HOWARD UNIVERSITY
WASHINGTON 1, D. C.

SCHOOL OF MEDICINE
DEPARTMENT OF PREVENTIVE MEDICINE
AND PUBLIC HEALTH

PRELIMINARY PROGRESS REPORT OF STUDY CONDUCTED ON AGRICULTURAL MIGRANT WORKERS ALONG THE EASTERN SHORE OF MARYLAND

Submitted to:

Miss Helen Johnston
Program Development Branch
United States Public Health Service

By:

Dorothy D. Watts
Principle Investigator

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Project 381 is concerned with discovering the social, cultural, and psychological determinants of acceptance or rejection of health and medical care. The method employed in this study so far, has been to isolate two extreme groups in terms of acceptance and rejection of health care and information for further study. These are groups from the survey done under Project 257 in selected census tracts in Washington, D. C., with low health levels. A detailed investigation is being conducted among these groups to find the critical factors which account for this difference in behavior. Specific attention will also be given to their health history, their concepts of health and illness, and past experiences in this area. It was then planned to test our hypotheses on other groups - perhaps in other sections of the country - with even more extremes in behavior.

Such an opportunity was provided by the U. S. Public Health Service in the form of an offer to conduct such a study among a group of migrant agricultural workers drawn mainly from various southern states. The U. S. Public Health Service is also interested in the same basic problem. Any information in this area will furnish the Service with guidelines for obtaining full utilization of health services to be provided. They further make note of the fact that in many respects almost the entire southern Negro population exists as a socially isolated group, with many barriers to communication to the dominant white group. Attention is also drawn to the amount of isolation suffered by the entire Negro community in Washington, D. C. Until a few years ago, D. C. also followed the same southern pattern. In this respect, the two populations suffered similar handicaps.

The study being conducted among residents in Washington also has drawn basically from a Negro population which migrated from this same southern area, and some of the analyses should reveal similarities and differences in this respect. There are already a few basic differences: a) From the

information already collected from the D. C. residents a higher proportion of them have now been in D. C. for over twenty years which would undoubtedly result in some urbanization, although it should be noted that conditions were probably worse at the time that they migrated. b) This group is on a higher social level shown both by their original ability to migrate on their own from the South and by the fact that many have more or less permanent jobs and permanent homes, and as such are now a part of the community in which they are living. The migrant segment, due not only to its mobility, but also to its being practically at the very bottom of the social class structure, even within the Negro group, is further separated from all groups, thus making permanent or temporary community ties almost impossible.

It was precisely because of this almost traditional lack of communication with outsiders that special devices were resorted to in order to establish rapport so that the investigators could get to know the people, know what questions to ask and how to ask them in order to get the most useful data and meaningful in terms of the theoretical framework of the investigation. The first problem therefore was to know and describe the sample. Before the usual door-to-door question and answer type survey could be conducted there were several interviewing steps to be taken:

1) Survey of existing information in the literature. Most helpful were the study by Dr. Koos in <u>They Follow the Sun</u> and studies by Dr. Olaf F. Larson and Emmet F. Sharp, of Cornell University, and also many publications and reports put out by the Program Division Branch of the U. S. Public Health Service.

2) Much invaluable assistance was given to the field workers in actual conferences with those who had worked in the area before and knew some of the migrants personally and could make initial contacts and introductions of the interviewers. Special mention should be made to:

Rev. Sam Snyder - Migrant Ministry, National Council of Churches

Mr. Carlton Veasy - Student Chaplain

Rev. Isaac Henderson - Migrant Minister, Eastville, Virginia.

METHODS

The first field method was that of Panel Discussions with a representative group of migrant laborers. This was done with the direct assistance of Rev. Henderson, who called together some of the people in a migrant camp in which he was known. These were then separated according to sex (about 6 - 7 in each group), and the Principle Investigator and a male assistant acted as discussion leaders for the women and men's groups respectively. The discussions were tape recorded and later their content summarized. Each discussion lasted approximately two hours. An outline of the topics for discussion is given in Appendix 1.

