Migrant Farmworkers in Wisconsin, 1998

Artist: Alma Gomez

Maternal and Child Health

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HIGHLIGHTS

- Sixty-eight migrant mothers of children under 18 were interviewed in 1998.
- The women had 3.2 children, on average.
- 168 of their 218 children traveled to Wisconsin with them in 1998.
- Ninety percent of the women with children traveled with their husbands.
- Two-thirds of the families did not earn sufficient income in 1997 to place them above the poverty line.
- Medical bills for their children were paid with Medicaid funds (64%), Migrant Health funds (20%), and private health insurance (16%). However, over one out of five families paid some or all of the bill "out of pocket."
- Immunization rates were high (about 90%) for DPT, Polio, MMR, and Tetanus.
- Nine out of ten children had received a general physical exam within the past 15 months.
- Eight out of ten children ages 2-17 received dental care within the past two years.
- The most common illness experienced by the children during the previous 12 months was otitis media (25%), followed by tonsilitis (11%), diarrhea (11%), and lice (11%).
- One out of six children was taken to an emergency room in the past year. Problems were broken bones, flu, fever, diarrhea, ear infections, appendectomy, and various injuries.
- Twelve children were exposed to pesticides, six while working, four were playing near a field that was sprayed, and two were near their housing unit.
- Two out of three children ages 12-17 were working; boys outnumbered girls two to one.
- Children 12 and older work in the fields; 16 and older are permitted to work in the canneries.
- Many children (58%) under six were in Head Start or other pre-school programs while their parents worked.

INTRODUCTION

This is the third in a series or reports on the findings of a statewide survey of migrant farmworkers in Wisconsin conducted in June-September 1998. The first report was a "Demographic and Health Profile" (Slesinger and Wheatley, 1999). The second was a "Social and Health Needs Assessment" (Scheder, et al. 1999). The present report concerns the health of the children and their mothers, based on information obtained from personal interviews with the mothers. It presents information on some demographic facts, health status, health care utilization, childbearing history of the mothers, immunization, work experience, and supervision of the children. It also provides a summary and a set of highlights of the findings.

We also include some rich and valuable insights into risks migrant mothers perceive raising children in this difficult environment. This information was gathered from lengthy group discussions held in Edinburg, Texas in the winter of 1998. The mothers who participated in these sessions all have had experience migrating for work in the Midwest. The final section states some of the concerns in their own words.

Because little current information is known about migrant workers and their family members who work in the agricultural industry in Wisconsin, the purpose of this survey is to provide current demographic, economic, environmental and health information about migrant farmworkers and their children. Slesinger conducted similar surveys of Wisconsin migrants in 1978 (Slesinger and Cautley, 1981) and in 1989 (Slesinger and Ofstead, 1993).

METHODOLOGY

Sampling Procedure

In 1998, a random sample of migrant farmworkers was selected from payroll lists of all employers with ten or more workers registered with the Bureau of Migrant Services.[1] The sampling ratio was one in ten workers in field work (10%) and one in twenty (5%) in food processing. Two different ratios were used because there were almost twice as many workers in canneries as in field work. Since research funds were limited, we wanted to be sure to have sufficient numbers in field work.[2] We contacted 146

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[1] The Department of Workforce Development, Bureau of Migrant Services, is mandated to enforce the Wisconsin 1977 Migrant Labor Law (Chapter 17, amended 1985 Act 191). The Bureau must ensure that (1) every employer of migrant farmworkers is registered with the Bureau, (2) workers are given contracts that specify working regulations, such as length of employment and rate of pay, and (3) housing meets minimum standards of code, if housing is supplied as part of the contract. Thus, the information collected on an annual basis is limited to the number, name and location of employers who hire migrant farmworkers, and, if housing is supplied, the number of units that have been approved for occupancy.

[2] In actuality, we sampled 20 percent of the field work lists and 10 percent of the cannery lists, so that we would have ample names for replacements when workers had already left the area, or were unable to be located.

employers who had workers at 158 sites,[3] first sending them a letter explaining the purpose of the survey. We followed this by telephone call to the employer to get the number of migrants each planned to employ and arranged to get a copy of the payroll list during their "peak" period of employment. Eventually, we ended up with 35 employers at 50 sites. Of the 146 employers contacted, 54 employed fewer than ten workers; another 40 employers were not employing migrants that season; three said they were out of business; and no information was obtained from 14 employers after repeated calls (all of whom had few migrants). Of the 50 sites, we interviewed workers at 33 sites, located in 16 counties. Managers at six sites refused to participate. The remaining 11 sites had ended their employment of migrant before or during the time we sampled, or weren't going to employ migrants until late fall, after we had completed the interviewing. Thus, we estimate that there were somewhat over 5,000 workers in Wisconsin in 1998. This is similar to the Bureau of Migrant Services' estimate of 5,117.[4]

Interviewers and the Interview Schedule

Six individuals were trained to conduct the interviews with migrant workers whose names were randomly chosen from recent payroll lists of employers. It was the interviewers' responsibility to locate the individuals and arrange to conduct the interview in person at the convenience of the respondent.

Five interviewers were bi-lingual (English and Spanish). The sixth person was only moderately fluent in Spanish but had been an administrator of a migrant health clinic for a number of years and thus knew about migrants' lifestyle and environment. All but one of the interviewers were women.

The survey instrument was written in both languages, and respondents chose the one they preferred. About 80 percent of the interviews were conducted in Spanish. An "informed consent" form was read to each prospective respondent, which included information about confidentiality, reasons for the study, and the respondents' option to stop the interview at any time. Verbal consent to continue constituted informed consent. Respondents received a small first aid kit or plastic water bottle as a token remuneration at the end of the interview. An offer to send a summary of the survey results was extended, and over 100 respondents filled in a card with name and address to get the results. Interviewing began in mid-June 1998, continued throughout the summer months, and ended the last day of September.

