant, * $p < 0.05$.

Table 4.43: Mean differences in well-being between return migrants and never-migrants

	Mean (SD)		P-Value
	Return migrants	Never-migrants	
Depressive symptoms	12.79 (7.67)	15.75 (12.18)	n.s.
Life satisfaction	27.35 (6.61)	27.89 (6.61)	n.s.
Stress	4.46 (2.72)	4.55 (2.72)	n.s.
Self-rated health	3.48 (.84)	3.40 (1.05)	n.s.
Number of health conditions	1.28 (2.39)	0.73 (2.09)	n.s.

Note: n.s. = non significant.

Table 4.44: Summary of significant findings for part 2 of research question 1.

Significant mean differences between individuals with and without migrant family members:						
Demographics		Network Structure		Positive Quality	Negative Quality	Well-being
Age	✓	Network Size	✓	Mother	Mother	Depressive Symptoms
Gender		Frequency of Contact	✓	Father	✓ Father	Life Satisfaction
Income	✓	Geographic Proximity	✓	Spouse	Spouse	Stress
Education	✓	Family Makeup	✓	Sibling	✓ Sibling	Self-rated Health
		Gender Makeup		Best Friend	Best Friend	Health Conditions
		Migrant Makeup	✓	Child	Child	
Significant mean differences in support quality between local child and migrant child:						
Positive	✓					
Negative	✓					

Note: ✓ indicates significant mean difference.

Table 4.45: Summary of significant findings for research questions 1, 2, 3, and 4.

RQ1: Description of social relations and well-being, RQ2: Social network characteristics predicting well-being
 RQ3: Social support quality predicting well-being, RQ4: Migratory effects on well-being

Variables	Main Effects					Age Interactions					Gender Interactions					Familial Migrant Interactions					
	D	LS	S	SH	H.	D	LS	S	SH	H.	D	LS	S	SH	H.	D	LS	S	SH	H.	
Research Question 1	Age	.	.	.	✓	✓															
	Gender	✓	.	✓	✓	✓															
	Education level	✓	.	✓	✓	.															
Research Question 2	Network Size	.	.	.	.	✓	.	.	.	.	✓	.	.	.	.	.	✓	.	.	.	.
	Freq. contact	.	.	.	.	✓	.	.	.	.	✓	.	.	.	.	.	.	.	.	.	.
	Proximity	.	.	.	.	✓	.	.	.	.	✓	.	.	.	.	.	.	.	.	.	.
	Family makeup	.	.	.	.	.	✓	✓	.	.	.	.	.	.	.	✓	.	.	.	.	.
	Gender makeup	.	.	.	.	.	.	.	.	.	.	.	.	✓	.	.	.	.	.	.	✓
	Migrant makeup	.	.	.	.	.	✓	.	.	✓	.	.	.	.	.	.	.	.	.	.	.
Research Question 3	Positive mother	✓	✓	.	.	.	.	.	.	✓	✓	.	.	.	.	.	.	.	.	.	.
	Negative mother	✓	✓	✓	.	.	.	.	.	.	.	.	.	.	✓	.	.	.	.	.	.
	Positive father	✓	.	.	.	.	.	.	.	.	.	.	.	✓	.	.	.	.	.	.	.
	Negative father	✓	.	✓	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Positive spouse	✓	✓	.	.	.	.	✓	.	✓	.	.	.	.	.	.	.	.	.	.	.
	Negative spouse	✓	✓	✓	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Positive sibling	✓	✓	✓	.	.	.	✓	.	.	.	.	.	✓	.	.	.	.	.	.	.
	Negative sibling	✓	✓	✓	.	.	.	.	.	✓	✓	.	.	.	.	.	.	.	.	.	.
	Positive friend	✓	.	✓	.	.	.	✓	.	.	.	.	.	.	.	.	.	.	.	.	.
	Negative friend	✓	.	✓	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Positive child	✓	✓	✓	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Negative child	✓	.	✓	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Research Question 4	Freq. phone calls	✓	.	.	.	.											
	Freq. remittances	.	.	.	.	.										
	Time in the U.S.	.	.	.	.	.										
	Time since last seen	.	.	.	.	.										
	Family never met	.	.	.	✓	.															

Notes: Depressive Symptoms (D), Life Satisfaction (LS), Stress (S), Self-rated Health (SH), and Health Conditions (H)
 ✓ indicates significant effect.

Table 4.46: Summary of findings for Research Question 5: A qualitative view of familial migration..

Global Themes	Subthemes	Summary
Economic	Economic struggles	Most commonly expressed among wives; rewards not outweighing sacrifices
	Economic benefits	Building a house; rewards being worth the sacrifices
Communication	Lack of communication	Parents feel their children do not call often enough; lack of in-person contact affects communication
	Norm of Protection	Guarded communication between parents and children with goal of protecting from worry
Impact on family	Family Unity	Increases in communication within the family; Learn to value one another
	Family Disintegration	Family separation source of familial strain and even the demise of some marriages
Adaptation	Changes in the migrant	More responsible, mature and independent; difficulty adapting to Mexican culture again
	Emotional Toll	Overall negative perceptions; wives express sadness and loneliness; parents express worry; return migrants express a variety of emotions
Group-specific themes		
Wives	Increased Responsibility	Responsibilities related to childrearing and taking care of legal property issues
	Concerns about children of migrant	Effect on children's emotional well-being, behavior, and educational attainment
	Criticism/Gossip	Judgment and meddling from community and extended family reported most often by wives
Parents	Coping through faith	Feelings of lack of control, rely on prayer and faith to cope

Figure 2.1: Conceptual model.

