MIGRANTS AND BIRTH CONTROL SERVICES

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The poverty status of this nation's migrant farm workers has been well established over the years. Surveys, studies, congressional hearings, and other forms of inquiry leave little room to question seriously that migrants occupy the low rungs of the economic ladder, though contributing significantly to the national agricultural economy.

Adequate birth control service is seen as an important, medically sound, socially acceptable means of assisting to break the cycle of poverty. To what extent do agricultural migrants, whose poverty status is undisputed, have access to adequate birth control services?

In late 1966, a survey was undertaken to gather information relevant to this question. The survey area included: Delaware, Florida, Maryland, New Jersey, New York, North Carolina, South Carolina, and Virginia. Each of the states, at the time of the survey, attracted several thousand migrant farm families and was receiving funds provided by the Migrant Health Act of 1962 for the support of migrant health projects.

Public health officials in each state approved the distribution of questionnaires to directors/administrators of ~~1963~~ 163 public health jurisdictions attracting 100 or more migrant farm workers during the peak of the farming season.[1]

Of 163 questionnaires mailed, 127 (80%) were returned. However, 22 indicated that the questionnaire was not applicable because no migrants came to those areas. Thus, the report is based upon data obtained from 105 local public health jurisdictions in the eight states.

The following information was sought: (1) a general description of the extent to which respondent agencies provide family planning services to farm migrants; (2) identification of sources of family planning services available to migrants within each public health jurisdiction; (3) determination of specific criteria which migrant patients are expected to meet in order to be eligible for family planning services; (4) determination of types of birth control methods available to migrant patients; (5) an estimate of the number of migrant patients who were provided with family planning services by respondent agencies, directly and by referral, during the most recent growing season.

Distribution of Migrants

Thirteen counties (12%) spread among five of the survey states attract concentrations of 3,000 or more migrants during season peak; eighty counties (77%) in eight states attract 100-2999 migrants per county during season peak. Eleven percent of the counties are unreported. The following table shows the distribution.

State	Total	Number of Migrants at Season Peak					
		100-499	500-999	1000-2999	3000-4999	5000+	N.R.
Total	105	30	23	28	8	5	11
Del.	3	-	-	2	1	-	-
Fla	28	7	9	8	1	3	-
Md.	12	6	3	3	-	-	-
N.J.	5	-	2	3	-	-	-
N.Y.	21	4	5	4	5	1	2
N.C.	17	4	3	6	1	-	3
S.C.	8	4	1	2	-	-	1
Va.	11	5	-	-	-	1	5

The thirteen counties having 3000 or more migrants during season peak, by state, are:

State	Total	Counties
Del.	1	Kent
Fla.	4	Broward, Dade, Palm Beach, Polk
N.Y.	6	Oneida, Orleans, Steuben, Suffolk, Ulster, Wayne
N.C.	1	Currituck
Va.	1	Northampton

Sources of Birth Control Services

Eighty (76%) of the 105 respondent agencies reported at least one type of contraceptive method as being available to migrants directly through the agency itself or by means of referral to private physicians and other agencies. Public health departments and private physicians appear to be major sources of birth control services for migrants in the survey states:

Sources of Service	Number	Percent
County Health Departments	69	66
City Health Departments	3	3
Hospitals	19	18
Private Physicians	69	66
*Other	13	12

*usually private agencies

Of the 69 agencies reporting county health departments as a source of birth control services, 48 also reported private physicians as a source, and

12 reported hospitals as sources. Thus, in many counties, several sources of service exist within each county.

Contraceptive Methods

Respondents specified the types of contraceptive methods available to migrants directly through the respondent agencies or by means of referral to private physicians and other agencies. The following distribution shows methods available from all sources, including respondent agencies:

Method	Number	Percent
Oral Contraceptives	77	73
Intrauterine Devices	59	56
Rhythm Instruction	38	36
Vaginal Foam	63	60
*Other	18	17

*includes mainly creams, jellies, diaphragms, condoms, and surgical procedures

The distribution below compares the availability of contraceptive methods among the survey states:

State	Total	Contraceptive Methods				
		Oral	IUD	Rhythm Inst.	Vaginal Foam	Other
Total	105	77	59	38	63	18
Del.	3	3	2	2	1	1
Fla.	28	28	16	14	23	6
Md.	12	12	11	8	8	3
N.J.	5	3	2	2	2	-
N.Y.	21	2	2	2	2	1
N.C.	17	15	13	5	12	4
S.C.	8	6	7	1	5	1
Va.	11	10	6	4	10	2

Criteria for Service

In general, the criteria which migrant patients must meet in order to qualify for service appear to be quite flexible. Each respondent agency was asked to review a list of categories and to state whether or not patients must meet specific criteria within those categories. If specific criteria were applied, respondents were asked to specify the criteria. The following distribution shows, by category, the extent to which the respondent agencies apply specific criteria to determine the eligibility of migrant patients for birth control services:

Category	No Specific Criteria	Specific Criteria Reported	Not Reported and Unknown
Marital Status	66	6	33
Age	58	12	35
Economic Status	44	28	33
Residence Status	59	6	40
Medical Status	45	18	42
Other	50	17	38

Presumably, the larger number of not reported or unknown comes about because agencies not providing services directly did not appear obliged to report eligibility criteria of agencies or private physicians to which they refer patients for service.

There appeared to be some degree of consistency among certain of the criteria categories of the agencies reporting specific eligibility criteria; in others, wide differences were reported.

The following indicate the variations:

Marital Status: Varied from "married, living with husband" to "unmarried

teenagers must have parent's consent."

Age: In one state, the criteria varied from "over 15" to "over 21 or written permission from parent." Other agencies reported criteria somewhere between these extremes. Eighteen years or "legal age" was the most often reported age factor.

Economic Status: Reported criteria specified that the services were available to those whom the following terms would describe: "Charity, indigent, medically indigent, medically needy, low income."

Legal Residence: Few agencies reported requirements in this area, though one Florida county reported a requirement of state residency. Others required that patients be county residents or residing in the county at time of service.

Medical Status: This category proved to be something of a "catch-all", probably because of inadequate explanation on the questionnaire. However, responses varied from "any patient eligible" to "must be under care of M.D." and "complete physical." Several responses indicated that patients must have completed successfully at least one pregnancy.

Other: The majority here dealt with a requirement of pregnancy and motherhood. Others required referral by a physician or another agency.

The agencies reporting few eligibility criteria are the ones providing service to the greatest number of migrant patients.

Delivery of Services

Thirteen (12%) of the 105 respondent agencies reported being in no way involved in the provision of family planning services to farm migrants. Fifty-four (51%) reported that family planning services were offered in conjunction with established health department clinics such as maternity

general migrant health clinics and the like. Of the same fifty-four, twenty respondent agencies offer special family planning clinics which are available to migrants. In all, 32 (31%) of the agencies offer special family planning clinics, and 24 (23%) offer service by referral to private physicians and to other agencies.

Respondents were asked to estimate the number of migrant patients provided family planning services, either directly or by referral, during the most recent growing season. Some agencies could provide no estimate because clinic records do not separate migrants from non-migrants. The majority, though, offered estimates ranging from zero to four hundred. The total estimate among all respondent agencies was 2617 patients.

Florida accounted for 2275 (87%); Virginia, 138 (5%); the remaining 8% was divided among the other six states.

Several agencies reported that there were few family groups in their areas, thus little need for service. A good many indicated that they had received no requests from the migrants but would provide service if the migrants requested it. Others, in their service eligibility criteria, would seem to exclude many migrants from receiving service.

The estimated number of migrant patients provided family planning services during the most recent growing season, by state, is shown below. The most obvious, and perhaps the most significant point in the distribution is that more than half of the agencies reported providing no family planning services to migrants during the most recent growing season even though 76% reported that service was available to migrant patients.

No.Pts. Served	Total		Survey States							
	No.	%	Del.	Fla.	Md.	N. J.	N.Y.	N.C.	S.C.	Va.
Total	105	100	3	27	12	5	21	17	8	11
0	58	55	2	4	7	1	20	13	3	8
1-25	24	23	-	9	3	1	1	2	5	2
26-99	10	19	1	7	-	1	-	1	-	-
100+	7	7	-	6	-	-	-	-	-	1
Not reported	6	6	-	1	2	2	-	1	-	-

Services appear to be concentrated in Florida, the home base area of Atlantic Coast migrants. Yet, only five of the 27 respondent agencies in Florida reported providing service to more than a hundred migrant patients during the most recent growing season. Virginia was the only other state in which a respondent agency reported providing service to more than a hundred.