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[3] Five employers in food processing had 28 multiple plants or sites in the state. Because each plant had a manager who was or was not willing to cooperate, the following information is classified by sites, not employers.

[4] The difference between our estimate and the Bureau of Migrant Services is that we missed the workers who came and left Wisconsin before we began interviewing (late June) and who were employed after we stopped interviewing (mid September). We also occasionally missed the peak period of employment.

The interviews took about one hour, on average, ranging from 25 minutes to two hours, 15 minutes. Topics included sources of income; quality of housing; health status; use of health facilities; employment; expressed needs for health, education and social services; as well as demographic information such as age, sex, education and language proficiency of every member of the respondent's household.

Further detailed information about methodology are presented in Slesinger and Wheatley, 1999:3-6.

MIGRANT MOTHERS

Information about migrant women's reproductive health and the health care needs of their children was obtained from a maternal and child health supplement in the 1998 Survey of Migrant Farmworkers in Wisconsin. This supplement was administered to all women between the ages of 18 and 49 in the original random sample of workers who had given birth to a child. In addition, this supplementary information was collected from all other women ages 18-49 who also had given birth and who were living in the households of workers from the original sample. Most of the women interviewed were wives, mothers, sisters or daughters of randomly sampled men and women; a few were more distant relatives.

This report is based on interviews with women with children under 18 in 152 sampled worker households. The 68 included 34 women who were randomly sampled as workers, and an additional 34 women of childbearing age in the sampled workers' households. This resulted in a total of 68 women from whom we obtained data about their children.

The women, ages 18 through 49 years, reported having 218 children (Mean = 3.2 children), ages 4 months to 26 years, and four women were currently pregnant. There were 168 children under the age of 18.

The maternal and child health supplement asked women about household composition, current general health status, health and dental care utilization patterns, prenatal health care and childbearing history, and reproductive health and contraceptive use. In addition, respondents were asked about their children's health, immunization history, and educational backgrounds.

Similar questions were asked of migrant mothers in a 1978 survey; twenty-year comparisons will be made when possible.

Demographic Information

Although only 34 of the women responding to the supplement had been included in the worker survey, 97 percent of all supplement respondents said they were working at the time of interview. All of the respondents were of Mexican or Mexican-American ethnic heritage, and nearly two-thirds of the interviews were conducted in Spanish. The

remainder were conducted in English or in a combination of English and Spanish. Children were present at 80 percent of the interviews; about half of the children under age 6. About one-fifth of the women's spouses were present during their interviews.

Nearly 65 percent of the women interviewed were the wives of the household head. Another 9 percent were themselves household heads, 9 percent were children of the household head, and the other 17 percent were related to the head in some other way.

As noted, all of the women had borne at least one child. On average, the women had 3.6 pregnancies and 3.1 live births. The 68 women gave birth to 214 children. Four children died; three were 5 years old or younger at the time of death.

The average age of women was 33.4 years. Table 1 displays the age distribution of the women. About half of the women were between 25 and 34 years old.

Just under half the women had only an elementary school education; one-third had some high school, and 18 percent had a high school diploma or more schooling.

Eighty-seven percent of the women were married; 4 percent were divorced; and 9 percent had never married. Almost 90 percent said that Spanish was the language they spoke most often, although about 47 percent spoke both English and Spanish.

Currently, 44 percent were employed in field work, 53 percent in canneries, and 3 percent were not working. The number of years in migrant work varied greatly; some were in their first year, others reported that they had been working as migrants for as long as 32 years -- or almost an entire lifetime.

Table 1. Demographic Characteristics of Mothers With Children Under 18

Characteristic	Percent
Number	68
Age	
18-24	14.7
25-29	20.6
30-34	29.4
35-39	10.3
4-49	25.0
Total	100.0
Mean age	33.4 years
Education	
Less than 8 years	48.5
9-11	33.8
12 or more	17.7
Total	100.0
Marital Status	
Married	86.8
Divorced	4.4
Never married	8.8
Total	100.0
Preferred Spoken Language	
Spanish only	52.9
Spanish (also speaks English)	36.8
English (also speaks Spanish)	10.3
Total	100.0
Work Place	
Field Work	44.1
Cannery	53.0
Not Working	2.9
Total	100.0
Years Worked As Migrant	
1-4	29.4
5-9	33.8
10-19	23.6
20-32	13.2
Total	100.0
Mean years	9.4 years

Families and Households

The number of persons per household ranged from 2 to 11, with an average of 5.4 persons. All but a few children lived with both parents. Table 2 shows the distribution of household types at the time of the interview. Two-thirds of the children lived in a unit with only their parents. Another 20 percent had an added relative in the household. Few children came with only one parent (9 percent).

Table 2. Families and Household Type

Type of Household	Percent
Parents and child(ren)	64.7
Parents, child(ren) and relatives	20.6
Parents, child(ren) and non-relatives	4.4
Parents, child(ren), relatives and non-relatives	1.5
One parent, child(ren)	2.9
One parent, child(ren), relatives	2.9
One parent, child(ren), non-relatives	2.9
Total (%)	100.0
(N)	68

Economic Situation

The economic situation of these migrant families was precarious. Table 3 shows the distribution of family income, and the proportion in poverty as determined by federal guidelines, based on the number of persons living on the reported income. As an example, for a family of four persons in 1997, an income of $16,050 was needed to live above the poverty level (U.S. Department of Health and Human Services, 1997). None of the families reached 200 percent of the poverty level, which is currently considered an adequate income.