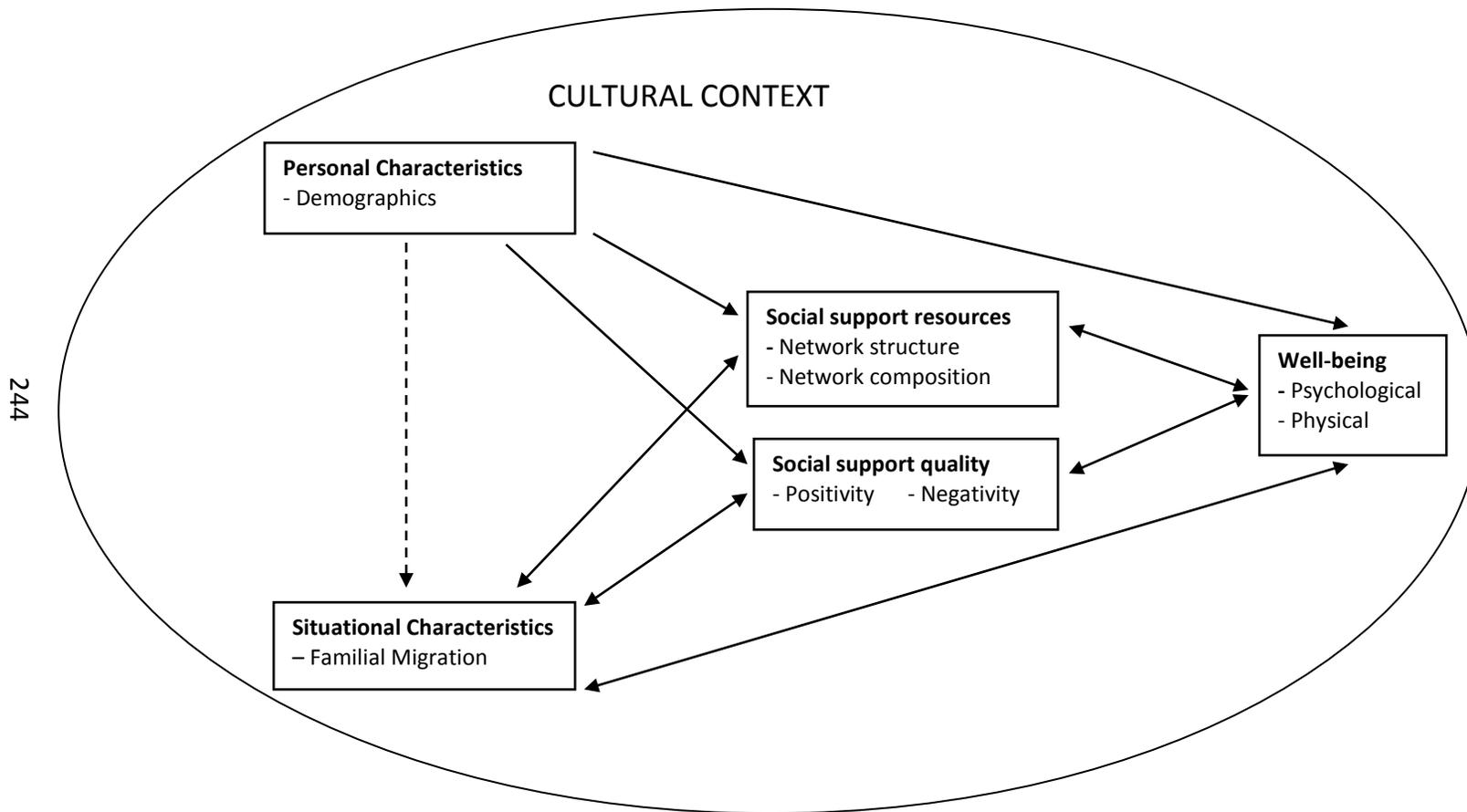


Figure 2.2. Research Question 1: Description of normative social relations

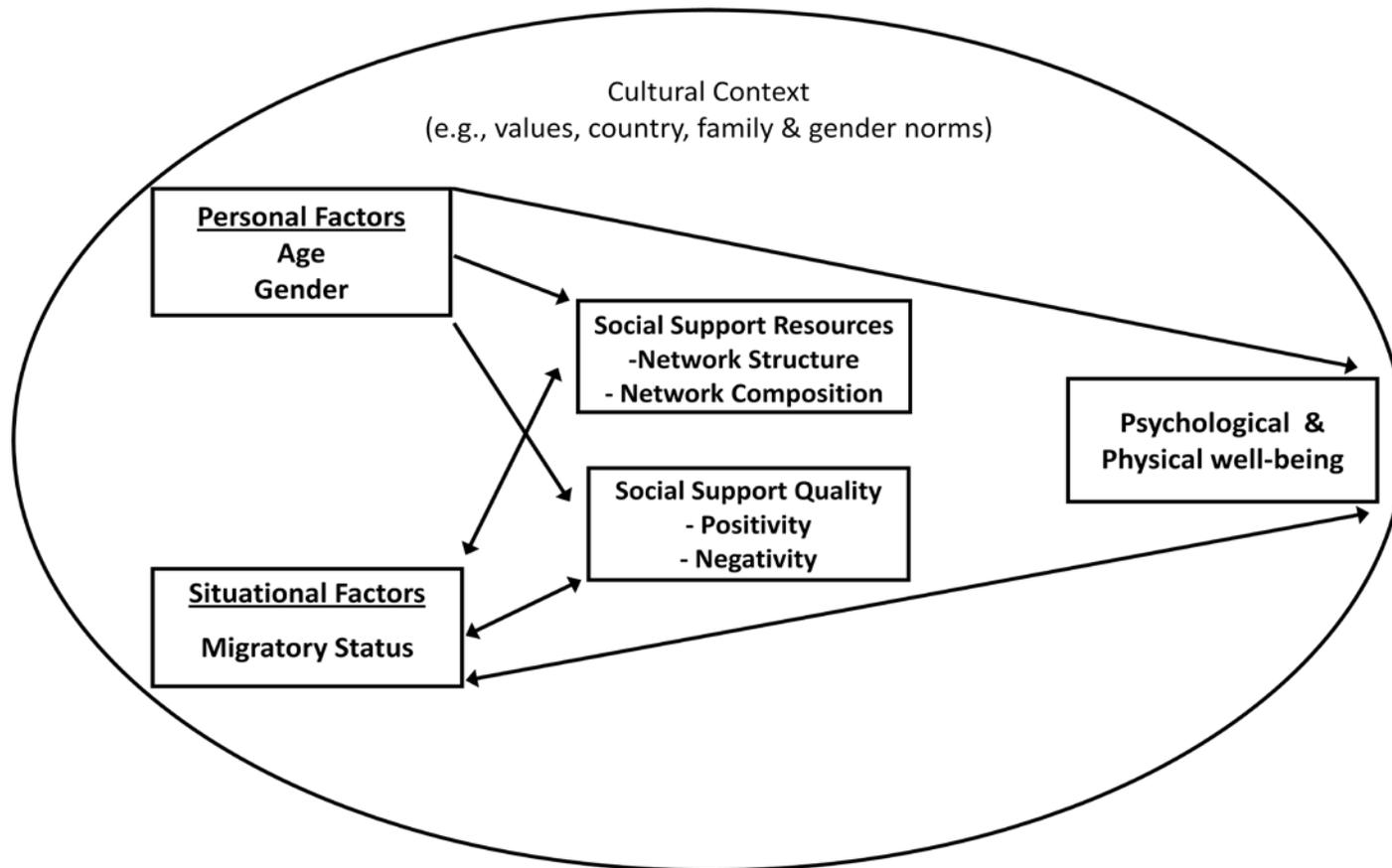


Figure 2.3. Research Question 2: Social network characteristics and well-being

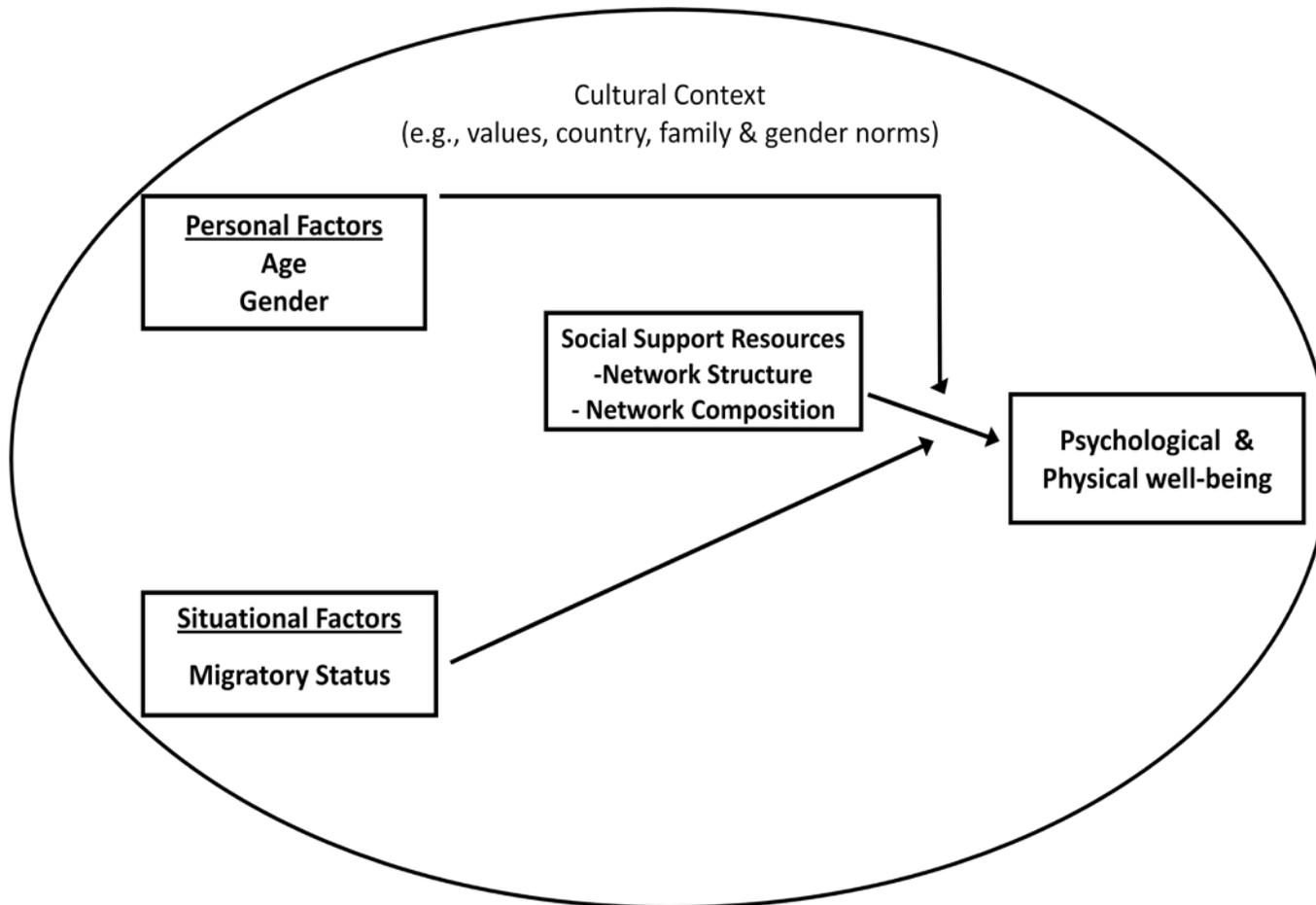


Figure 2.4. Research Question 3: Social support quality and well-being

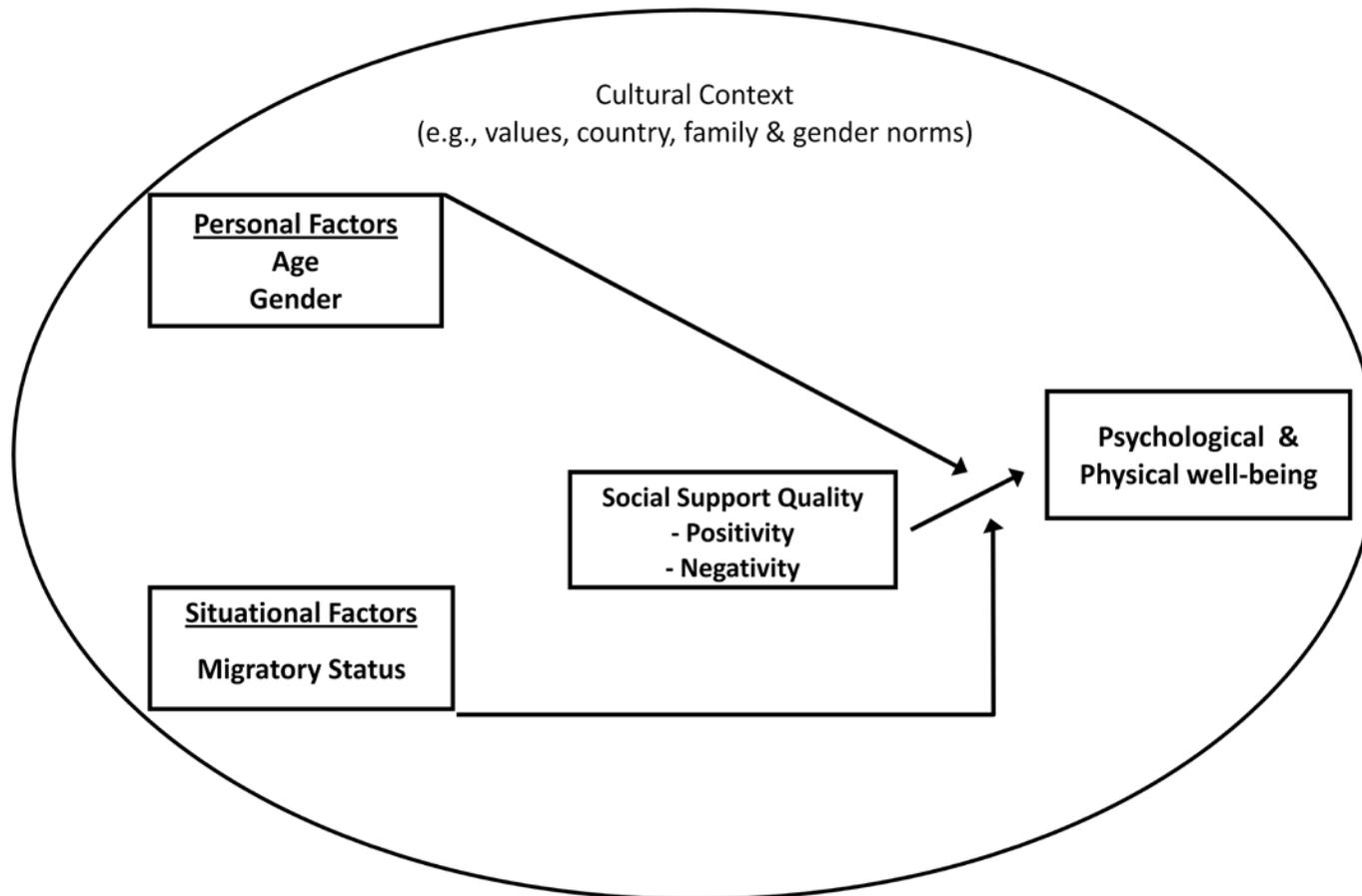


Figure 2.5. Research Question 4: Migration specific factors and well-being

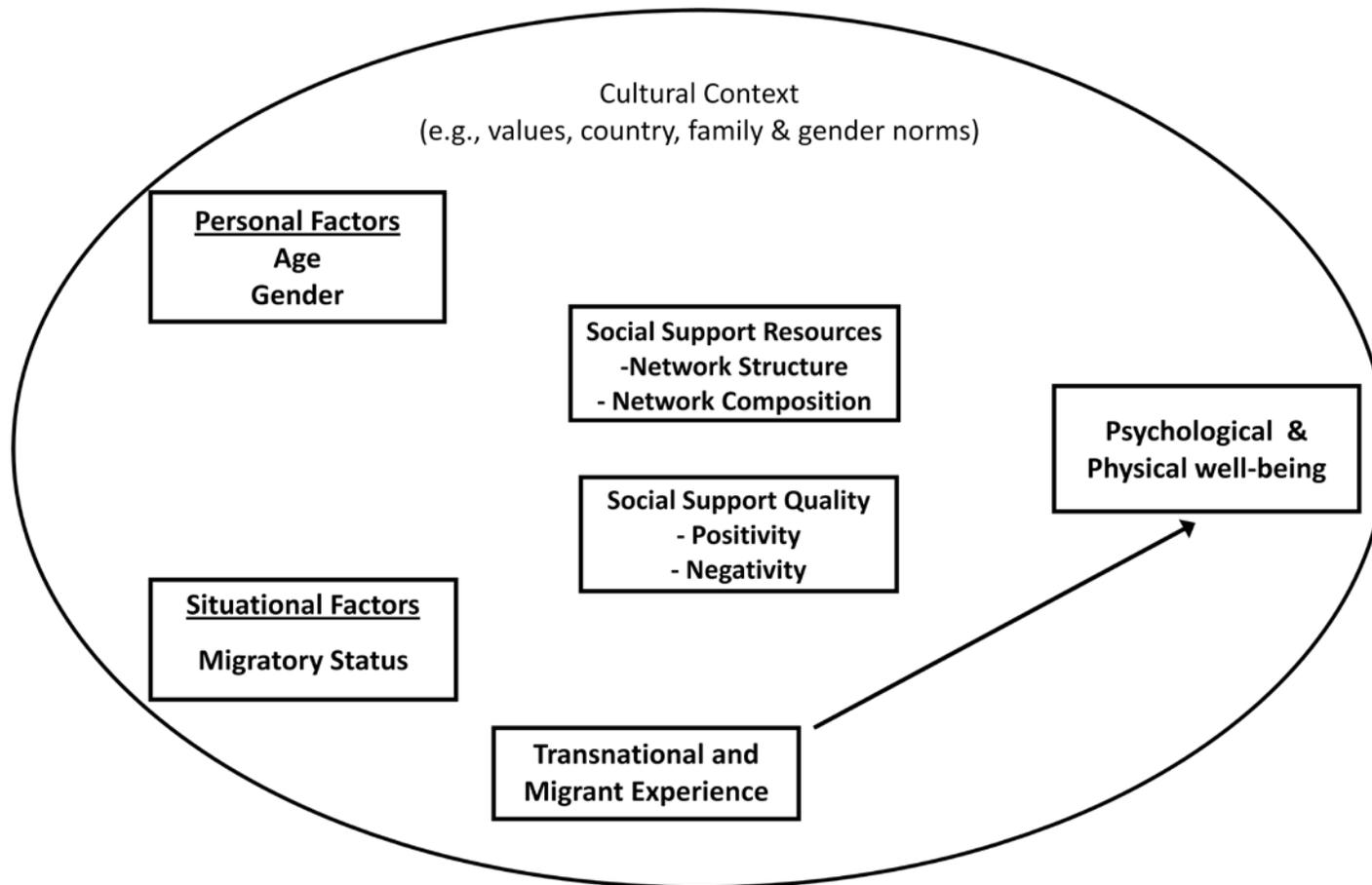


Figure 2.6. Research Question 5: Qualitative view of familial emigration