The main findings concerning health and illness from these discussions surprisingly did not differ radically from such information already obtained from D. C. community groups. We did, however, pick up some other bits of information.

a) People doing this work resent being referred to as "Migrants", preferring the term "Seasonal farm workers".

b) Seasonal farm workers feel that they perform an invaluable service to the whole country. Feeding the nation begins with their important work which can only be done by hand.

c) In view of the above, they are grossly mistreated when they come into a community by not being given a better welcome, better facilities, etc., and they are overcharged in the stores.

1. Local doctors and hospitals are particularly guilty of mistreatment of the migrants in that they require cash before they treat a sick person. Experiences were related, with much feeling, in which cases were turned away due to this lack of cash.

d) They are also superior in another way; in that they have traveled and know more of the rest of the country, while the local residents know only their own town.

e) They consider themselves "healthy" as their work is outdoors. Witness to this fact is the finding of a number of older people still in this work who have done it for many years. In general they deny a prevalence of sickness. Curiously, this is coupled with the statement that only the "healthy" can do this work.

f) They also have another advantage over the local Negroes in that most of them are engaged in service-type employment in which they are closely supervised. The migrants, however, are "their own bosses". They chose to enter this work and set their own pace to what they want to earn.

g) Many in the group had completed most of their elementary education; some, a few years of high school.

Much of this information was in the main rather atypical to the findings of others re migrants and, with a search for possibilities why this should be so, it was realized that: a) This was a handpicked group by the camp minister under circumstances in which both he and they wanted to create a favorable impression. b) As such, this group represented more or less the elite among the migrants. c) Due to a variety of reasons it came to light that there was much distrust even among the migrants and they would not talk freely in such a group. This was discovered after one panel discussion when several individuals took the investigators aside and shared information that they did not divulge in front of the group, specifically stating this was the reason for not doing so. It was then decided that another approach was needed.

The next approach was that of using key informants - one investigator spending several hours with one person under as private circumstances as could be held at a labor camp. Accordingly, six persons on the staff, having been

oriented to the program and given an outline of topics to be covered, each spent an entire evening with an informant. These individuals were selected by people on our staff who had first been introduced to some of the informal leaders in the camp known to the migrant minister. From this introduction they went on to meet all the others and then made a selection of informants. These informants were then introduced to our staff as co-workers of the interviewers.

A wealth of information was obtained this time which gave many valuable leads to developing a more formal questionnaire to be used later in the survey. Much of this will not be reported here except for the mentioning of one major discovery.

This came about again from the initial denial of any sickness among the group. However, with interviewers probing it came to light that there were many episodes of illness that were not considered actual sickness and were not thought important enough to be mentioned as they were the usual minor incidents which were taken care of by the individual and his family. These were referred to as ailments, feeling bad, feeling poorly, sickly, etc. When this barrier was recognized and passed, we began to get much more health information and we felt we were now in a position to prepare an instrument to yield data for testing the hypothesis developed in line with the theoretical basis of the main study.

The "questionnaire" developed has three major sections: a) Modified Cornell Medical Index; b) Ladder Test (psychological test developed for measuring levels of aspirations); c) Health Questionnaire. A total of 74 respondents were interviewed during the summer of 1960. The selection of the sample will be reported later.

As mentioned above, a major objective of this study was to compare this migrant population with our Washington, D. C. population. Therefore,

much of the final report will depend upon the completion of the Washington survey. However, some results can be given for the migrants alone. At this time a preliminary report is given on sections of the questionnaires which were mainly used only for the migrants, that is, a section of the Health Questionnaire in which "Personal Data" was collected in order to have some objective description of the sample, which here is correlated with the modified Cornell Medical Index (a modification developed specifically for use at this time with these migrants).

THE PEOPLE

a) Analysis of personal data

1. Length of time in stream: is the total number of seasons expressed in terms of years engaged in seasonal labor. The average number of seasons spent in the "stream" is 6.824 with the range extending from one to twenty years. However, seventy percent of the migrants report less than ten years in the stream denoting a brief occupational life.

Length of time in the stream relates to health factors. There is a significant relationship between judgements of severity of illness and this factor (at the .05 level of confidence). The longer a migrant spends in the stream the less significance he is apt to place on illness. This result coincides with those obtained with the Cornell Medical Index and the anxiety scale. The general trend is for "veteran" migrants to feel less anxious, to report fewer symptoms, and to place less emphasis on illness than migrants who had spent less time in the stream. One plausible interpretation is that there is a decline in emphasis on illness, accompanied by a decline in concern about illness with lengthy employment as a migrant worker.

