



**Women's Health and Migration:
Health Care of Migrant Farmworker Women**

Session 6: Orientation to Migration Health

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Disclosure Statement

- **Faculty:** Candace Kugel, CNM, FNP, MS and Melissa Bailey
- **Disclosure:** We have no real or perceived vested interests that relate to this presentation nor do we have any relationships with pharmaceutical companies, biomedical device manufacturers, and/or other corporations whose products or services are related to pertinent therapeutic areas





- ✓ Migration of women
- ✓ Barriers & disparities
- ✓ Health care issues of concern
- ✓ Recommendations & resources





Art by RTFreeman; Photo: CKugel

Migration

- 24% of farmworkers are women
- Most are married with children
- Women are increasingly migrating alone
- Yearly income from farm work:
 - ✓ Women: \$11,250
 - ✓ Men: \$16,250

Sources: NAWS 2005 and SPLC 2010

Barriers to Health Care for Migrant Women




- Isolation in rural areas
- Cultural barriers
- Economic dependence
- Access



Issues of Concern for Migrant Women

- Reproductive health
- Occupational & environmental health
- Sexual harassment & abuse
- Trafficking

Photos © Alan Pogue



Reproductive Health

- ✓ Pregnancy
 - Teen pregnancy
 - Unintended pregnancy
- ✓ Contraception
- ✓ Cancer screening
- ✓ STIs

Photo © Alan Pogue





Family Planning Practices

- ✓ OCs available at pharmacies
- ✓ Depo parties
- ✓ Men reluctant to use condoms, vasectomy
- ✓ Cancer screening not widely available
- ✓ Health care inexpensive






Barriers to Screening for Latina Women

- ✓ Lack of knowledge about breast and cervical cancers
- ✓ Embarrassment
- ✓ Fear
- ✓ Discomfort
- ✓ Cost/lack of health insurance
- ✓ Lack of regular care or provider
- ✓ Lack of transportation
- ✓ Mobility—lack of follow up on test results/tx



Environmental & Occupational Health: Women in Agriculture

Occupational Health Risks



- ✓ General working conditions
- ✓ Pesticide exposures
- ✓ Other chemical exposures
- ✓ Musculoskeletal disorders
- ✓ Dermatological problems
- ✓ Heat exposure

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Women and Pesticides



- ✓ Higher vulnerability due to reproductive health consequences
- ✓ More adipose tissue
- ✓ Changes in weight and body composition with pregnancy
- ✓ Pesticides may mimic hormones and cause endocrine disruption

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Exposure Pathways

- ✓ Types
 - ingestion in food or water
 - inhalation
 - contact with skin or eyes
- ✓ Take-home pathway



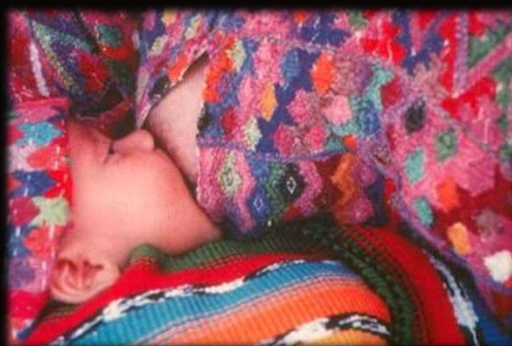
photo: peversoll@yahoo.com

Risks to Family Members

- ✓ "Take home" exposure
- ✓ Drift
- ✓ Home application of pesticides
- ✓ Lawn and vegetable and flower gardens



Exposure Pathways



- ✓ Breast milk
- ✓ Placenta—mother to baby
- ✓ Blood-brain barrier not fully developed in infants



Pesticides & Pregnancy Research

- ✓ Impossible to do controlled studies on humans
- ✓ Animal research difficult to translate to humans
- ✓ Difficult to study short-vs. long-term effects of exposure

Real lives

Ag-Mart and Carlitos



AP Photo

Within 7 weeks of one another...
4 women lived in the same labor camps and worked in the same fields in North Carolina and Florida

Carlitos born without arms or legs

Jesus born with Pierre Robin syndrome

Violeta born with multiple birth defects, died within 3 days

4th baby with similar birth defects in Mexico

The diagram features a map of the United States and Mexico. A blue arrow points from the Florida/Georgia region to Mexico. A small photograph of a child is placed near the Florida/Georgia region.

Sexual Abuse and Migrant Women



Source: MCN Hombres Unidos curriculum

“Sexual violence and sexual harassment experienced by farmworkers is common enough that some farmworker women see these abuses as an unavoidable condition of agricultural work.”

--*Human Rights Watch*
“*Cultivating Fear*”




photo © Alan Pogue



Sexual Harassment & Assault

- ✓ Increasing numbers of women immigrating for work in male dominated settings
- ✓ Vulnerability during travel & border crossings
- ✓ Jan 2005—first sexual harassment case in ag industry taken to trial → \$1 million settlement

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✓ Modern-day slavery

✓ Thousands are trafficked into the US annually—80% are women

✓ Victims are *coerced* to work in:

- prostitution or the sex entertainment industry
- labor exploitation--domestic servitude, restaurant work, janitorial work, sweatshop factory work and migrant agricultural work.