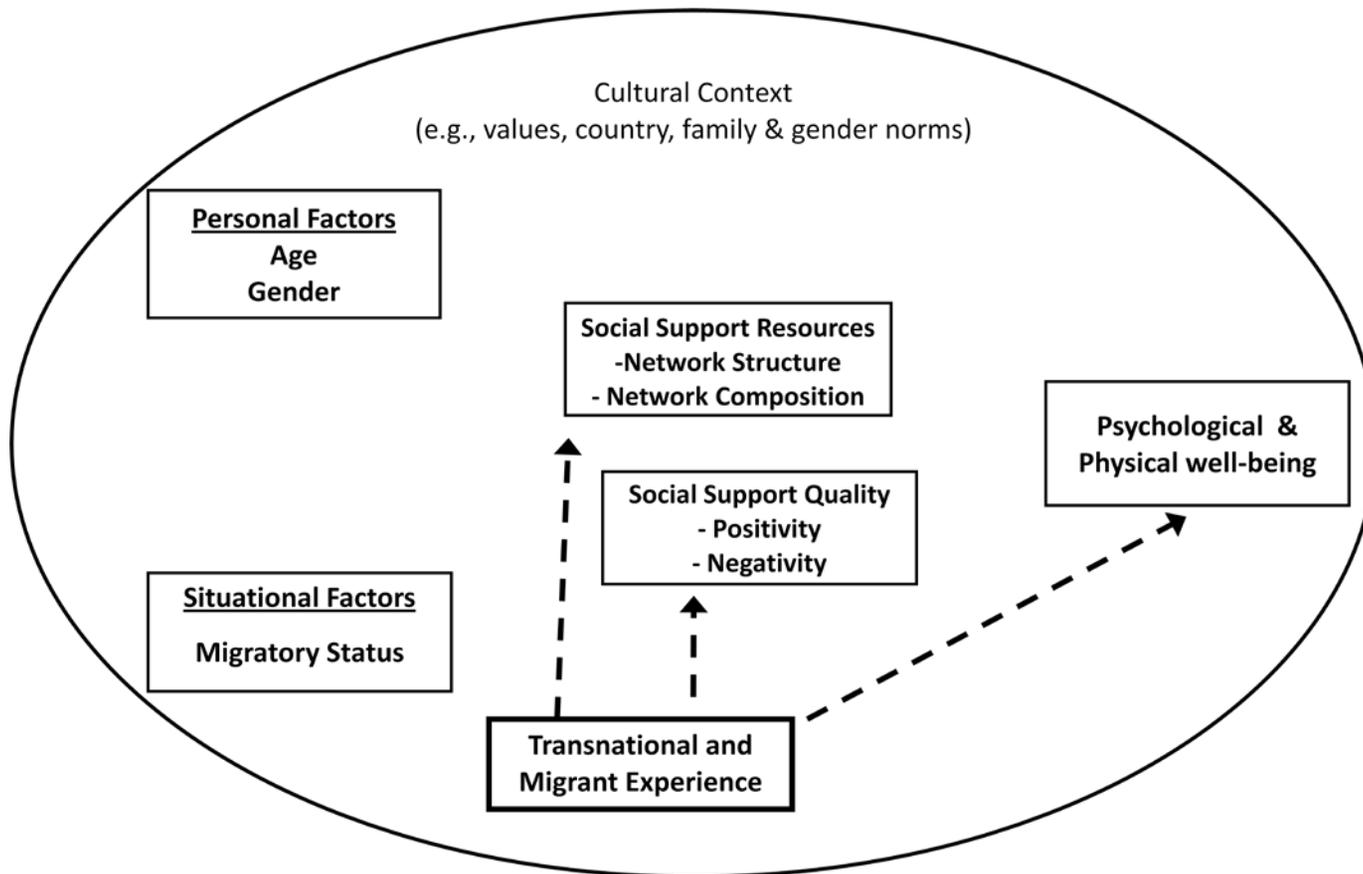


Figure 4.1: Interaction of familial migration and network size predicting life satisfaction.

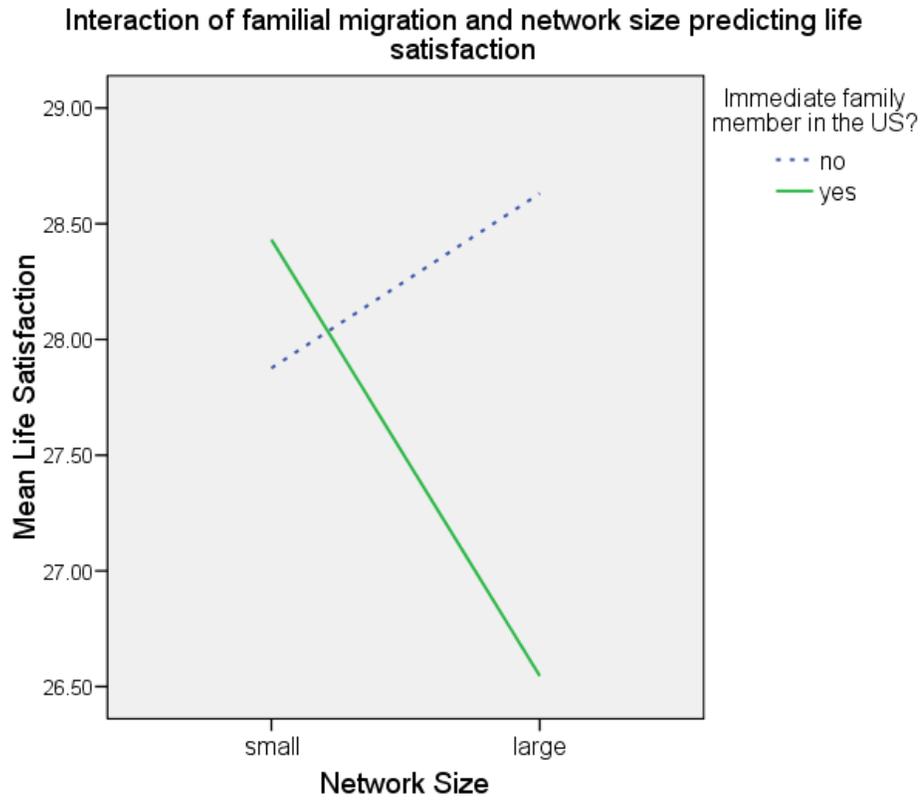


Figure 4.2: Interaction of age and frequency of contact with network predicting number of health conditions.

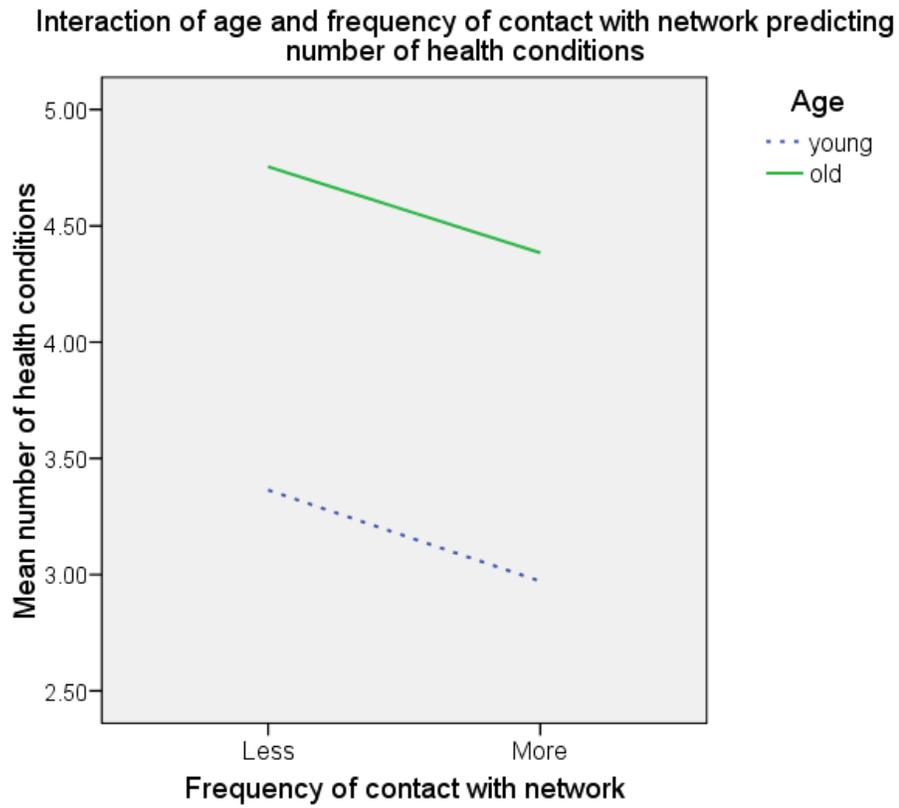


Figure 4.3: Interaction of gender and frequency of contact predicting self-rated health.

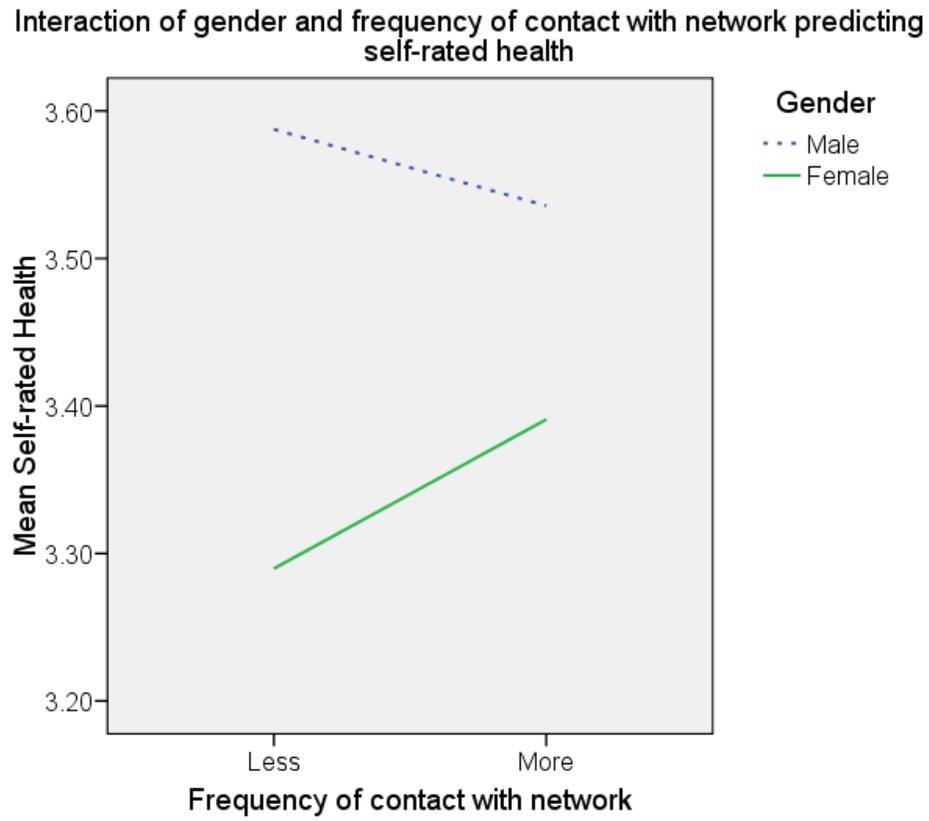


Figure 4.4: Interaction of gender and geographic proximity predicting self-rated health.