Table 3. 1997 Family Income and Poverty Status of the Families with Children

Characteristic	Percent
Family Income	
Less than $5,000	10.4
$5,000-6,999	3.0
$7,000-10,999	23.9
$11,000-14,999	23.9
$15,000-19,999	11.9
$20,000-24,999	10.4
$25,000 or more	16.4
Total (%)	100.0
(N)	67
Poverty Status	
Below 100%	62.7
100-150%	14.9
150-199%	22.4
200% or above	00.0
Total (%)	100.0
(N)	67

Health Status of Mothers

Table 4 presents mothers' self-assessments of health and the health conditions that bother them.

About one-third of the migrant mothers rate their own health as "fair" or poor." This compares to only one-tenth of U.S. women (National Center for Health Statistics, 1998). Twenty-eight percent said that they had some illness or accident that prevented normal activity for two or more days in the past year. Among the most frequent problems that bothered the mothers were headaches, eye problems and backaches. Many of the conditions (such as headache, backache, nervousness, trouble sleeping, and low spirits) may be related to the migrant life style -- extensive travel, frequent relocation, and long hours of back-bending labor or standing on one's feet. Others, such as eye trouble, and tooth or bum trouble exemplify health needs where lack of money often prevents visiting an appropriate health provider.

Table 4. Health Conditions of Mothers

Characteristic	Percent
Number	68
Self- Assessment of Health	
Excellent	20.6
Good	45.6
Fair	26.5
Poor	7.3
Total	100.0
Illness/Accident Prevented Normal Activity for at Least 2 Days in Past Year	
Yes	27.9
No	72.1
Total	100.0
Conditions that Bother Mother "Very Much" or "Some"	
Headaches	50.0
Eye Problems	48.5
Backache	42.6
Tooth or Gum Trouble	27.9
Shortness of Breath	23.5
Nervousness	20.6
Stomach Pains	20.6
Swollen Legs and Feet	20.6
Total	100.0
Presence of Chronic Illness, Disability or Health Problem	
Yes	20.6
No	79.4
Total	100.0

About 20 percent of the mothers said that they had some chronic condition or illness. Mentioned were high blood pressure, diabetes, arthritis, various heart problems and thyroid conditions. About 80 percent of these women had seen a doctor about the condition in the past year.

Nine women (15%) reported a hospital stay within the past year; six women said their hospitalization involved a delivery of a baby, two women had kidney stones, and one was hospitalized for a back problem.

Table 5 shows that three-fourths of the women said that they never drink alcoholic beverages; however, 80 percent said that they thought alcohol was a problem among migrant groups. Nearly 40 percent of the households included a tobacco user.

In response to a question about anyone in the family experiencing some health problem due to pesticide exposure, 13 percent of women answered in the affirmative. Mothers were asked to describe specific incidents of exposure that affected their children. These occurred when the children were picking produce, painting Christmas trees, in the fields playing, and from a plane overspray on to a migrant housing camp.

Table 5. Use of Alcohol, Tobacco, and Pesticide Exposure

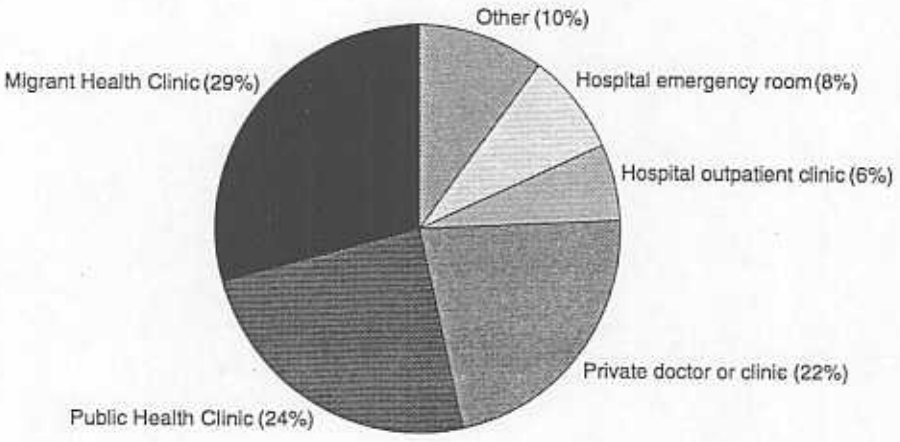
Characteristic	Percent
Alcohol Consumption	
Drinks Occasionally	7.4
Drinks Seldom	19.1
Never Drinks	73.5
Total	100.0
Believes Alcohol is a Problem Among Migrants	
Yes	80.9
No	13.2
Don't Know	5.9
Total	100.0
Use of Tobacco Products in Household	
Cigarettes	30.9
Cigars	5.9
More than one type	1.5
No tobacco products used	61.8
Total	100.0
Mention of Health Problem Due to Pesticides	
9 Families	13.2% of all families
12 Children	7.4% of all children

Mother's Health Care Utilization

Visits to Health Care Provider in the Past Year

About 72 percent of the women interviewed had seen a health care provider in the past year. Of these women, about 30 percent visited migrant health clinics, while about 25 percent went to public health clinics. Twenty-two percent visited private doctors or clinics, and the rest obtained care at hospital emergency rooms, or outpatient clinics. Figure 1 displays the place of health care.

Figure 1. Type of Health Care Provider Seen in Past 12 Months



Preventive Health Care

Twenty-four percent of the women had never had a routine pelvic exam; 10 percent reported that they had never had Pap smear to test for cervical cancer. On the other hand, about one-half said they had a pelvic exam in the past year, and 71 percent said they'd had a Pap test in the past year.

Dental and Vision Care

Dental and vision problems requiring specialized care were frequently mentioned health needs. Ten percent of the women reported having never been to a dentist and 24 percent had never been to an eye doctor. Almost two-thirds of the women felt they were in need of dental care at the time of the interview, and 43 percent said that they needed eye care. On the positive side, 71 percent of the women said they had seen a dentist within the past two years, and 45 percent said they had an eye exam within the past two years.