LOOK BEWETH THE SURFACE

HUMAN TRAFFICKING IS MODERN-DAY SLAVERY

A victim of trafficking may look like many of the patients you see daily.

Ask the right questions and look for clues. You are vital because you may be the only outsider with the opportunity to speak with a victim.

There are safe housing, health, immigration, food, income, employment, legal and interpretation services available to victims, but first they must be found.

If you think someone is a victim of trafficking, call **1.888.3737.888**
 For more information about human trafficking visit www.acf.hhs.gov/trafficking.

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Solutions in Health Care

- ✓ Walk-in versus appointments; scheduling
- ✓ Group visits
- ✓ *Fotonovelas*, videos, and *promotoras* rather than literature based education
- ✓ Resources for language enhancement
- ✓ OUTREACH

Photo: CKugel

Cultural adaptations

Promotoras or lay health educators:

- ✓ Build trust
- ✓ “Translate” health information
- ✓ Liaison to conventional care
- ✓ Relationship centered

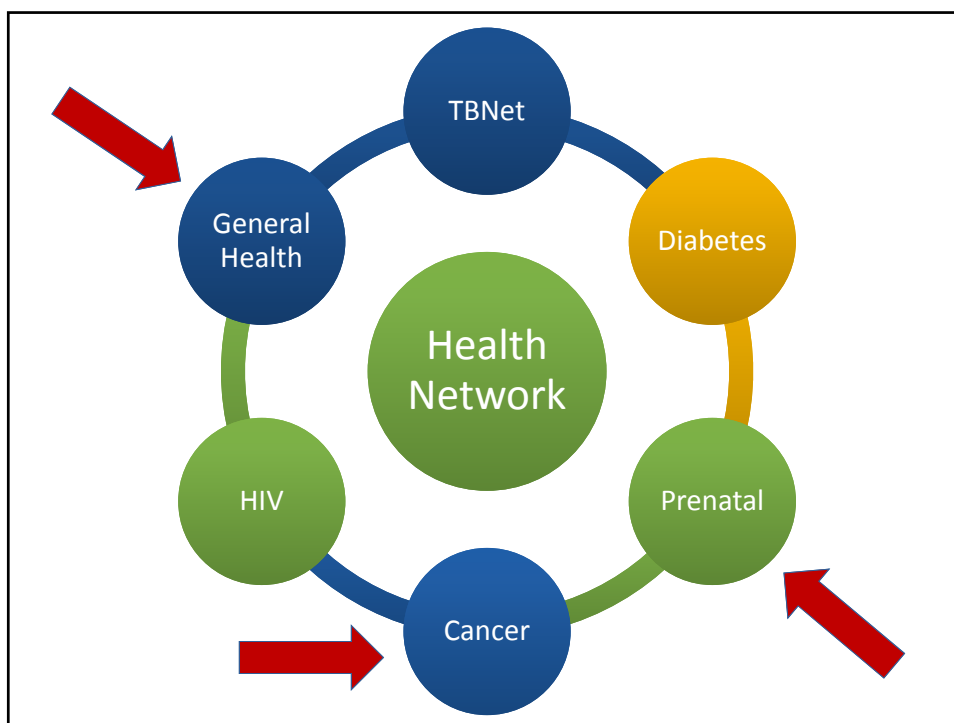


Photo: CKugel

Resources



Photo: CKugel



MCN Website

✓ Clinician Resources

- Online courses
- Archived webcasts
- Tools, forms, policies, etc.
- Women's health page

✓ Patient Education

- *Lo que bien empieza...*
- IPV resources



www.migrantclinician.org

Resources,
Training,
Technical
Assistance,
and
Information
from MCN



www.migrantclinician.org

Patient Education

- ✓ Comic books
- ✓ Resources & training manuals for *promotores*



Illustrations: Salvador Sáenz from MCN's *Lo que bien empieza...*

Lo Que Bien Empieza...



- ✓ Health educators talk to patients about how to minimize exposure
- ✓ Developed in response to requests from clinicians

Aunque Cerca...Sano

Helps farmworker families minimize the risks of pesticide exposure in the field and at home



Lead Guidelines for the Pregnant Migrant Woman

Background

Migrant women may not be recognized as being particularly at risk for lead exposure. Yet they possess a host of risk factors: frequent mobility with residential stays in substandard housing; intermittent work in hazardous occupations; avoidance of reporting illness; environmental exposures related to country of origin; self-importation of products that contain lead; and linguistic, cultural, and access barriers to health education and prevention efforts related to lead.


Routine screening of pregnant women is not currently recommended by any national organizations. Neither is there significant research on the value of such screening. The US Preventive Services Task Force (USPSTF) cites declining levels of blood lead levels in children and a lack of evidence related to the safety of treatment for lead poisoning in pregnancy to support the conclusion that the benefits of screening and treatment do not outweigh the potential harms.¹ Because the migrant population possesses a variety of risk factors for lead exposure,² however, the Migrant Clinicians Network recommends that perinatal providers maintain a high level of suspicion for lead exposure and consider routine screening.

