Effect of Husbands’ Migration on Gender Role Ideology and Mental Health of Rural Mexican Women

Jared A. Wilkerson, College of William and Mary

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Our purpose for this study was to investigate the roles of migration in rural Mexican migrant-sending communities. Specifically, we examined the effects of changing gender role ideology on the mental health of wives whose spouses migrated to the United States. The sending group scored significantly higher in egalitarian gender role ideology but lower in general mental health than the nonsending group. We found through mediation analysis that the difference in gender role ideology mediated the difference in mental health between the two groups. Results are contrary to some psychological and feminist literature advocating benefits of masculine or androgynous ideology.

Those debating immigration policy all over the world focus largely on the implications of immigration (e.g., security, economy, education, etc.) for citizens of destination nations. Regardless of the ability of people in host countries to speak of the issue with regard to their own concerns, there is little understanding of immigration from the perspective of those who are on the other side of the equation. Mexican women whose husbands migrate, for example, have been consistently overlooked by current researchers even though these women are, in fact, a key to their husbands’ success in the destination nations, such as the United States. In this study, we begin an exploration of the effects of husband migration on wives’ gender role ideology and mental health.
The Effects of Migration on Rural Mexican Women

BACKGROUND

For about a century, Mexican men both married and single have traveled in large numbers between Mexico and the United States in order to make a living. Mexican immigrants, stemming mostly from rural areas, have been important contributors to the economies of the United States and Mexico since the early twentieth century and especially since the bracero programs of World War II, when a shortage of working hands in American industry and farming led government officials to invite multitudes of Mexican men to the northern fields and railroads (Romo, 1994). Since then, immigration from Mexico—both documented and undocumented—has blossomed into a multibillion dollar venture undertaken by millions of people. Currently, there is estimated to be well over 6 million undocumented Mexicans in the United States, with hundreds of thousands more entering the country each year (Passel, 2006). According to Kandel and Massey (2002), the practice of migration has become so commonplace that a “culture of migration” has developed in many Mexican communities from which large numbers—up to 70% of men—migrate to the United States (Parrado, 2004). We call such communities “sending communities.” Within these sending communities, migration for boys becomes a normative rite of transition into manhood, and is thereby passed from father to son. Girls, however, are expected to stay at home with children, and taking care of the household is their role (Kandel & Massey, 2002).

Gender Roles in Rural Mexico

Historically, the Mexican people have been perceived to espouse strict gender roles for both men and women. Men commonly have been characterized by machismo—that is, male dominance and pride—and women by a less salient and authoritarian role (Tuñón Pablos, 1999). Women generally are expected to be passive housewives and mothers and to defer to the authority of their husbands (Galanti, 2003). Although some groups of women have played large and public roles in society in the past, the majority are extremely less prominent as compared with men. By the start of the twenty-first century, women in Mexico generally still were expected to be submissive to their husbands, have fewer legal rights than men, be feminine in their ideologies, focus their lives and efforts on the home and family, and be fundamentally religious (Basáñez, 2006; Brown, Pagán, & Rodríguez-Oreggia, 1999; Hamilton, 2002; Lamas, 2001; Pagán & Sánchez, 2000). Although the Mexican people in general have espoused more liberal views toward female political leaders, people tend to have maintained traditional views on how men and women should act (Blancarte, 2006; Eakin, 2006; Tarrés, 2006). In particular, both men and women in small rural villages like those we studied tend to hold very strict traditional gender role ideologies (Blancarte, 2006).
Changes in Gender Role Ideology in the Migrant Context

Among social scientists who study psychology of gender, the idea that one’s attitudes and behaviors toward gender roles can change has become a truism (Wentworth & Chell, 2005). The fact that people do change their gender roles and ideologies, both between and within generations, leads researchers to contend that such roles are created not through biology but mainly by way of environmental influences (see Cunningham, 2001; Hawkesworth, 1997). As women participate in education, religion, the workplace, and other activities that are within the masculine or androgynous traditions, their own traditional conceptions and ideals about gender roles begin to shift away from traditional gender roles, such as androgynous or masculine roles.