Table 6 Time Since Last Dental or Eye Exam

	Dental Exam		Eye Exam	
Years	(N)	(%)	(N)	(%)
Less than 1 year	18	26.5	10	14.7
1-2 years	30	44.1	21	30.9
3-4 years	4	5.9	10	14.7
5-9 years	3	4.4	6	8.8
10+ years	6	8.8	4	5.9
Never	7	10.3	16	23.5
Total	68	100.0	68	100.0
% need care now	42	61.8	29	42.6

Health Services Used and Needed

We read each respondent a list of health and social services and asked which ones they or a family member had used in the past 12 months. The highest proportion (88%) said they were currently using immunization services, followed by dental services (75%). These were followed by seeing Spanish-speaking health professionals (65%) and utilizing child care services (54%) (See Table 7).

Table 7. Health and Social Services Used and Needed by Migrant Families

Service	Percent Who Are Currently Using	Percent of Non-Users Currently in Need
Immunization clinics	88.2	25.0
Dental care	75.0	64.7
Spanish speaking health professionals	64.7	20.8
Child day care	54.4	25.8
Emergency care services	45.6	2.7
HIV/AIDS information	34.3	14.0
Family planning services	26.5	18.0
First aid training	14.7	53.4
Chiropractic clinics and services	10.3	18.0
Mental health or psychiatric services	8.8	8.2
Child abuse/neglect information	6.1	8.1
Domestic violence services information	4.5	4.7
Weight control	3.0	30.8
Home visits by public health nurse before/after birth	2.9	0.0
Expectant parent classes	2.9	15.4
Marriage or family counseling	1.5	9.0
Drug/alcohol counseling	1.5	9.0
Visiting nursing services	1.5	3.0

Forty-six percent said they have recently used emergency care services. The children's use of emergency rooms is presented on page 12.

When persons said they or family members were not currently using a given service, they were asked if they were currently in need of that service. Clearly dental care tops the list, with 65 percent of those who were not getting dental care saying that they needed it. This was followed by first aid training (53%), and weight control services (31%).

Childbearing History

Live Births

All 68 women had given birth to at least one child[5]. Four women were pregnant at the time of the interview. On average, respondents had been pregnant 3.6 times (range 1 to 11), with an average of 3.1 live births (range 1 to 9). Forty-six women (67.6%) had equal numbers of pregnancies and live births. In 1978, the women had been pregnant 4.5 times, and had an average of 4.2 live births. Table 8 presents the number of children borne to the 1998 mothers, by age of the mother.

Table 8. Number of Live Births, by Age of Mother

	Age of Mothers		Total	
Live Births	18-29	30-49	N	%
1	37.5	9.1	13	6.1
2	20.8	18.2	13	12.1
3	29.2	18.2	15	21.0
4	4.2	31.7	15	28.0
5	8.3	11.4	7	16.5
6-9	0.0	11.4	5	16.3
Total %	0.0	11.4		100.0
N	24	44	68	68

Miscarriages and Child Deaths

Twenty-two women, or 32 percent, had experienced a pregnancy that did not result in a live birth. Thirteen women had one miscarriage, stillbirth, or abortion; three had experienced two; two had three, and one had four. These proportions were twice those occurring to migrant women in 1978.

Four women reported that one of their children had died. The cause of death for these four children was leukemia (age 2); a traffic accident (age 4); complications of vomiting and fever (age 5); and pressure on the brain (age 21).

Hospital Births

Whereas in 1978 out-of-hospital births were relatively common (47%), by 1998 only 15 percent of the women had delivered one or more babies out of the hospital. All of these women were 30 years or older.

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[5] The primary sponsor of this research was the National Institute for Occupational Safety and Health, Centers for Disease Control Grant # CCR514315. The proposal was to examine the health and safety of children of migrant farmworkers. Therefore, the sampling was limited to mothers with children under 18.

Expected Number of Children

We asked each woman how many children she expected to have by the time she is 50 years old, taking into account the children she already had at the time of the interview. On average, respondents expected to have 3.7 children over the course of their childbearing years. Younger women expected to have slightly fewer (3.5) while older women expected to have somewhat more (3.9). Table 9 shows how many children younger and older women expected to have when childbearing was completed.

Table 9. Total Number of Children Expected by Age 50, by Age of Mother

Number Expected	18-29	30-49	Total
1	8.7	4.8	6.2
2	8.7	9.5	9.2
3	26.1	28.6	27.7
4	39.1	33.3	35.4
5	17.4	14.3	15.4
6-10	0.0	9.6	6.1
Total %	100.0	100.0	100.0
N	23	42	65
Mean Number Expected	3.5	3.9	3.7

Just over two-thirds of the women said they expected not to have any more children. About six percent were currently pregnant, and seven percent said they were expecting to have another child within the next year. Fourteen women could not answer the question in terms of years. Some said, "When God wills it" or "Only God knows when."

Family Planning

Contraceptive Use

Women were asked a series of questions about family planning and contraception. They were first asked, "If you were interested in getting information on how to keep from getting pregnant, with whom would you first discuss it?" Table 10 indicates that 40 percent said they would first discuss it with their husbands, followed by about 24 percent mentioning a doctor, and 13 percent getting information from a family planning clinic. These responses differed from those to the same questions in 1978, when 68 percent said they would first talk with their husbands, followed by a doctor (14%) and family planning clinic (11%).

Table 10. Person With Whom Would First Discuss Getting Family Planning Information

Source of Information	Number	Percent
Husband	27	40.3
Doctor	16	23.8
Family Planning Clinic	9	13.4
Sister, Mother	6	9.0
On my own	2	3.0
Store	1	1.5
Friend	1	1.5
Don't need: sterilized; not interested	5	7.5
Total	67	100.0

Asked about their current and past contraceptive use, 22 percent said they had never used any contraceptive method, and nearly 40 percent were not using any contraceptive at the time of the interview. Table 11 shows that older women were more likely to be using contraceptives and sterilization than younger women -- one half of women under 30, and 65 percent of older women said they were currently acting to prevent pregnancy.

