

Migrant Adolescents: "The Lost Population"

MIGRANT ADOLESCENTS: "THE LOST POPULATION"

NIPOMO COMMUNITY MEDICAL CENTER

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1. Characteristics of Migrant adolescents and their families
 - A. Migrant nature
 - a. Documentation of high use of emergency rooms, upper respiratory illness, nutritional problems, infectious diseases and parasitic diseases.
 - b. Known barriers to migrant health care include transportation, language, illiteracy, differing cultural and medical beliefs held by patients and practitioners, lack of documentation, extensive forms, insensitive scheduling demands, economic scarcity and unemployment.

2. "Old" Migrants and "New" migrants
 - A. "Old" migrants
 - a. Mestizo Mexicans of north-central Mexico
 - b. Past mainstream of migrant farmworkers
 - c. Have lived in United States for a period of time
 - d. Children are in school
 - e. May speak some English
 - f. Somewhat acculturated into the United States

 - B. "New" migrants
 - a. Mixtec recent immigrants from southern Mexico especially Oaxaca
 - b. Indian descent. Speak Indian dialect. Do not read or write.
 - c. Economics and distance require immigration of entire family.
 1. Severe ecological deterioration, overpopulation, deforestation and erosion caused by oxen-drawn plows on steep slopes.
 2. Oaxaca produces enough food for 4 months a year.
 - d. Children may not be in school because they are working or babysitting for siblings

3. Cultural differences
 - A. Rural towns with no doctors-Never have seen a doctor or received immunizations.
 - a. Parents don't recognize problem or need for care.
 - b. School nurse, Migrant Ed. counselor identifies problem.

 - B. Practice same customs, hold same beliefs and superstitions as in Mexico.
 - a. Full moon can cause mental retardation to baby, "asusto", illnesses are attributed to evil spirits, evil eye, sorcery, or the violation of taboos.
 - b. Curandero uses candle, chicken, cigarettes, beer flowers, eggs, garlic.

 - C. Medical provider as "expert"
 - a. Patient pretends to understand.
 - b. Medical provider's conflicting personal belief system

- 4. **"Lost" adolescents**
 - A. **"Sandwiched between parents and siblings"-Child becomes the parent.**
 - a. **Parents do not know resources available.**
 - b. **Parents do not speak English or Spanish.**
 - c. **Adolescent becomes babysitter, fieldworker, family caretaker (interprets, makes appointments, seeks our resources, mediates, solves problems)**
 - d. **Adolescent becomes responsible for family medical treatment.**
 - e. **Problems are often not mentioned during CHDP exam.**
 - B. **Transportation/geographics**
 - a. **50% of migrant ed. students do not live with parents.**
 - b. **Frequently travel back and forth to Mexico.**
 - c. **Live in isolated areas.**
 - d. **No access to automobile or public transportation.**
 - e. **Parents can't go to medical appointments.**
 - f. **No phone, mailbox, frequent address changes and message phones.**
 - g. **County line determines services.**
 - C. **Fear of deportation**
 - D. **Adolescents are left out of health maintenance schedules.**
 - a. **CHDP, immunization schedules**
 - b. **Lack of emphasis by schools, health agencies, county and state agencies.**
 - 1. **Schools are inundated with crisis situations.**
 - 2. **Adolescents not usually eligible for Medical-lack of financial resources.**

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CASE STUDY

SUBJECT: JOSE

AGE: 16

PLACE OF BIRTH: Ranch located in Tabasco, Mexico

FAMILY HISTORY: .Youngest of eight children
.Father deceased when Jose was age 8.
.Mother deceased when Jose was age 12.

FAMILY STRUCTUR: Lives in a three bedroom home with (13) other members.

INITIAL EXAM: Routine CHDP exam.

OUTCOME OF EXAM: Juvenile Onset Diabetes Mellitus

IMMEDIATE CONCERNS: .Control of blood sugar level
.Transportation
.Refractive Error.

CHIEF OBSTACLES

1. **Transportation**
 - A. **Frequency of Visits Required**
 - B. **Distance to Nipomo Medical Center**
 - C. **Means of Transportation**
2. **Conflicting Schedules**
 - A. **School**
 - B. **Lack of support from support system**
4. **Legal Guardianship**
 - A. **CCS vs. CHDP**
 - B. **Undocumented Status**
5. **Deportation**
 - A. **Access to Resources, Agencies and Institutions**
6. **Differing Medical and Cultural Concepts**
 - A. **"Sugar"**
 - B. **Yerba Buena and Jugo de Nopal**

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CASE STUDY

SUBJECT: ANTONINA

AGE: 13

GRADE: 7TH (Middle School)

PLACE OF BIRTH: San Martin, Oaxaca, Mexico

FAMILY HISTORY:

- 5 siblings
- 2nd youngest, 4 girls and one boy
- Father died when she was nine
- Came to US with family at 11 years old

FAMILY STRUCTURE:

- Moved 3 times during course of care
- Was family babysitter for 7 children

INITIAL CONTACT:

- Dec., 1991, CHDP exam
- Tested positive for parasites
- All family members were treated

SUBSEQUENT CONTACTS:

- March, 1992
- Tested positive for parasites
- Family treated
- August, 1993
- Patient was treated for parasites
- November, 1993
- Referred by Migrant Education Program
- Positive pregnancy test
- December, 1993
- Initial OB exam
- Tested positive for chlamydia and gardnerella (STDs)
- Patient prescribed meds
- Lost to care from Dec.-March (Moved twice)
- March, 1994
- Neither patient nor boyfriend had taken meds
- Both retreated
- Boyfriend non-compliant
- Patient tested negative for both STDs

IMMEDIATE CONCERNS:

- Pregnant 13 year-old
- History of parasites and STDs
- Non-compliance
- Transportation

CHIEF OBSTACLES

1. Comprehension Difficulties
 - A. Language (Spanish, English, Indian)
 - B. Low education level
 - C. Limited understanding of medical care
2. Involvement of Child Protective Services
 - A. Physical abuse by mother
 - B. Running away with boyfriend
3. Transportation
 - A. No car
 - B. No licensed drivers
 - C. No insurance
 - D. Frequency of prenatal and education visits
4. Conflicting Schedules
 - A. School
 - B. Medical Appointments
 - C. Prenatal visits
 - D. Prenatal education visits
5. Non-compliance
 - A. Failure to take STD meds
 - B. Irregular school attendance
 - C. Patient continued involvement with boyfriend

SOLUTIONS

- . KNOW YOUR RESOURCES**
- . INFORM YOURSELVES WITH RESOURCE GUIDELINES**
- . COORDINATE WITH MIGRANT EDUCATION PROGRAMS**
- . IDENTIFY OR ARRANGE TRANSPORTATION SERVICES**
- . DEVELOP A STRONG TRACKING SYSTEM**
- . NETWORK**