In rural Mexico, researchers have shown that changes in gender roles are forced upon women by migrant husbands—that is, by husbands’ absence (Keyserlingk, 1999). Women necessarily expand their duties to include some of what husbands would do if they were home: collecting firewood and water, tending animals, and becoming the household spokespeople for the community. We expect that women with these expanded roles are led to a shift in gender role ideology, a shift that ultimately can affect mental health. Furthermore, given that the majority of Mexican men in rural areas tend to immigrate to the United States, that women in such sending communities tend to hold rigid gender roles in the first place, and that the absence of husbands forces wives to expand their household duties, we expect that the shift of gender roles for those women whose husbands migrate can be greater in comparison with women whose husbands stay with them.

Theoretical Framework of Gender Role Change and Mental Health

Researchers studying the connection between gender role ideology and mental health have formulated three empirically supported predictor models of mental health according to a person’s gender role ideology. (For our purposes, the term gender role ideology means the ideal a person holds about how genders ought to be manifest or divided through action.) These models are the traditional congruence model, the androgyny model, and the masculinity model.

Advocates for the traditional congruence model postulate that a person’s mental health will be best only when his or her gender role ideology is congruent with his or her gender (e.g., a female would be most mentally healthy if she idealizes and acts according to traditional roles). Advocates for the androgyny model postulate that mental health would be maximized when a person’s gender role ideology has aspects of both masculinity and femininity, regardless of the person’s gender (Bem, 1975). Finally, advocates
for the masculinity model postulate that mental health would be best when a person’s gender role ideology is masculine, regardless of his or her gender (Castlebury & Durham, 1997). American researchers have shown broad support for the masculinity model as the best predictor of mental health as a function of gender role ideology (Bourne, 2006; Castlebury & Durham, 1997; Jack, 1991). Generally, this means that a person who is uninhibited, independent, individualistic, aggressive, decisive, and outspokenly in charge should be mentally healthy. Specifically, the masculinity model best predicts adjustment, higher self-esteem, and psychological well-being (Woo & Oei, 2006).

In the Western societies, studies have shown that feminist ideology, masculinity, and androgyny all have been correlated with higher degrees of well-being among women than those associated with traditional ideology (Saunders, 2002). Thus, many American and Western theorists have asserted that women are better off psychologically for owning androgynous or masculine-like ideologies than adhering to traditional ones—regardless of how or why the shift comes about (Woodhill & Samuels, 2003). In fact, some feminist researchers state that traditionalism in society and in individual women has caused a breakdown of female mental health and that women ought to shed their traditionalism or suffer the consequences of masculine social and cultural forces working against them (see Israeli & Santor, 2000; Marecek & Kravetz, 1977). Furthermore, some researchers see depression and other problems with mental health as a natural response to the oppressiveness of a patriarchal society because men’s roles are so clearly favored (Stock, Graubert, & Birns, 1982; Sturdivant, 1980). Such studies are extremely beneficial to ameliorate women’s mental health problems by educating willing women to change traditional gender roles to more androgynous or masculine gender roles. To date, however, the majority of studies have been conducted in Westernized societies, and there is no cross-national study that quantitatively investigates the relationship between gender role ideology and mental health, especially in a context where gender role shifts are forced on women by departing husbands.

Importance of Study

Women often are overlooked by students of the immigration enterprise, and women’s role in the culture of migration usually is observed only when they become migrants themselves (see Hirsch, 1999; Kanaiaupuni, 2000; United Nations [UN], 1993, 1995). We contend that the role of women in sustaining the migrant culture is as important as that of the men who migrate. When husbands migrate, the women often are left with the responsibility of tasks that are part of husbands’ at-home role, such as maintaining the household and contributing to agriculture (Keyserlingk, 1999). Women’s
apparent importance makes the lack of literature surprising. Researchers focusing on the mental health of rural Mexican women—or others throughout the world—whose husbands migrate are strikingly few. We were able to find only a couple of journal articles with a focus on wives of Mexican migrants (Maldonado, 1993; Salgado de Snyder & Maldonado, 1992), and they both were conducted about 15 years ago without the aid of quantitative scaling. Only in the earlier of these (Salgado de Snyder & Maldonado, 1992) do the authors bring gender roles into account as part of the explanation for mental health problems in women. These studies, like ours, are not direct evidence supportive of the masculinity model, but rather on their face give weight to the discarded traditional congruence model.