Table 11. Contraceptive Methods Currently Used, by Age of Mother

Method	18-29	30-49	Total N	Total %
Female Sterilization	3	21	24	35.3
Injection (Depo Provera)	4	3	7	10.3
Condom	2	3	5	7.4
Pill	2	2	4	5.9
Withdrawal	1	0	1	1.5
Douching	0	1	1	1.5
Norplant	1	0	1	1.5
None	11	14	25	
Percent None	45.8	31.8		36.7
Total	24	44	68	100.0

Note: No respondent used diaphragm, IUD, sponges or foam, male sterilization, rhythm or abstinence.

The methods of contraception the women used in 1998 are compared with those used in 1978 in Table 12. In both years, among women using a contraceptive method, female sterilization was the most commonly reported means of preventing pregnancy. In 1998, 24 women (35 percent) reported being sterilized. Three out of four of these women were age 30 or older. We asked the 24 women where the sterilization operation was performed. Sixteen women said "Texas", three mentioned Wisconsin, and five said Mexico.

Table 12. Percent Using Contraceptives, 1978, 1998

Method	1978	1998
Female Sterilization	36.1	35.3
Injection	2.8	10.3
Condom	2.8	7.4
Pill	11.1	5.9
Other	0.0	4.5
None	47.2	36.7
Total %	100.0	100.0
N	72	68

As far as choice of method, in the twenty year period from 1978 to 1998, use of the pill declined and use of injections (Depo Provera) increased. A small increase in the use of condoms is evident, possibly due to the education concerning HIV/AIDS protection.

Table 13. Interest in Family Planning Information, 1978, 1998

Statement	1978	1998
I would like more information made available to me	16.6	20.9
I am satisfied with my present knowledge	57.9	52.2
I do not desire to use birth control	15.2	9.0
Other	10.3	17.9
Total %	100.0	100.0
N	145	67

To determine whether the women felt that sufficient family planning information was available to them, we asked each respondent which of three alternative statements about this information they most agreed with. Table 13 shows the proportion of women choosing each statement. Only about one out of five women wanted more information. There is little change in interest since 1978.

Number and Timing Planned

We also asked each woman if their last or previous birth was planned, and just under one-half the women said "yes." We then asked if the timing of that planned birth was earlier, later or just about the right time. Three-fourths of the women said it was the right time; 15 percent said the birth came earlier than planned; and 9 percent said the baby was born later than planned.

Prenatal and Postnatal Care

At the time of the survey, four of the 68 women were pregnant. One was in her first trimester, one was in the second trimester, and two were in their final trimester. All of the women said that they had seen a health provider; three women had their first visit in the first trimester, and one woman had her first visit in the fourth month of pregnancy.

We asked all of the women who had been pregnant within the past ten years (about 96% of all respondents) about the prenatal and postnatal care they received during their most recent pregnancy. Of these women, 97 percent received some health care during pregnancy. Two-thirds of those who got care first saw a practitioner during their first trimester, another 29 percent during the fourth through sixth months, and two women (3%) went for care in the seventh month of pregnancy. Eighty percent received a postnatal checkup after their latest baby was born.

MIGRANT CHILDREN

Birth Information

Mothers were asked to provide some information about each live birth, including some information about their infancy period.

- 116 were male and 106 were female
- 5 (3.0%) were low birth weight
- 7 (4.2%) were not born in a hospital.

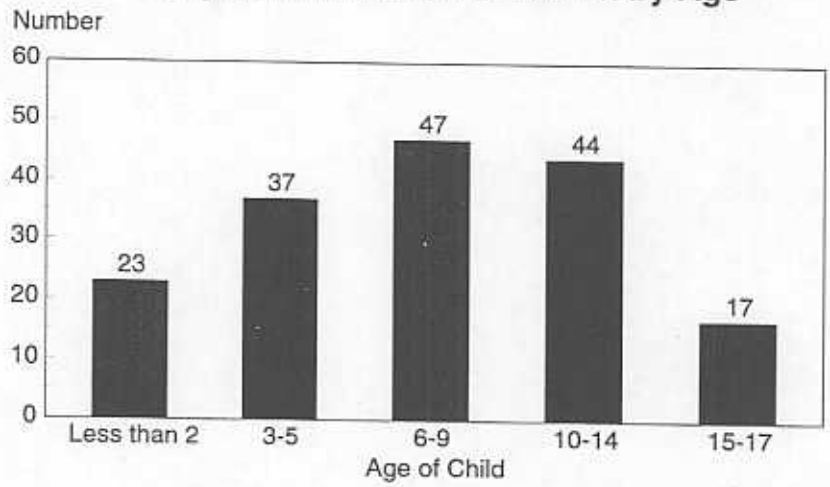
About half of the babies were breast-fed for periods ranging from less than one month to four years. Three women were currently breast-feeding babies. Mothers breast-fed an average of 7.6 months.

The 68 women gave birth to 218 children, ages 4 months to 26 years. We requested detailed health information of the children under 18 (N=168) who were members of the mothers' household while working in Wisconsin.

Age

Figure 2 displays the ages of the 168 children under 18 who traveled with their parents. Half the children were under age 7 and half were 7 or older.