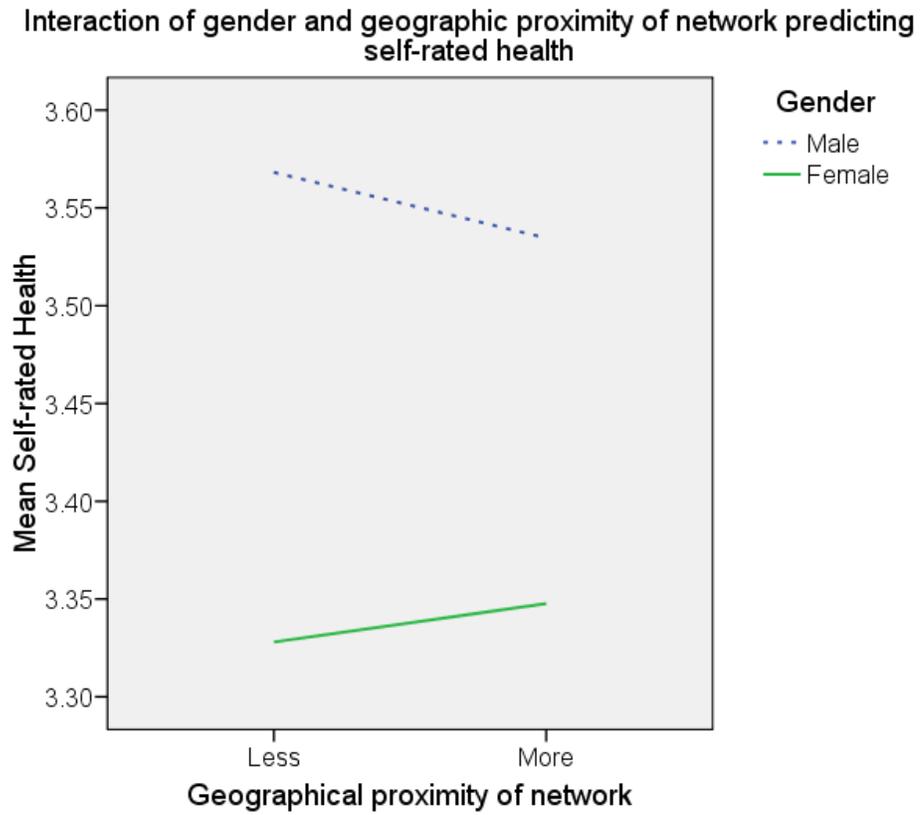


Figure 4.5: Interaction of age and familial makeup predicting depressive symptoms.

Interaction of age and familial makeup of network predicting depressive symptoms

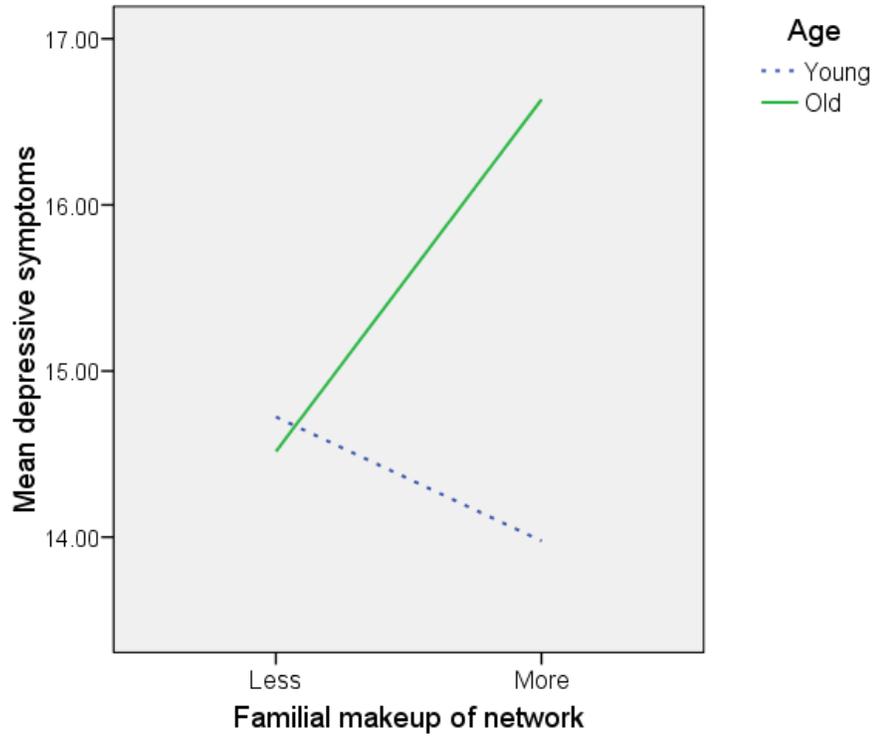


Figure 4.6: Interaction of age and familial makeup predicting life satisfaction.

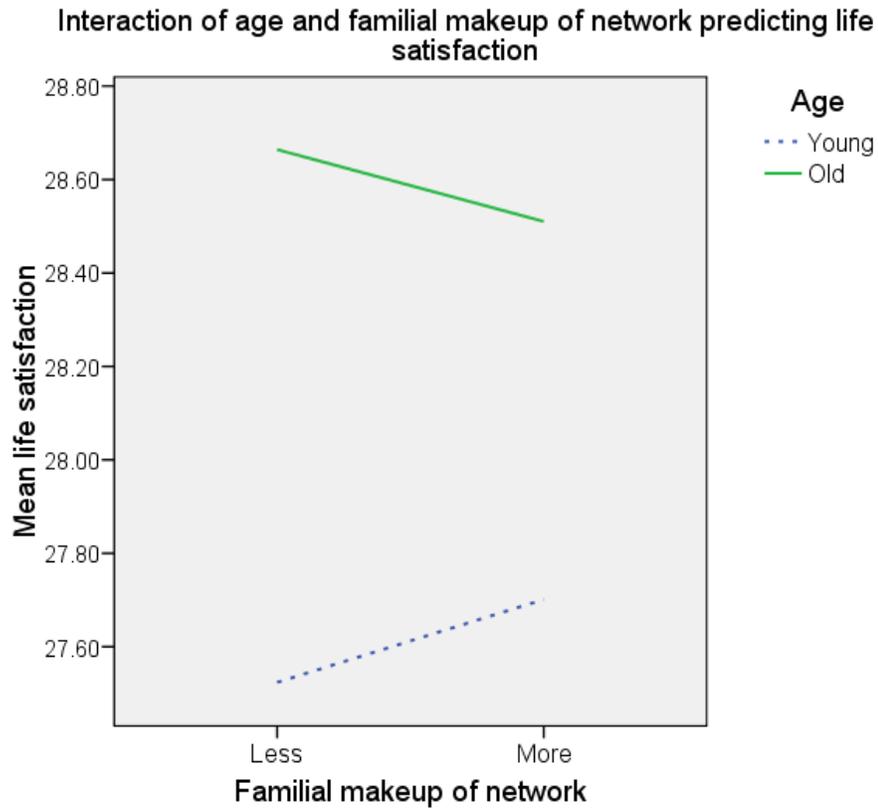


Figure 4.7: Interaction of gender and family makeup predicting number of health conditions.

Interaction of gender and familial makeup of network predicting number of health conditions

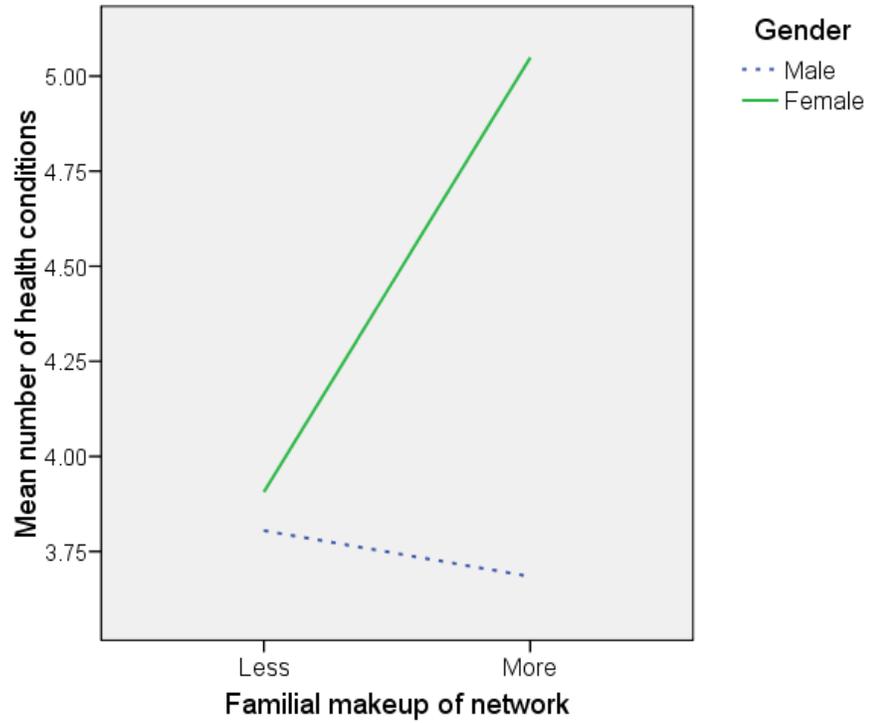


Figure 4.8: Interaction of gender and gender makeup predicting self-rated health.

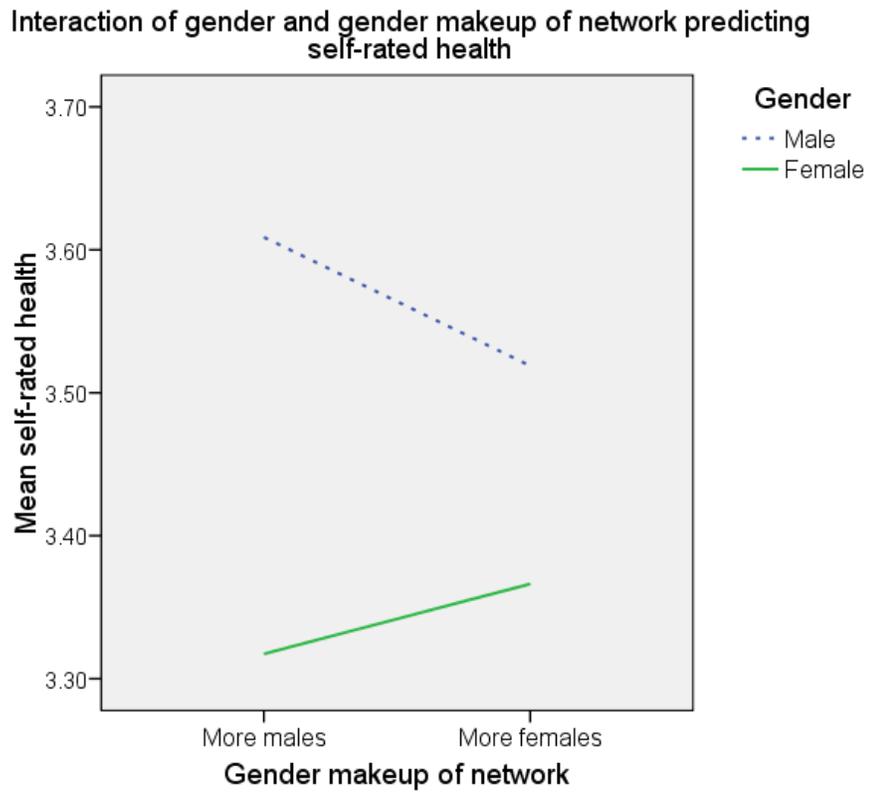


Figure 4.9: Interaction of familial migration and gender makeup predicting number of health conditions.