This variable is significantly and positively related with the year a migrant entered seasonal work (c.417, p.001) and the number of years a migrant remains with his current crew (c.269, p.02). These findings suggest

that migrants, upon entry into the stream, tend to remain for approximately seven seasons and interestingly enough, with the same crew leader. Apparently one factor in crew composition is the experience of the individual worker.

2. Sex of respondent as a health variable: The sexual distribution of the migrants conforms to the expected with the males outnumbering the females but not significantly. In terms of health factors, the males report significantly (p.05) fewer symptoms on the Cornell Medical Index and significantly (p.01) less anxiety than females. One confusing result is that the males tend to judge illnesses as being more severe than females, although not statistically significant. These results suggest that the males are less prone to be concerned with health on a conscious level and likely to be more resistant to health care than females. Their tendency to assign a higher degree of severity to illness seems consistent with their low level of anxiety or fear in that it does not bother them.

3. Work status - field worker versus non-field worker: Field workers as a group spend significantly (p.05) fewer years in the stream, earn less money, and have larger families than non-field workers. In terms of health behavior, no significant differences were found. However, workers do report more symptoms and anxiety than non-workers, accompanied by their assigning a lower degree of severity to illness. These results tend to indicate that workers may be more resistant to health care than non-workers.

It should be noted that these results are by no means complete and that the interpretations offered are tentative.

TENTATIVE CONCLUSIONS

a) Seasonal work retains few individuals beyond ten years.

b) Experienced migrants are less prone to recognize an illness and report fewer symptoms than inexperienced migrants.

c) Migrants tend to remain with the same crew leader thoughout their careers.

d) Females are more concerned with illness than males.

e) Non-field workers are more concerned with illness than field workers.

f) Field workers earn less and have larger families than non-field workers.

g) Individuals, upon entering seasonal work, tend to remain in it for an average of seven years.

Another aspect that will be reported on is a page at the conclusion of the whole interview in which the interviewer was asked to give his observations of the respondents, both in terms of physical appearance and noting any obvious physical defects, and an attitudinal evaluation of any obvious mental or emotional problem. The interviewers were junior medical students and, as such, may have been more alert to look for physical defects; however at the same time, theirs is not the mature judgement of a physician.

With the above in mind, of the total 74 subjects interviewed, 40.5 percent exhibited no obvious physical or mental/emotional defect or problem. Of the remaining, 24.3 percent would fall into a broad category of physical defect or problem. These were as follows:

pregnancy - 6.8%

obesity - 5.4%

others - 14.9%, which includes:

- paralysis of one arm - 1.4%
- productive cough - 2.7%
- eye abnormality - 2.7%
- convalescing from operation - 1.4%
- skin eruptions - 4.1%
- poorly nourished and poorly developed - 4.1%

dental defects (teeth missing, decayed, etc.) - 36.5%

Some mental or emotional deviancy was noted for 18.9 percent which includes:

"dullness" - 5.4%

alcoholism - 3.1%

depressed - 1.4%

fighting fears - 1.4%

ashamed of one's state of affairs - 1.4%

longing for one's kind of friends - 1.4%

feeling of not being liked by others - 1.4%

exhibiting paranoid features - 1.4%

Of the other comments made giving some feel of the subjects as people, their personality, and to help make them "come alive" the following expressions are given as the ones most frequently found in this section:

warm and friendly - 18 mentions

shy - 9 mentions

alert, well-informed - 6 mentions

withdrawn, suspicious - 4 mentions

lively, jolly - 3 mentions

mature, with definite ideas - 3 mentions

The fact that the description "warm and friendly" is the most frequently mentioned trait may also be said to be a tribute to the interviewers who went to great pains to establish a good rapport.

The analysis of all the data on the migrants collected is still in progress and some awaiting medical evaluation. Data from the Washington population is still being collected. The identical Ladder Test and Health Interview were used with the latter group, but in addition the complete Cornell Medical Index and four other questionnaires, each taking approximately an hour

to complete. These interviews are not done on one visit, but are spaced at periodic intervals.

Further reports therefore will be prepared as the material becomes available.