Figure 2. Number of Children by Age



Immunizations

Mothers take advantage of immunization clinics. Seventy-five percent said that they had used an immunization clinic in the past 12 months. Each mother was asked whether or not each child under age 18 had been immunized for seven specific diseases: Diphtheria, Tetanus, Pertussis (DPT); Polio; Red measles, Mumps, Rubella (MMR); Hepatitis B (Hep B); Haemophilus influenza b (Hib); Tetanus; and Chickenpox. Table 14 displays the proportion immunized for each disease, by three age groups of children: less than 2 years, 2-5 years; and 6-17 years.

Table 14. Proportion of Children Immunized, by Age

Disease	Years		
	Less than 2	2-5	6-17
DPT	86.7	97.9	93.0
Polio	86.7	97.9	93.0
MMR	80.0	97.9	93.0
Hib	73.3	97.9	88.7
Influenza	53.3	42.6	51.0
Tetanus	73.3	97.9	91.3
Chickenpox*	42.9	87.2	78.2

*One child in each age group had experienced a case of Chickenpox and therefore didn't get the immunization.

Please note that these are mothers' reports of the child's immunization record. No proof was solicited. Many of the rates are very high; this often is due to the fact that children are examined and their immunization records reviewed by nurses when they enter Head Start or Migrant Education programs. Parents are requested to sign a permission slip upon registration that permits the nurses to bring their immunizations up-to-date. Sometimes the parents have health records to show past immunizations; some times they do not. But the result seems to be that the children are often well-immunized for the basic childhood illnesses. It is possible, of course, that some children get "over-immunized."

Medical Conditions and Diseases

Mothers were read a list of health conditions, and were asked if any of their children experienced this condition in the past 12 months. Table 15 lists the conditions, in order of frequency. The most frequent were: ear infections, eye problems, diarrhea, tonsilitis, lice, allergies. Others included asthma, parasites/worms, colds, and chickenpox. No child had experienced tuberculosis, mononucleosis, diabetes, or HIV/AIDS.

Table 15. Health Conditions Experienced by Child in the Past 12 Months

Condition	Number	Percent
Otitis Media	42	25.1
Tonsilitis	19	11.4
Diarrhea	18	10.8
Lice	18	10.8
Allergies	15	9.0
Upper Respiratory Infection	13	7.8
Parasites/Worms	13	7.9
Asthma	13	7.8
Chickenpox	12	7.2
Urinary Tract Infection	5	3.0
Pneumonia	3	1.8
Heart Disease	3	1.8

Visits to Emergency Room

Twenty six children (15.6%) visited an emergency room in the past year. And 38 children (23.0%) had some illness or injury that prevented them from doing their usual activity for 2 or more days in the past year.

Most of the emergency room visits were also the reason why a child was ill for two or more days.

These were:

- broke bone in foot, arm, ankle
- hurt foot
- eye injury
- nose injury
- cut required stitches (2)
- emergency appendectomy
- ear infection (4)
- bronchitis (2) throat infection
- asthma attack (2)
- allergies, couldn't breathe, bee sting
- high fever
- diarrhea
- stomach pains (2)
- vomiting, flu

These injuries appear to be similar to those reported in national studies (Scheidt et al, 1995) -- in that they are appropriate for the age group and are likely to occur in or near the home.

Additional conditions that kept children sick for 2 or more days, but did not involve an emergency room visit, were:

- flu
- heart surgery
- flu, runny nose, fever
- hepatitis A
- surgery on knee
- chicken pox
- surgery: vaginal/genital wart
- tonsilitis

General Physical Checkup

Table 16. Date of Last Physical Checkup for Migrant Children

Physical Checkup	Number	Percent
Date of Last Checkup		
Never	5	3.1
Before June 1996	10	6.1
June '96 - May '97	4	2.4
June '97 - May '98	80	49.1
June '98 - August '98	64	39.3
Total	163	100.0
Don't Know	5	
Month of Last Checkup		
January	7	4.4
February	4	2.5
March	13	8.2
April	7	4.4
May	21	13.3
June	31	19.6
July	32	20.3
August	29	18.4
September	5	3.2
October	2	1.3
November	6	3.8
December	1	0.6
Total	158	100.0

The children appeared to have good records of preventive care; almost 90 percent had had a physical exam within the past 15 months of the interview. Most had received their examination from May through August, suggesting that the Wisconsin health care system provided these preventive checks.

Dental Care

Information about the last dental visit was obtained for children ages 2 to 17 (N= 159). Table 17 shows that 8 percent had never been to a dentist, and another 12 percent had not been in the past two years. However, 80 percent of the children ages 2 to 17 had had a dental visit within the past two years. Dental services for children are available at the Migrant Health Clinic in Wisconsin and it is evident that most dental visits occurred at that clinic during the migrant working season (May-August).

Table 17. Dental Care for Migrant Children, Ages 2-17

Dental Care	Number	Percent
Date of Last Dental Visit		
Never	12	8.2
Before June 1996	13	8.8
June '96 - May '97	5	3.4
June '97 - May '98	85	57.8
June '98 - August '98	32	21.8
Total	147	100.0
Don't Know	12	
Month of Last Checkup		
January	18	13.6
February	6	4.5
March	10	7.6
April	14	10.6
May	28	21.2
June	22	16.7
July	13	9.8
August	20	15.2
September	1	0.8
October	0	0.0
November	0	0.0
December	0	0.0
Total	132	100.0

Eye Problems

Mothers were asked if any of their children have eye problems for which the child should see an eye doctor. Mothers mentioned 30 children (18%) with eye problems.

Emotional Problems

When asked whether any child had emotional problems, mothers mentioned five children, three of whom received care.

Payment of Children's Medical Bills

Fifty of the 68 mothers had medical bills in Wisconsin for at least one child in the past year. Table 18 shows how bills were paid by these 50 families. Two-thirds of the mothers used Medicaid funds; one-fifth of the mothers utilized migrant health funds. Only 16 percent of the families had private health insurance. Finally, over one out of five families had to pay their child's medical bill with cash, "out of their pockets."