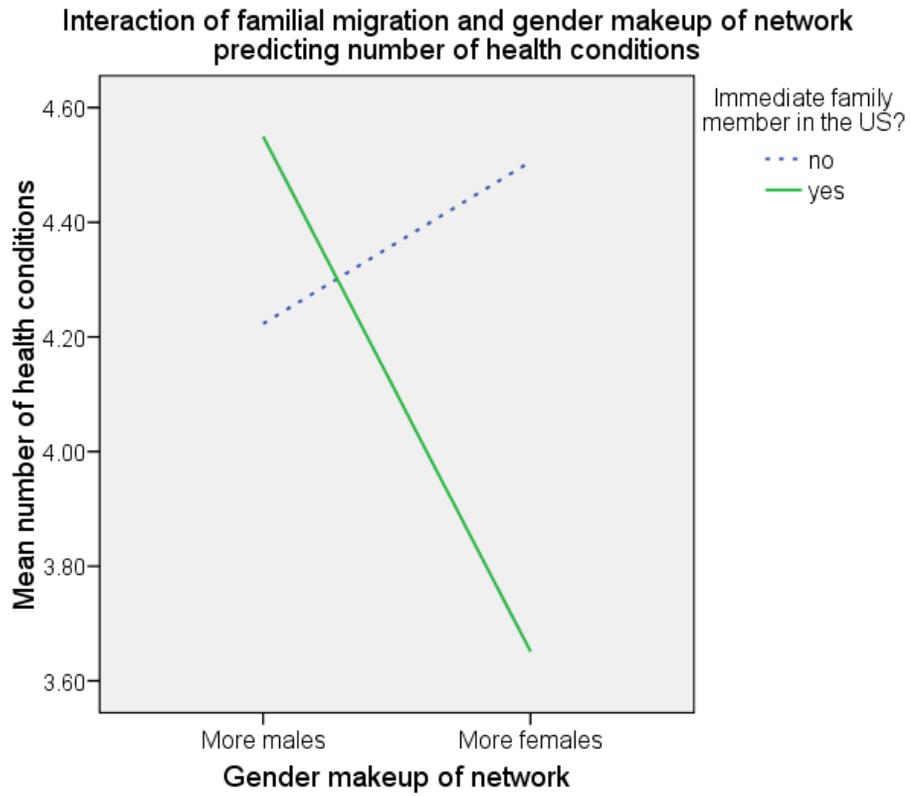


Figure 5.10: Interaction of age and migrant makeup predicting depressive symptoms.

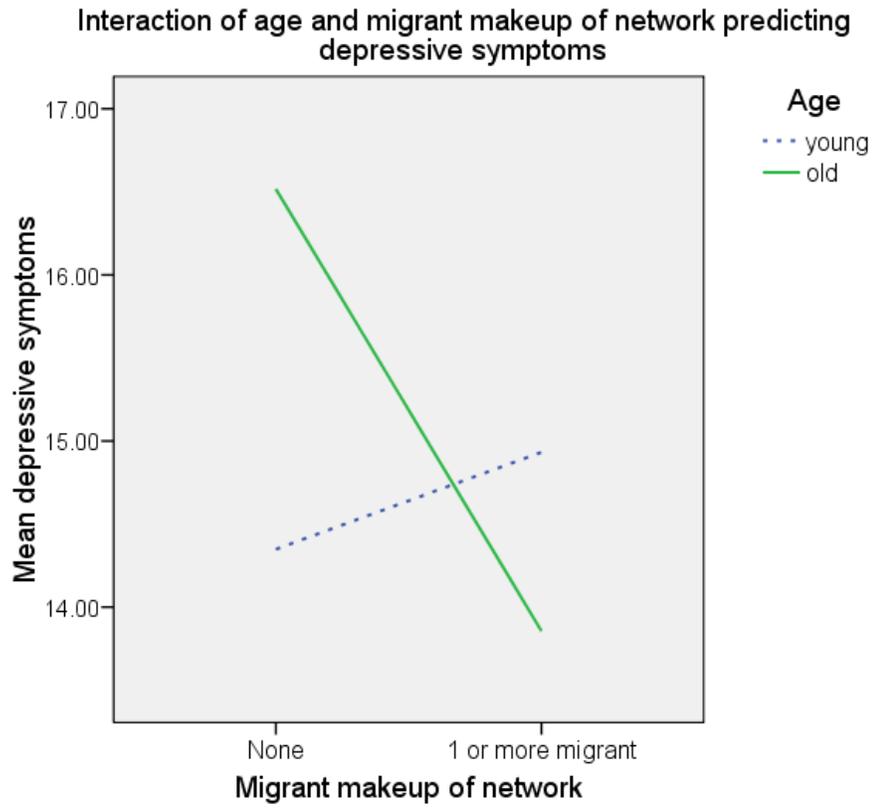


Figure 4.11: Interaction of age and migrant makeup predicting self-rated health.

Interaction of age and migrant makeup of network predicting self-rated health

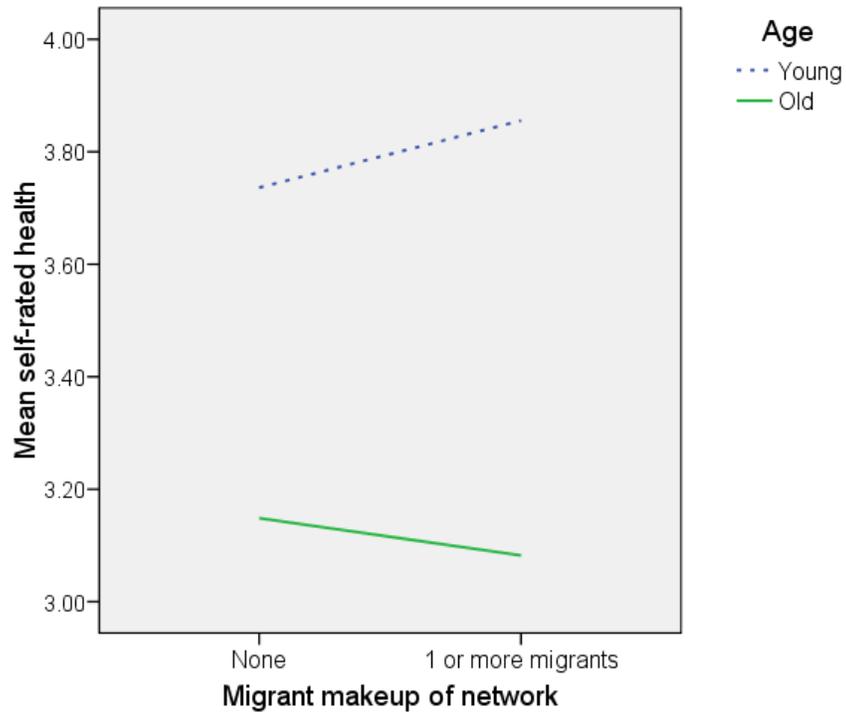


Figure 4.12: Interaction of age and positivity with mother predicting self-rated health.

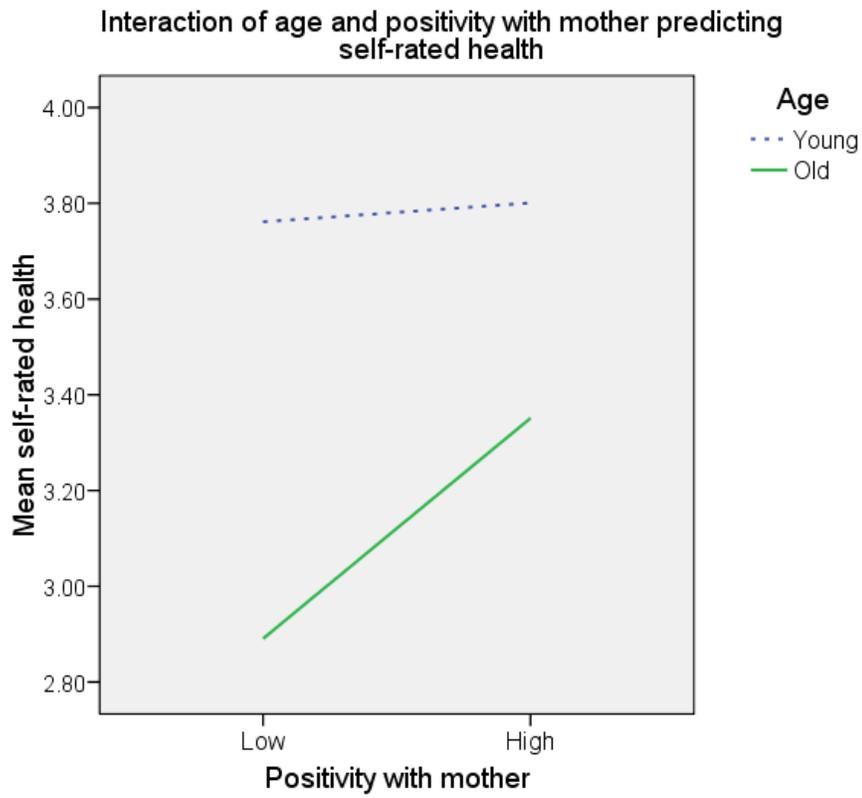


Figure 4.13: Interaction of age and positive quality with mother predicting number of health conditions.

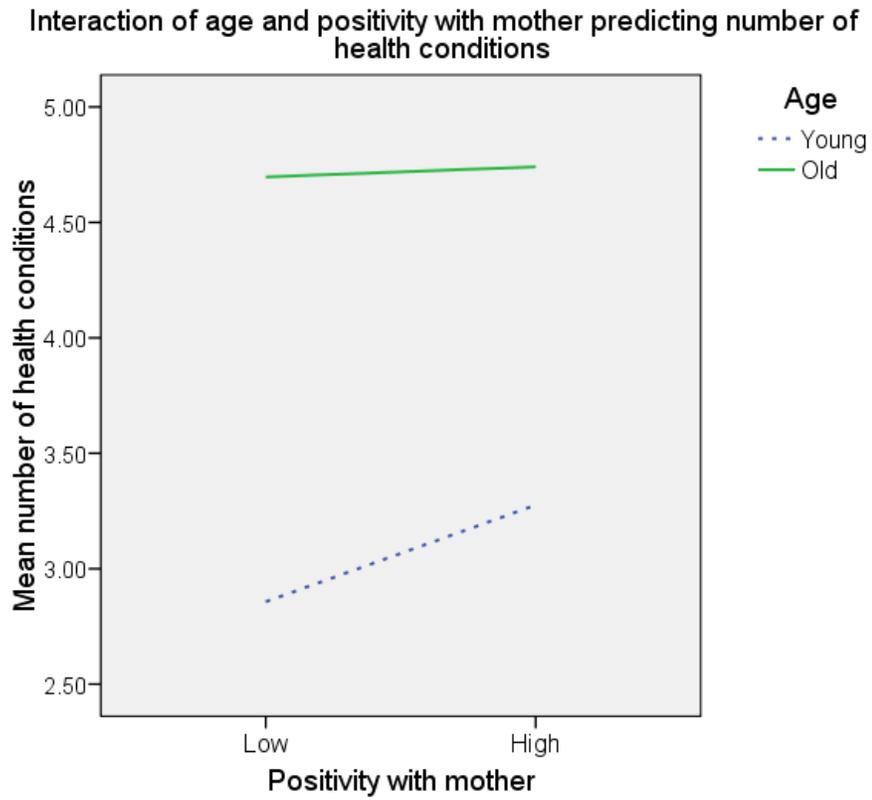


Figure 4.14: Interaction of gender and negative quality with mother predicting depressive symptoms.