Thus, it appears that a relative handful of counties in Florida and Virginia are providing most of the service.

Thirteen respondent agencies are located in areas attracting 3000 or more migrants during season peak. Fewer than half reported providing family planning services to migrants either directly or by referral during the most recent growing season. The thirteen agencies are spread among five states. The distribution below indicates whether or not these agencies, by state, reported providing family planning services to migrants during the most recent growing season.

State	Total	Number of Respondent Agencies Reporting ---	
		f.p. service provided	no f.p. service provided
Total	13	6	7
Del.	1	-	1
Fla.	4	4	-
N.Y.	6	1	5
N.C.	1	-	1
Va.	1	1	-

The number of migrant patients estimated to have been served, by number of migrants in the area at season peak, is shown below.

No. Migrants in Area	Total	Estimated Number of Patients Served				
		0	1-25	26-99	100+	N.R.
Total	105	58	24	10	7	6
100-499	30	20	8	1	-	1
500-999	23	12	6	1	3	1
1000-2999	28	10	8	6	1	3
3000-	13	7	1	2	3	-
Not reported	11	9	1	-	-	1

Of the 2617 patients estimated to have been served, there is no way of knowing how many were the same persons receiving service several times at different points in the stream. However, since the large majority was introduced

to service in one state, Florida, the number of persons reported more than once would appear minimal. It should also be considered that some of the respondent agencies provided family planning services to migrants but provided no estimate because records were not separated with respect to migration status of patients. Therefore, the estimated number of migrant patients reported as having received service during the most recent growing season is, at very best, a gross indicator of service.

Major Findings

1. In 105 public health jurisdictions in eight Atlantic states, 80 (76%) respondent agencies report at least one type of contraceptive method as being available to agricultural migrants directly through the agency itself or by means of referral to private physicians and other agencies.
2. The major contraceptive methods reported as being available are: orals, vaginal foam, intrauterine devices.
3. Service eligibility criteria appear to be flexible. The majority reported that it did not apply any specific eligibility criteria with regard to marital status, age, economic status, residence status, and medical status. When criteria were specified, they tended to vary widely among the respondent agencies.
4. More than half (55%) of the respondent agencies reported providing no family planning services to migrants during the most recent growing season.
5. Of the estimated 2617 migrants reported as having been provided family planning services during the most recent growing season, Florida accounted for 2275 (87%); Virginia, 138 (5%); the remaining six survey states shared 8%.

Summary and Conclusions

Data ~~was~~ were collected by mailed questionnaire from 105 public health jurisdictions in eight Atlantic states to determine the extent to which birth

control services are available to agricultural migrants.

The data show that such services are available to a degree in 80 (76%) of the 105 jurisdictions surveyed. Yet, 58% (55%) reported providing no family planning services to migrant patients during the most recent growing season. Of the 58, 13 reported being in no way involved in the provision of family planning services to migrants.

The availability of service within given areas did not appear to be influenced by the number of migrants attracted thereto. Of thirteen counties attracting 3000 or more migrants per county, seven reported providing no family planning services to migrants.

The data reported here imply a need to arrive at a commonly acceptable notion about the health needs of migrants. There is a suggestion in the data that migrants are considered to be in need of family planning services only if they are working in certain geographic areas on the migrant stream. When they migrate to other geographic areas of the stream, their health needs do not seem to include family planning services. In spite of this apparent inconsistency, migrants are pretty much the same people in New York as they are in Florida; the same in Virginia as in New Jersey.

Among those whose professional interest and responsibilities carry them into the field of migrant health, it is recognized that concern over the provision of adequate health services to migrant farm workers is considerably less than universal. Whether or not migrants enjoy realistic access to birth control services appears to command even less attention.

In view of mounting government interest and activity in the field of family planning, it is not inappropriate to ask why did more than half of the agencies included in this survey provide no family planning service