Therefore, we believe that examining the association between gender role, particularly change in gender role ideology, and mental health in a cross-cultural setting is worthy of study.

Our Theoretical Model

Salgado de Snyder and Maldonado (1992) performed a study in which they observed coping strategies among wives of absent migrants in rural Mexican sending communities. They found that women in this situation use either traditional or nontraditional coping strategies. Traditional feminine coping strategies include abnegation, passivity, denial, interconnecting with and reliance on family members or friends, avoidance, and internalization of emotions. Women who espoused nontraditional strategies, those outside the traditional feminine realm such as externalizing emotion and increasing independence, displayed decreased well-being. That is, women coped best with the absence of their husbands by acting like traditional women. In their conceptualization of the issue, the authors argue the following: husband migration leads to additional problems and responsibilities for women; those problems and responsibilities demand coping strategies; and the best way for most women to cope is through traditional feminine means rather than by feminist or masculine ways. That is, it may be wives of migrants maintaining their traditionalism, and not those adopting feminism or masculinity, who are led to long-term mental health.

The theoretical model we work under, expanding on Salgado de Snyder and Maldonado’s (1992) work, is an explanation of the process a woman with a migrant husband may go through: the process begins with the husband departing for the United States; this is followed by a change in gender role due to expanded activities; the changed gender role leads to a shift in gender role ideology; both the husband’s absence (with its accompanying anxiety) and the changed gender role ideology lead to decreased mental health in both the short and long term. Our theoretical model is presented visually in Figure 1.
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Gender Role Expansion

Gender Role Ideology Shift

Decline in Mental Health

FIGURE 1 Our theoretical model: the process begins with the husband departing for the United States; this is followed by a change in wife’s gender role due to expanded activities; the changed gender role leads to a shift in gender role ideology; both the husband’s absence (with its accompanying anxiety) and the changed gender role ideology lead to decreased mental health in both the short and long term.

METHOD

Dependent Measure

The General Health Questionnaire-12 (GHQ-12). We use this scale to measure mental health. The 12-item General Health Questionnaire-12 (GHQ-12) has been extensively used in a variety of settings across multiple countries, and the validity and reliability of GHQ-12 has been established (Doi & Minowa, 2003). It is a screening questionnaire used extensively in nonpsychiatric clinical settings to detect the prevalence of minor psychiatric disorders. In particular, experts using this scale can assess respondents’ general levels of happiness, depression, anxiety, and sleep disturbance over the past 4 weeks. The respondents of the present study were asked to evaluate their psychological well-being over the past month. Items were rated from 1 (never) to 4 (all the time). Higher scores indicate higher levels of psychological strain. The internal consistency of the current study was 0.72.

Mediator Measure

Sex-Role Ideology Scale, Short Form. We used this scale to measure gender role traditionality. This scale is designed as a measure of gender role ideology on a continuum ranging from traditional to feminist beliefs about gender roles. Respondents are required to evaluate 13 items on a 7-point scale ranging from 1 (strongly disagree) to 7 (strongly agree). A total score is calculated by adding all responses, with higher scores indicating an increasingly feminist ideology and lower scores indicating an increasingly traditional gender-role ideology. Items on this scale include statements like
the following: “The husband should be regarded as the legal representative of the family group in all matters of law” and “A man’s main responsibility to his children is to provide them with the necessities of life and discipline.” One item, “It is an outdated custom for a woman to take her husband’s name when she marries,” was eliminated from this measurement because it is common practice in Mexican culture for the woman to maintain her maiden name in marriage. The reported internal consistency of the study by Kalin and Tilby (1978) was 0.79. In the present study, the internal consistency of this measure was 0.78.

Translation
In order to create a linguistic version of the scales that would be adequately understood in Mexico, translation and back-translation of the measures were completed by fluent Spanish speakers.

Participants and Procedure
This study was approved by the Brigham Young University Institutional Review Board (IRB), and all participants were treated in accordance with the ethical guidelines of the American Psychological Association. Confidentiality and anonymity were maintained, and all participants in this study were compensated with children’s literature.