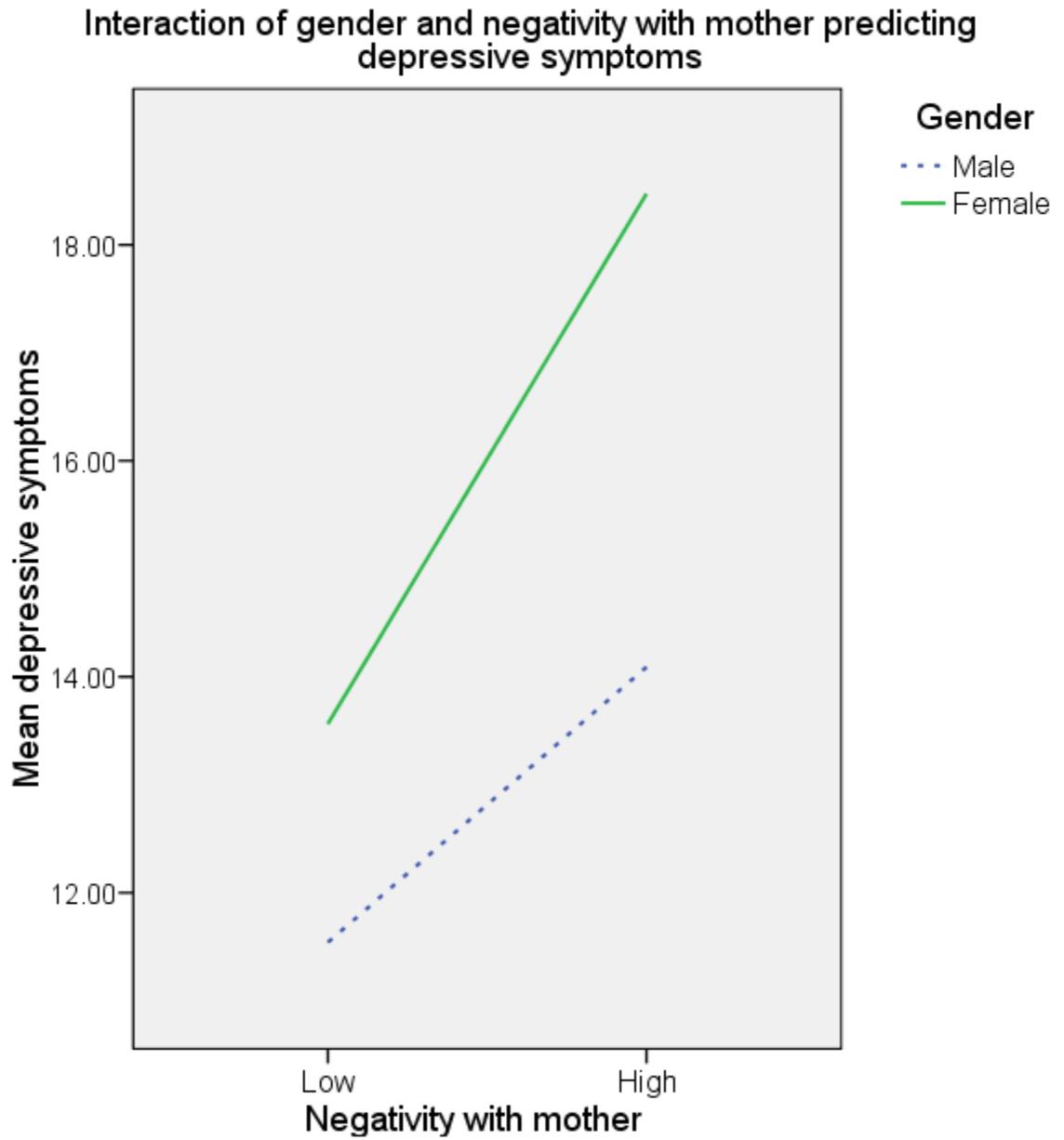


Figure 4.15: Interaction of gender and positive quality with father predicting stress.

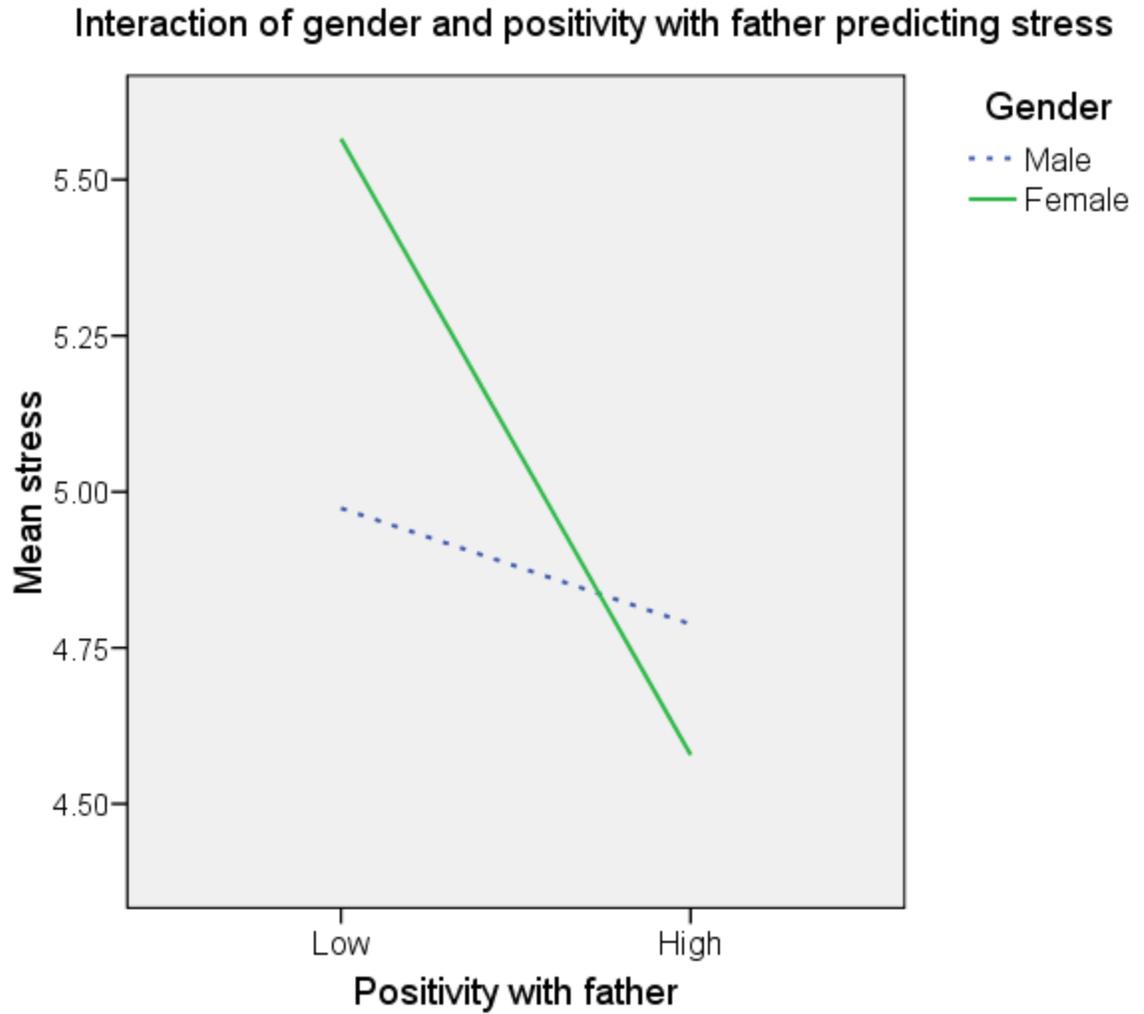


Figure 4.16: Interaction of age and positive quality with spouse predicting life satisfaction.

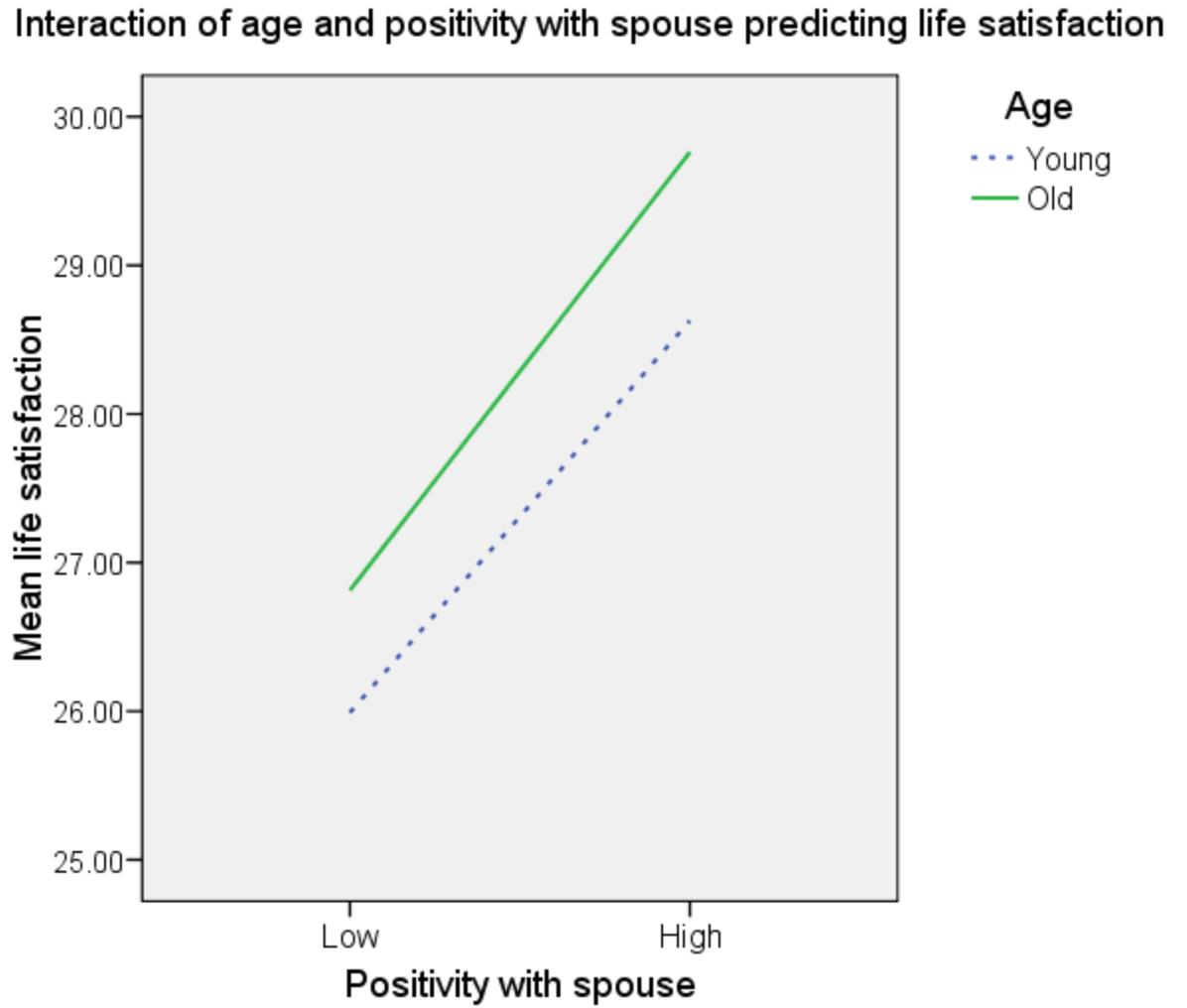


Figure 4.17: Interaction of age and positive quality with spouse predicting self-rated health.