Table 18. Source of Funds to Pay Child's Medical Bills in Wisconsin in the Past Year

Source of Funds	Percent Based on 50 Mothers
Medicaid	64%
Migrant health funds	20
Private insurance	16
Purchased by self	12
Purchased by employer	2
Cost shared by self and employer	2
Out of pocket*	22

* Many respondents paid out of pocket in addition to other funds.

Do Children Work?

Mothers were asked whether any child, age 6 through 17, was working at the time of the interview. No child under 12 years was reported working by their mothers. Of the remaining 53 children ages 12-17, 34 (64%) were working. Table 19 displays the age and gender of the children who worked.

Table 19. Current Work Experience of Children Aged 12-17, by Gender

	Percent Working			
Age	Male	Female	Total (%)	Total (N)
12-14	73.7	30.0	58.6	29
15-17	81.8	61.5	70.8	24
Total	76.7	47.8	64.2	53

Children often work alongside of their parents in the fields. Food processors, however, do not hire children until they are 16 years old. The three children working in canneries were all age 17.

Child Care

The need is great for someone to supervise the children while the parents are working. We asked a number of questions concerning arrangements for child care.

First, for children under 6, we asked if they were attending a Head Start or preschool program. Of the 60 children under 6 years, 58 percent were in Head Start or preschool program; but 42 percent were not.

We then asked about the arrangements when the parents were working -- both in the daytime and in the nighttime.

Day Work

Table 20 lists how the children are supervised during the day time when the mothers are working. Just over half the children attend daycare, Head Start or migrant education school programs (87 of the 168 children). Family members watch over an additional 25 children and other friends or paid babysitters round out child supervisors.

Table 20. Supervision of Child When Mother Works During the Day

Supervisors	Number
School	
UMOS, Daycare, Head Start	57
Summer School, Girl's and Boy's Clubs	30
Family	
Grandma, Grandpa	20
Sister, Niece	5
Friend	3
Boyfriend	2
Paid babysitter	5
Leave Child alone	4
Mother takes child to work	7
Mother doesn't go to work when no care	2
Mother doesn't work	4
Mother and Father work different shifts	4
Child works	21
No response	4
Total	168

A number of children work (N=21) and some families don't have a child care problem because the mother isn't working or doesn't go to work when there is no child care. In a few families, the mother and father have different shifts, so one parent is always home (although he or she may be sleeping). A few mothers leave their child home alone if they have no child care.

Night Work

Of the 68 families, 23 mothers said that they never do night work and 7 did not answer the question. Table 21 shows the caregivers for the remaining 38 families. One notes that relatives, especially older ones, play important child care roles.

Table 21. Caregivers When Mother Works at Night

Caregiver	Number
Father of the child	7
Grandmother/Mother-in-law	7
Older sister, Other family member	10
Sister-in-law, cousin	8
Mother takes child to work	4
A paid babysitter	2
Total	38

Child Injuries and Pesticide Exposure

Each mother was asked, "For each child, please tell me any or all injuries or accidents the child has experienced, which was severe enough to warrant treatment from a health provider in the last 12 months." Mothers reported 12 accidents. Most occurred to children under 5 years of age, and most were of the type that could and do happen to children -- a bee sting, tripping, falling while playing, and the like. Most injured children were taken to the Emergency Room of a local hospital. Most injuries occurred in the migrants' housing areas, which vary greatly in age and condition and include trailers, dormitories, barracks, duplex structures, and other housing types.

Interviews also elicited an additional 12 reports of children who, the mothers believed, had been exposed to pesticides. All 12 were directly linked to working, living, or playing in or adjacent to an agricultural production area. At the time, six were working in a field, four were near a plane overspray, and two were playing near a field. Much migrant housing is located not far from fields were pesticides are applied; thus, housing areas are not immune to exposure. Most of the exposed children were between 12 and 17 years of age.

The detailed information on child injuries and pesticide exposure was the basis of a master's thesis by M.L. Krauska.[6] Her aims were to ascertain when, where, and under what circumstances migrant children sustained injuries and pesticide exposures; to learn what if any care or measures were taken following incidents of injury or exposure; and to formulate recommendations designed to prevent or control the health hazards faced by migrant children.

In order to gather timely and in-depth information on injuries and pesticide exposures, Krauska urges further research. She recommends that such data be collected at Emergency Rooms (ER), at the Migrant Health Clinic or local clinics, and at the housing camps. In order to collect such data, she recommends the employment of a bilingual research coordinator during the migrant working season to assemble such data, enlist the cooperation of local ER personnel, and interview affected children and their parents. She recommends also that programs of parental education and training be instituted. For example, Slesinger's survey found that many migrant workers expressed a need for first-aid training; such training could result not only in better self care by migrants but also reduce inappropriate use of ERs. Krauska observes that very few children who were enrolled in Head Start, pre-school, or school turn up among the injured; these well-supervised children, she notes, are less exposed to injury than those not enrolled in such programs.

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[6] Krauska, M.L., "A Descriptive Analysis of Injuries and Pesticide Exposure to Children of Migrant Farmworkers in Wisconsin," MPH thesis, University of Wisconsin-La Crosse, 1999.

DISCUSSIONS WITH MIGRANT MOTHERS

In order to get the flavor of what migrant mothers regarded as risks to the health and safety of their children we led three discussion groups, each with 8 mothers, during March of 1998 in the border area of Texas. All of the women were Hispanic, had years of experience migrating for work, were mothers, and a few were grandmothers.

The meetings were held in a modest restaurant, lasted about two hours and were followed by a family style dinner. The conversations flowed in Spanish, English and a mixture of both.