We performed this study in a cluster of five rural villages in the state of Guanajuato, Mexico. Public information on individual households initially was unavailable, and therefore a complete census of the communities was carried out. Through the census, we sought data that could be used to create the most representative samples of married women possible rather than simple door-knocking or volunteer-seeking. Data collected in households included age and sex, household size, marital status of household members, socioeconomic level, ethnicity, religious affiliation, education level of all members of the household, and current and past migration status of members of the household. We used census data to create a spreadsheet with all the households of the villages represented. All married women between the ages of 18 and 50 were eligible to be selected participants.

Once we determined potential participants for the study, we divided them into two groups according to the level of sending (i.e., the amount of time their husband had been absent for migration) they had participated in—one of the questions that we had included in the census. Women were placed in group 1 (sending group) if they were married to men who were either currently absent and had been absent for a period of at least 6 months or had been absent for at least 1 year of the past 5. Women were placed in group 2 (nonsending group) if they were married to men who did not
fit either of the sending criteria. The rationale for dividing participants into
groups according to sending status was to create one group (sending) ex-
posed to migration to a higher degree than the other group (nonsending) in
order to isolate the effects of husband migration on wives.

A total of 94 ($n = 47$ for each group) agreed to participate in this study.
They all have a similar demographic background: all were of mestizo eth-
nicity; all were of roughly the same socioeconomic background (subsistence
farming, temporary remunerated occupations, and small livestock holdings);
education level of all participants was low ($M = 4.48$ years, $SD = 2.54$); reli-
gious affiliation was homogeneous (Roman Catholic); and all were between
the ages of 18 and 50 ($M = 35.8$, $SD = 7.81$).

After selection, we contacted each woman at her home and presented
her with the option to participate in the study. If willing, she received an
informed consent document that she could read or have read to her, de-
pending on her level of literacy. The informed consent document included
identification of the researchers, purpose of the study, procedures for par-
ticipation, and a guarantee of confidentiality and anonymity. If informed
consent was obtained through signature (which it was for all participants),
we gave the participant contact information for the lead investigator and the
project overseer from the IRB. Next, we gave instructions on how to rate
the questionnaire and read the questionnaire to her. We read the question-
naire to generalize administration of the study across all levels of literacy.
The participant answered items on the questionnaire by indicating the scaled
number corresponding to her agreement with the item read, for example,
saying “four” if she felt completely in agreement with an item on the GHQ-12,
or “seven” if she felt completely in agreement with an item on the Sex-Role
Ideology Scale; we recorded responses by marking the indicated number
on a questionnaire recording sheet. After the questionnaire was completed,
some participants—those who indicated willingness—were asked qualitative
questions about their husbands’ migration and its effects on them. These data
will be presented in a separate article. Once all questions were complete,
we gave a children’s novel in Spanish to the participant and her family as
compensation for their time and participation.

RESULTS

Differences in Gender Role Traditioanality and Psychological
Well-Being Between Sending and Nonsending Groups

To test the effect of husbands’ migration on their wives’ attitudes toward
gender role traditionality and psychological well-being, we performed a
multivariate analysis (MANOVA), using husband’s migrant status (migrant
vs. nonmigrant) as an independent variable on gender role traditionality
and psychological well-being. In line with our hypothesis that husband
migration would lead to a decrease in mental health and an increase in egalitarian gender-role attitudes, there was a main effect of husband’s migrant status (Wilk’s Λ = .62, F [2, 91] = 27.69, p < .0001, r = .38) on the dependent variables. We found in follow-up univariate tests that participants whose husbands migrated tended to endorse less traditionalism in gender role ideologies (F [1, 92] = 52.67, p < .0001, r = .36) and poorer mental health (F [1, 92] = 7.70, p < .01, r = .80) than did participants whose husbands were living with them.