Interaction of age and positivity with spouse predicting self-rated health

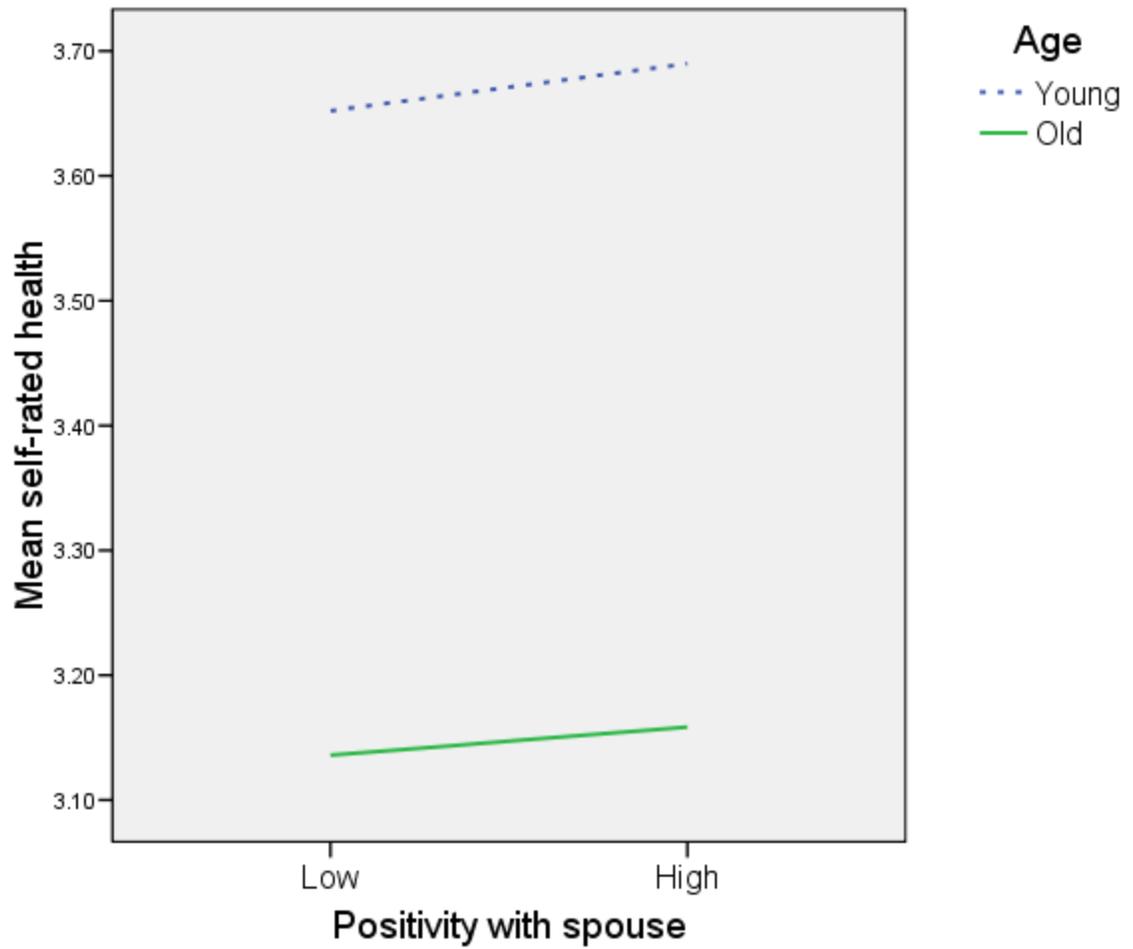


Figure 4.18: Interaction of age and positive quality with sibling predicting stress.

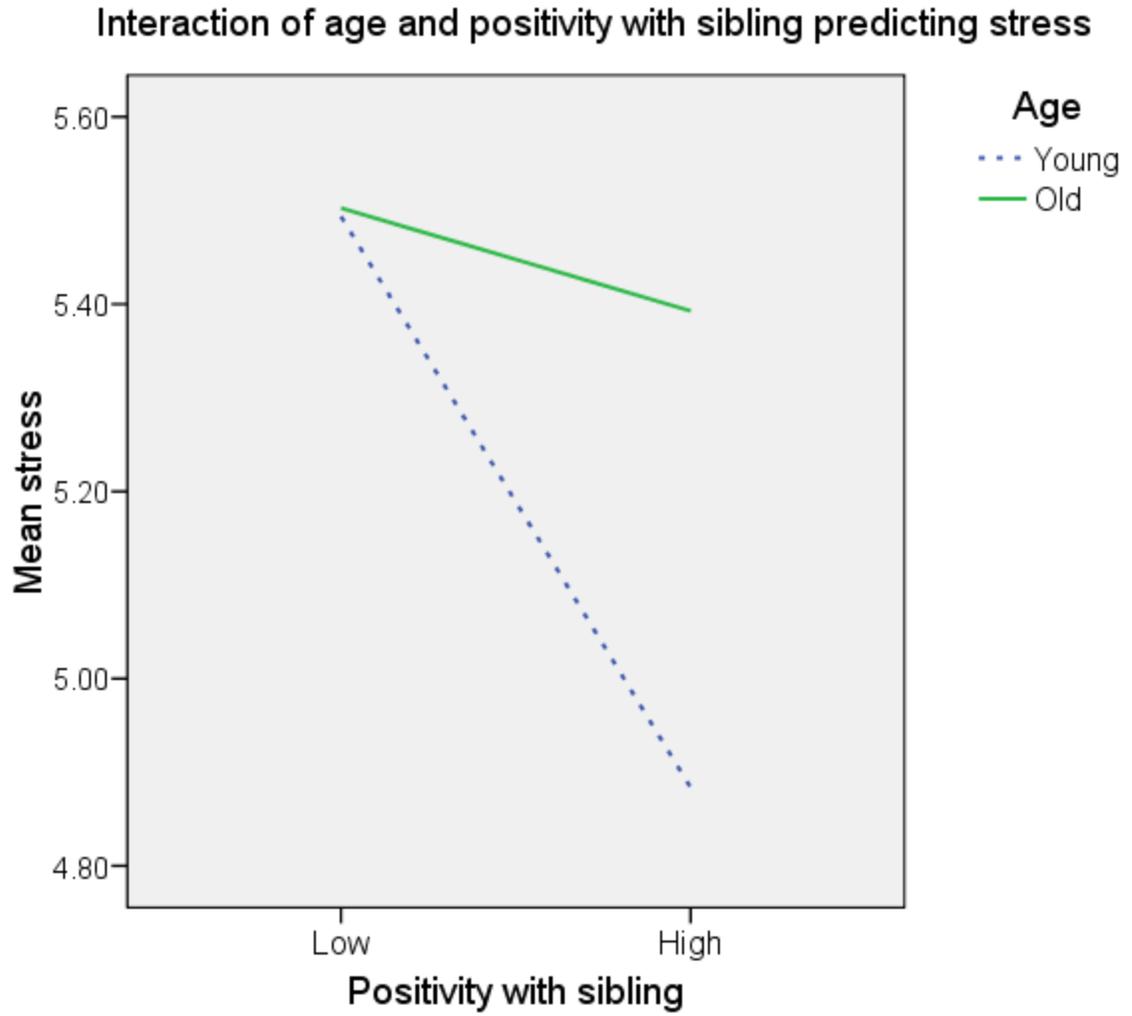


Figure 4.19: Interaction of gender and positive quality with sibling predicting depressive symptoms.

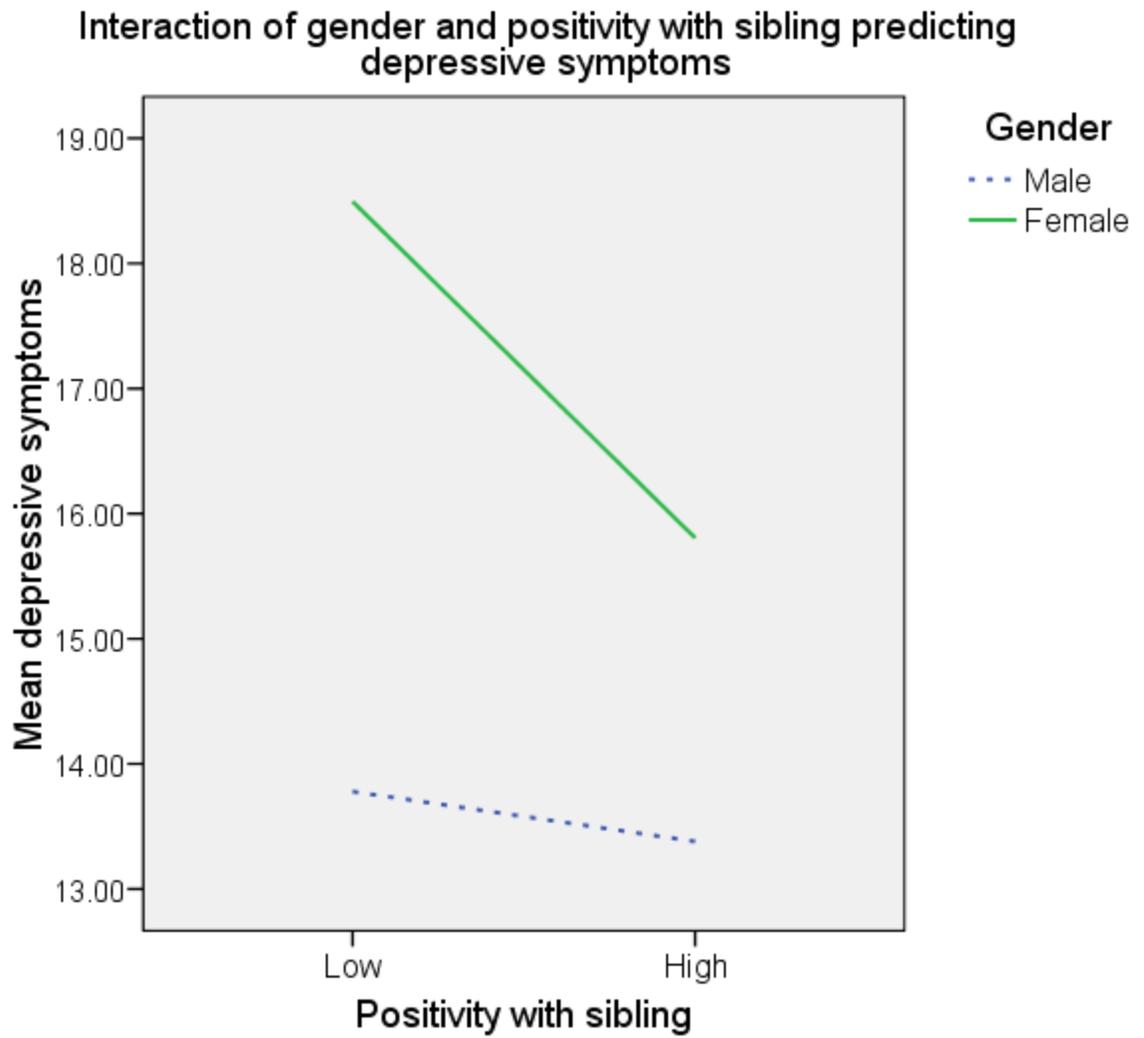


Figure 4.20: Interaction of age and negative quality with sibling predicting self-rated health.