With chronic current or past exposure lead is deposited in bone. During pregnancy, as calcium is mobilized from the bone, lead is also released and transfers to the fetus via the placenta. Lead poisoning in turn is the most common disease of toxic environmental origin among children in the United States today.³ The Centers for Disease Control and Prevention (CDC) estimates that 290,000 children aged 1 to 5 years currently have blood lead levels of 10 µg/dL or greater.⁴ Exposure to lead can result in neurological sequelae for the infant and may represent a risk to the mother also. Guidelines for appropriate screening and treatment of pregnant migrant women are outlined in the sections that follow.

Sources of Lead

Pathways of lead absorption include ingestion, inhalation and maternal fetal transfer via the placenta. Some common sources of exposure for the migrant population are listed here.

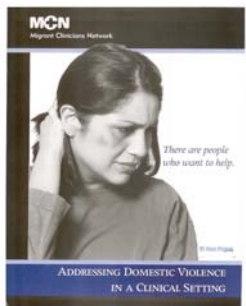
- **Lead-based paint** continues to be the principal source of high-dose lead exposure for children and can be a factor for adults also. An estimated 57 million housing units in the United States contain lead-based paint. Risk of exposure to lead from paint in housing built before 1978 is especially high; these conditions exist in an estimated 3.8 million US homes with young children.⁵ Lead may be directly absorbed from paint by ingesting paint chips (pica) or, more commonly, by ingestion and inhalation of lead-contaminated house dust.
- **Contaminated dust and soil** are pervasive sources of lead exposure.⁶ Concentrations of lead in dust and soil range from near zero to many thousands of parts per million (ppm). Pica practices can result in lead exposure through ingestion of soil or clay.⁷
- **Drinking water** is a common source of low-level lead exposure.⁸ Although high concentrations of lead in drinking water occur only in unusual circumstances (such as storage of water in lead-lined tanks), lead in water contributes widely to background exposure. At its source, drinking water is almost always lead-free. Water can, however, become contaminated as it passes through lead pipes or comes into contact with lead solder or brass faucets. Soft water of lower pH poses the greatest hazard because it has the greatest capacity to dissolve lead from pipes and solder.
- **Home remedies, folk medicines, ethnic foods** can be a source of lead poisoning. Numerous case reports have documented this hazard⁹ and it appears to be especially common among ethnically isolated groups, including migrant children. Many ethnic products enjoyed by Hispanic families may be contaminated by lead. Seasonings may be contaminated due to the environments where they are processed and candies contaminated by the lead-ink wrappers they are packaged in. Other sources, such as grasshopper ingestion has been linked to large "outbreaks" of lead poisoning in California.¹



www.migrantclinet.org

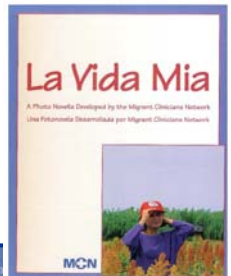
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MCN IPV Resources



There are people who want to help.

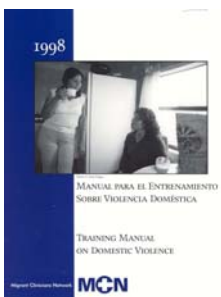
ADDRESSING DOMESTIC VIOLENCE IN A CLINICAL SETTING



La Vida Mia

A Photo Novella Developed by the Migrant Clinicians Network
Una Novela Fotográfica Desarrollada por Migrant Clinicians Network


MONOGRAPH



1998

MANUAL PARA EL ENTRENAMIENTO SOBRE VIOLENCIA DOMÉSTICA


TRAINING MANUAL ON DOMESTIC VIOLENCE



Domestic Violence in the Farmworker Population

Monografía Sobre la Violencia Doméstica

RESOURCES FOR CLINICIANS



INOGRAFÍA

Violencia en la Población Migrante

MONOGRAPH

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Other Resources



- ✓ Text4Baby www.text4baby.org
- ✓ Rural Women's Health Project (www.rwhp.org) pregnancy *fotonovelas*
- ✓ Teach with Stories Prenatal Care—*fotonovela* series (www.augercommunications.com)
- ✓ Pesticides & pregnancy handouts (www.wakehealth.edu)
- ✓ SPLC Esperanza Project "Voices for Justice" handbook for low-wage immigrant women about their rights in the workplace and the steps they should take
- ✓ Legal Momentum Immigrant Women Program (www.legalmomentum.org) legal rights for immigrant women
- ✓ Trafficking information: www.acf.hhs.gov/trafficking

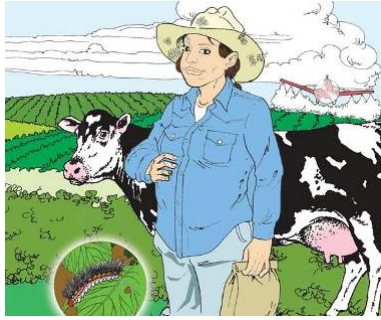
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Questions?



Photo: CKugel

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Source: MCN's *Lo que bien empieza, bien acaba*

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