Our mediational hypothesis was that group differences in gender-role traditionality (GRT) would account for differences in wives’ psychological well-being. To test this hypothesis, we followed Baron and Kenny’s (1986) approach to mediation analysis. There are four steps to prove mediation, and the process involves three regression equations. For the first equation, the criterion variable (psychological well-being) should be regressed on the predictor variable (husbands’ migrant status). This requirement was met as husbands’ migrant status was significantly associated with the wives’ psychological well-being. Second, the mediator variable (GRT) should be regressed on the predictor variable (husbands’ migrant status). This requirement was also met as the mediator (GRT) was significantly regressed on the predictor variable. Third, the criterion variable (wives’ psychological well-being) should be regressed onto the predictor variable. Furthermore, when the mediator variable (GRT) is controlled, the relationship between the predictor variable and the criterion variable should be reduced significantly. This requirement also was satisfied as wives’ psychological well-being was significantly regressed onto husband’s migrant status; when GRT was controlled, such relationship was reduced. Finally, the last requirement for mediation was examined by employing Sobel’s (1982) approximate significance test for the indirect effect of the predictor variable on the criterion via the mediator. We found through this analysis that there were indeed significant mediated effects of husbands’ migrant status on wives’ psychological well-being via the effects of GRT (p < .01, one-tailed). The results of the regression analyses are summarized in Figure 2.

DISCUSSION

The migration of husbands had a significant effect on the mental health of wives in that the separation produced a decrease in wives’ mental health. Likewise, the gender role ideology of wives was affected by husband’s migration. These findings are important because most researchers have focused on the effects of migration on those who migrate. Also, that we believe the findings show that the most widely accepted American models do not necessarily apply cross-culturally and in situations of forced gender role change. Through our findings, we support the assertion that rural Mexican wives are, as a group, negatively affected as a result of husband migration. Specifically,
we contend that the decrease in mental health is mediated by the change in gender role ideology: as gender role ideology shifts away from traditionalism, the wife’s mental health decreases.

These results are contrary to findings that support the masculinity model. The masculinity model posits that more masculine traits lead to better mental health. The results of this study, however, appear in contrast to the masculinity model. Because of the absence of their husbands, the women were forced to fill part of the gender role of their husbands. This new gender role did not positively affect the mental health of the women, however, as predicted by the masculinity model. Instead, the women’s mental health decreased as their gender role shifted away from traditionalism.

Likewise, our study is not supportive of the androgyny model. Western researchers have made the androgyny model quite popular (Dohi, Yamada, & Asada, 2001; Marecek, 1979; Pei-Hui & Ward, 1994); the move toward androgyny is considered a positive change for either gender. We have shown, however, that when women in the villages studied moved toward androgyny as a result of their husbands’ migration, they did not experience an increase in mental health. Instead, the move toward androgyny actually coincided with a decrease in mental health for women whose husbands migrate. Therefore, we contend that the current findings are not supportive of the androgyny model either.

Somewhat surprisingly, the findings from this study do support the traditional congruence model of gender role ideology’s link to mental health, a model that has been all but discarded in American literature. As mentioned
earlier, the traditional congruence model is based on the premise that a person’s mental health is best, all other things being equal, if his or her gender role ideology is in line with his or her gender. The participants in this study were women from a culture characterized by very traditional gender roles who had accepted these traditional gender roles. During husband migration, however, women moved away from the traditional feminine role, which presumably led to a change in gender role ideology, which mediated a decrease in mental health. In summary, the women’s gender role ideology moved away from their previous gender role ideology, which mediated a decrease in mental health, just as the traditional congruence model predicts.

Limitations

One of the limitations of this study was that the distinction between the groups 1 (sending) and 2 (nonsending) was somewhat arbitrary. Because this study broke new ground on the link between migration and women’s health, we had nothing but intuition upon which to base our divisions of the groups. All women whose husbands had been gone for 6 months or more at the time of the interview or whose husbands had been gone 1 year out of the last 5 were included in the sending group. We believe that the distinction between groups was adequate to demonstrate the affect of husband migration on wives. This division, however adequate for our purposes, is not an exploration of all the possible different groups and subgroups affected by husband migration. Some women in the sending group had husbands who were away in the United States at the time of the interview, while others had husbands who were home in Mexico. The groups were not divided further by length of time away from home or the number of migrations. By studying these subgroups, future researchers may broaden our understanding of the interaction among migration, mental health, and gender role. In the current study we did not divide the participants into subgroups; because of the small number of participants overall, each subgroup did not have an adequate participant size for significant results.

Finally, the area of Mexico in which the study was conducted was especially underdeveloped. These rural areas are not as advanced as the rest of Mexico. It is therefore difficult to generalize the findings beyond what might be called “rural Mexico.” Evidence of underdevelopment includes unpaved roads; an agricultural lifestyle, including a good deal of subsistence farming and herding; no indoor plumbing; water is usually gathered from streams or pumped and stored in barrels; and women still spend many hours daily grinding corn and cooking tortillas on an open flame.