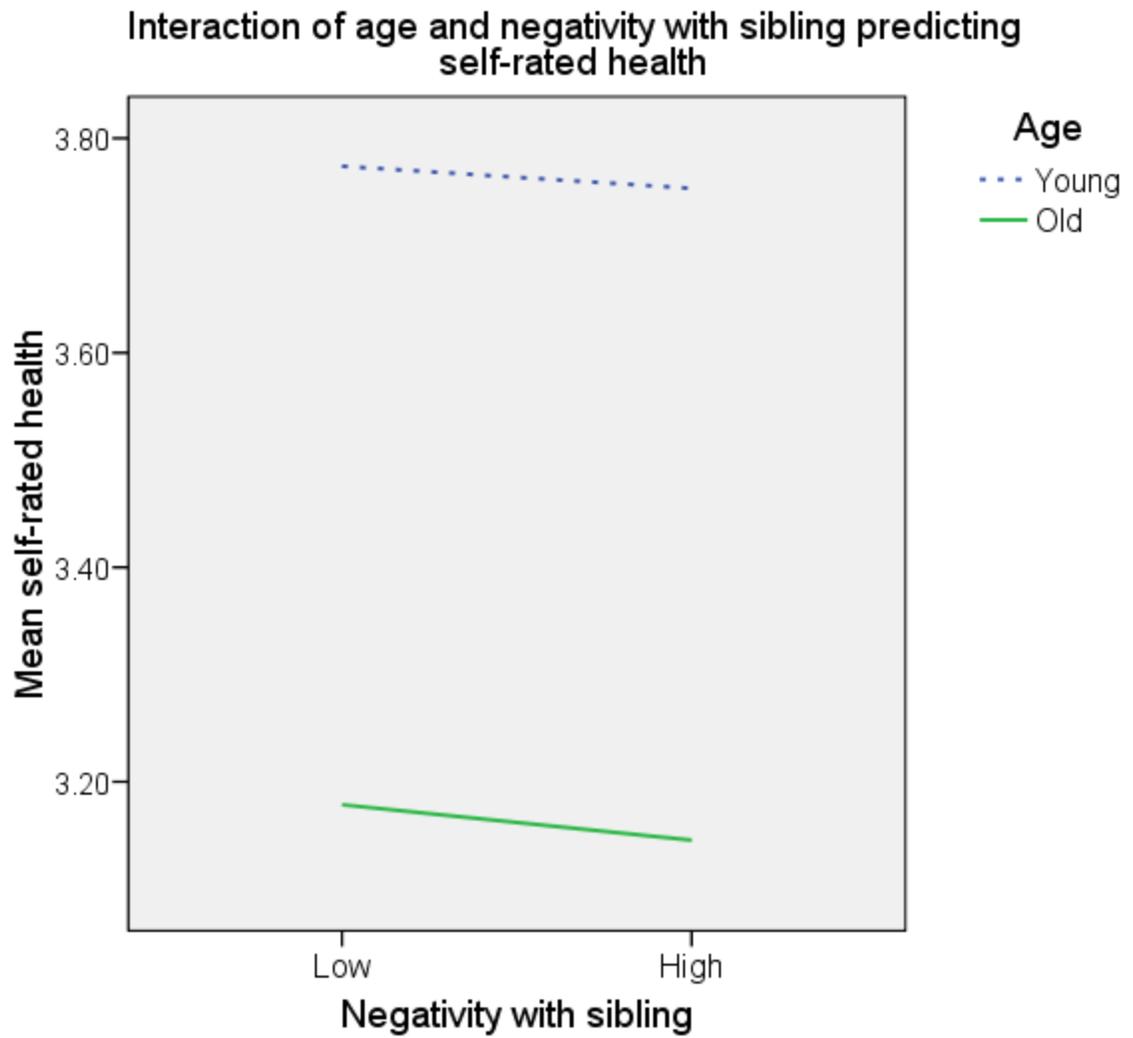


Figure 4.21: Interaction of age and negative quality with sibling predicting number of health conditions.

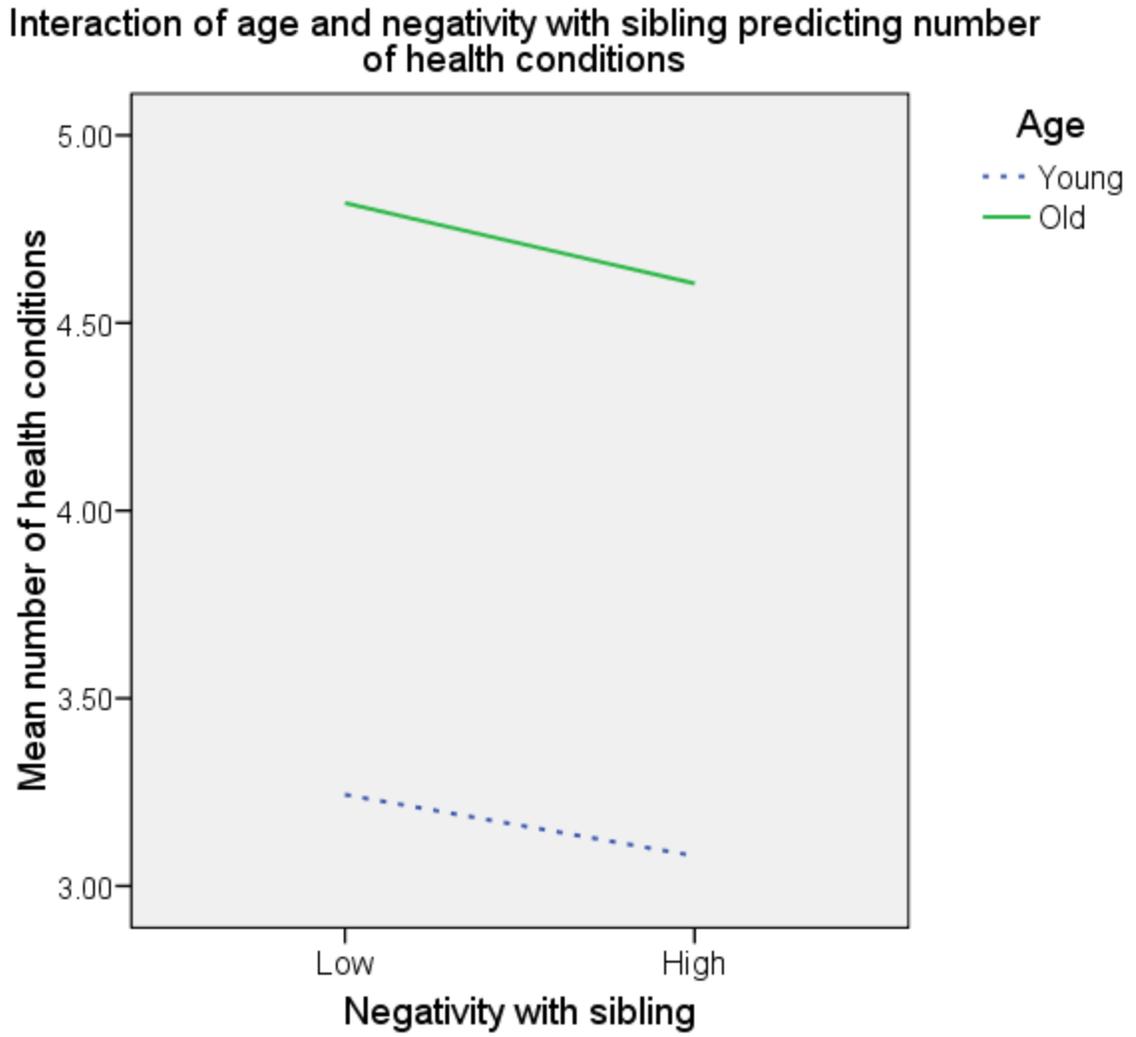
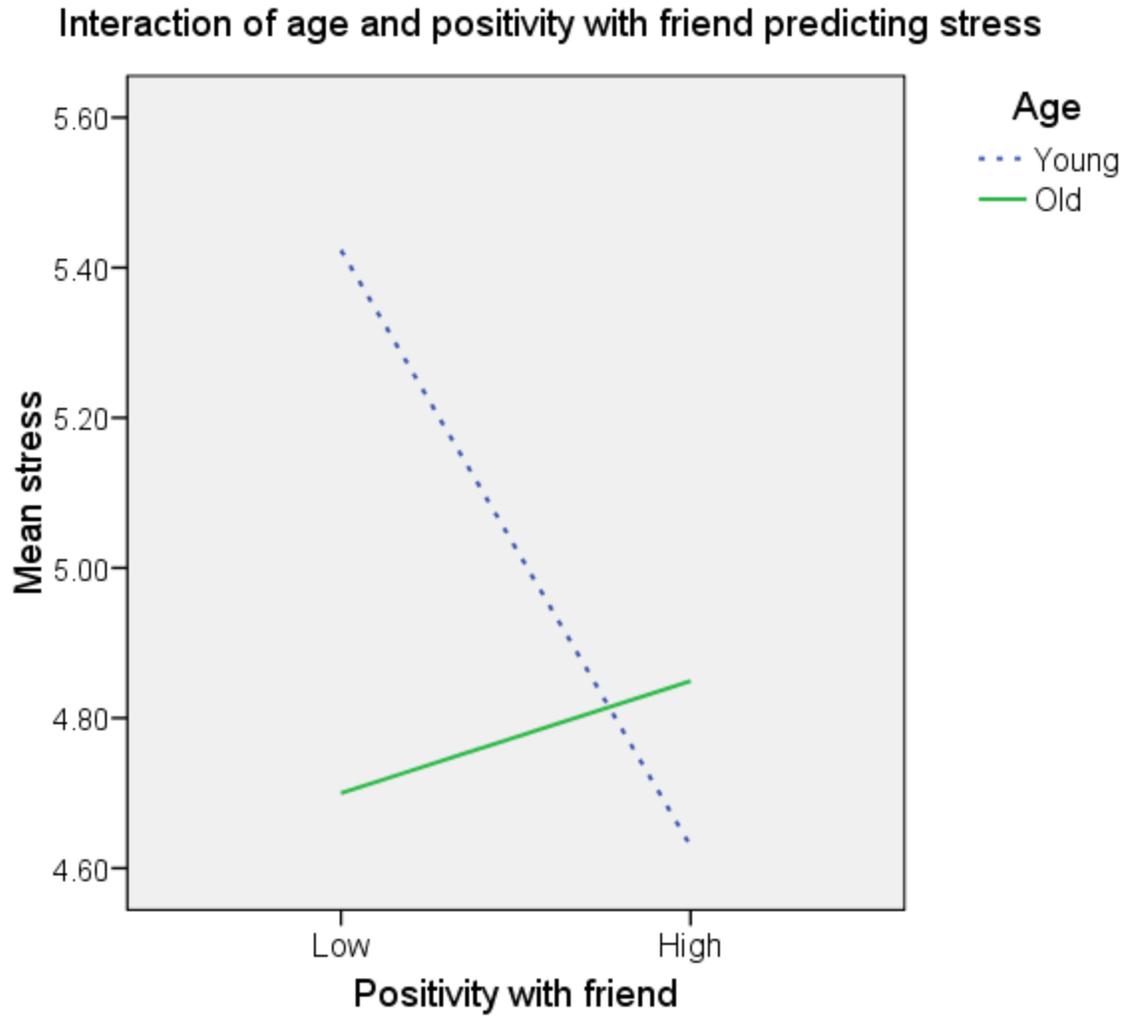


Figure 4.22: Interaction of age and positive quality with friend predicting stress.



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