Future Work

The lack of support in our study for the masculinity model or the androgyny model, two models that have enormous empirical data backing them up,
suggests that a factor not recognized in our study may be found at the interaction of husband migration with gender role ideology and mental health of wives. Although this study was not broad enough for us to pinpoint how migration affects mental health, it does direct attention to other areas of research. More research is needed to address the issue of how or why the shift to a more masculine gender role ideology decreases mental health in the wives of migrant husbands. Research that supports the masculine model is vast, and we are not suggesting that this research vein is wrong, especially within Western nations and developed populations; however, we are suggesting that some factor has not been considered—especially in some cross-cultural contexts. For some reason, in the situation studied, a more masculine gender role did not result in better mental health, as predicted by the masculinity model. This outcome could be due to the larger context of traditionalism in which women who adopt nontraditional gender role ideologies find themselves; that is, these nontraditional women may feel pressured or ostracized by the traditional culture around them, pressure that could lead to a decline in mental health. Further research can delve deeper into this issue and may shed more light on the connection between gender role ideology and mental health and contribute to a better understanding of the possible cross-cultural application of feminist literature to the contrary.

One strong explanation has been suggested recently by Enriqueta Valdez-Curiel (2008), who also studied women left behind by migrant husbands. She asserts that, even though women must take on new responsibilities with their husbands gone, they acquire gender role ideologies that create freedom and agency during the men’s absence. This freedom is hard to sacrifice upon the husbands’ return, and a conflict ensues wherein women’s mental health may decrease—not because they feel bad about their newfound ideology—but because of marital discord, revoking of privileges by heavy-handed husbands, and even increased marital violence. Discontentment may set in simply because women cannot act upon their less traditional gender role ideology without creating problems. This explanation seems to suggest that women would be happier with their husbands gone, but we found that women with absent husbands had scores on mental health similar to women in the sending group whose husbands had returned. One explanation for this is that women love their husbands and miss them while they are gone, even if marriages are not what they hope for upon the husbands’ return.

Under Valdez-Curiel’s explanation, our study is in fact more evidence for the masculinity theory as the most mentally healthy way to approach gender role/mental health relations. More research will have to be done to confirm if the cause for long-term mental unhealthiness in wives of migrants comes from suppression of women’s liberated gender role ideology by returning husbands. But again, we maintain that our research does not support the assertion that wives are at all relieved, liberated, or somehow more happily agential with their husbands gone. Further, the research
conducted by Salgado de Snyder and Maldonado (1992), which focused on the effect of gender role ideology and action while husbands were gone, shows that at that place and time, nontraditional ideology led to a decrease in mental health even before husbands came home. Thus, it is our belief that something more is leading to mental health problems than a simple process of gender ideology shift and suppression, and further research will have to clarify this question.

Further research, we hope, will explore the possibility that women who are forced into a situation in which their gender role ideology must change in order to cope with their new responsibilities are often psychologically worse off for the change because the transformation is wrapped up in the context of the long-term absence of a loved one and new and unwelcome duties. In the long run, it may be very possible that mental health problems can continue as a plague for women because upon husbands’ return, marital discord can ensue thanks to wives’ increased volition and independence in addition to changes husbands have gone through during migration.

Obviously, this study is preliminary in regard to societal changes. We hope to call attention, however, to the need for a serious discussion about the effects of migration on the women of Mexican sending communities and other places in similar situations. Sending communities have not been the topic of much scientific dialogue, and the effects of migration on the sending community may be more dramatic than originally thought. We hope that, with this study, we will open dialogue so that mental health and immigration can be explored more fully. Sending communities constitute part of migration culture, and as a part of that culture, the effects of migration cannot be separated from them. In order to fully understand migration and create workable policy, research cannot focus on only one side of the border. Both sending communities and receiving communities must be studied to provide a clearer understanding of this complex culture. It is necessary that all aspects of migration be explored so that this important subject can be discussed adequately in forums other than scientific journals, leading eventually to the realm of state and federal politics in order to avoid hasty decisions by ill-informed or overzealous lawmakers.

REFERENCES