The three group discussions elicited many instances of accidents and injuries that befell children. Women also aired their feelings and ideas as to how the migrant experience could be rendered less hazardous for youngsters. Below, we cite mothers' reports of mishaps suffered by children as well as their suggestions for improving the situation. From the conversations that occurred, we were able to identify six areas about which the women expressed particular concern: pesticide/chemical exposure; child care while parents are working; poor housing and environmental conditions; problems with children's education; dangers while traveling long distances; and lack of access to health care in emergencies. Each section starts with a few verbatim quotes, followed by incidents mentioned by the group.

Six Areas of Concern

1. Pesticide and/or Chemical Exposure.

> ***"I've been a migrant for 30 years. I'd be worried when my kids worked in the fields. Sometimes they had allergies. At first we didn't know why. Many years later we realized it was because of the chemicals."***

> ***"These days they tell you about pesticides, but parents don't really understand, and the kids certainly don't. And you never know what kind of pesticide it is and whether it will harm you."***

- Don't know what's in the cleaning supplies in canneries, e.g., chlorine, you can see and smell. Others have no smell.
- In the fields, when it's misty, the powder gets on skin.
- Only recently have employers posted fields. Some still don't inform workers.
- Don't know if it's an allergy or pesticide; don't know the consequences later in life.
- Boys eat fruit from tree without washing.
- Have to give you 24 hours after spraying, but you live there. House is located in middle of blueberry trees (Michigan).

- Hard to get kids to stay away from cans of pesticides. Little children put everything in mouth.
- No communication between sprayers [who speak English] and workers [who speak Spanish].

2. Child Care While Parents are Working.

> ***"I remember my mother had to take my sister and me to the fields. I was 5, and she was just a baby. She would have us sit under an umbrella all the time she was working."***

> ***"I was working with a friend who left her 2 year old kid with a baby sitter. The baby sitter was looking after 12 kids. When my friend went to get her child, the kid had drowned in a nearby pond."***

- Need 'peace of mind' when leave children.
- In the past, many hardships. Had to take children to field. Today, if no day care is available, have to take children to work. It often happened that a child (5 yrs.) had to watch the baby (1 month old).

3. Housing and Environmental Conditions.

> ***"We have lived in camps without water and the toilets were outside. The houses aren't suitable to live in, and the mattresses are awful. We've been in camps where the screens are broken and the flies are all over us."***

> ***"Some camps have no phone. And some growers won't let you put in a phone. If there is an accident or an emergency you have to go looking for a grower or go into town."***

> ***"They charge a lot for rent and utilities. But where we stayed, there was no wall between us and the kids. We had no privacy."***

- Hygiene poor; garbage not collected. No one in charge. Need person responsible for that.
- Housing often in poor condition, e.g., mattresses (one child got scabies), refrigerators.
- Wanted a safety light outside for protection. When we requested it, the boss asked us to leave camp, which we did.
- Well water in Michigan often yellow and rusty. *Patron* (boss) wouldn't let inspectors in. Must boil or buy drinking water.

4. Children's Education

> ***"One year the school just put together all the children from the migrant families because they didn't want them with the Anglos."***

> ***"When we go to register the children [in May], they ask us, 'Why are you bringing them? There's only a few week left of school.'"***

> ***"Even the principal tells them they are just tomato pickers, so the kids don't want to go to school because of that."***

- Lack of school for children. If not accepted in school, have to be left alone [when parents work].
- Kids are often overworked, then at night they may have to go to school.
- When children in school, teachers don't report illnesses to parents.

5. Dangers While Traveling

> ***"We don't speak good English. Two years ago I was with my baby, and the trip took 3 days because the truck broke down. We had no money, and spent 3 days on the road without food."***

> ***"If you don't have much money, you have to spend the nights in the parks. You often get scabies and you also risk your life and the children's too."***

- Language barriers -- when traveling and need help, especially help for children.
- Prescriptions: Child may be on antibiotics; treatment suspended while traveling. Will use whatever prescriptions they have with them (medicine from doctor) if child gets sick.
- May travel 24 hours without stopping. No place to rest. Little money when going north. Little food. If child gets sick, don't stop until at destination.
- Medicaid not good in all states.
- Cars: Know people at each end who can fix car, but are taken advantage of during trip.
- Because we have many belongings in car, there is no room for everyone to wear seat belts.
- Need resources along way. Don't carry much money, need place to rest.
- Housing a problem while traveling. Sleep in car. Kids piled together. No place to wash.
- *Promotoras* (health aides) have "manuals" about destination states, but nothing along the way.
- Traveled with newborn. Car broke. Had to spend money to get car fixed. Thus had no money for food.

- Traveling hundreds of miles. Accidents on road. When stop, try to keep track of kids. Hard on kids, they miss bed, home.
- Trip takes two days. What happens if have accident? Lonely. What happens if you need to find clinic, [especially] at night? Sometimes [a child's] cough is pretty bad.
- Daughter (2 years) in rest area locked herself in room. She panicked, she had epilepsy. We dislocated her shoulder getting her out, but we had to keep traveling and drove to Texas before got help.

6. Lack of, or Access to Health Services

> ***"La Clinica is very nice. But it's the only clinica around. When you go there you have to wait a long, long time because they have so many people."***

> ***"This one clinic gave me an appointment, but I couldn't get off work to keep the appointment."***

- Language barrier in getting health services.
- Don't know where clinics are. A friend's baby (11 months) got dehydrated and died.
- Translators needed.
- Often prefer drug store over doctor/clinic. *Promotoras* (health aides) often don't have a choice and must use drug store (drug store vs. clinic).
- When children are sick on trip don't know where to go.
- While migrating, daughter broke foot; [we] don't know where to go.

Mothers' Reports of Accidents and Injuries

In the course of focus group discussions, many mothers told of accidents and injuries that their children or those of other migrant workers had suffered. Most of the recounted mishaps were due either to children doing potentially hazardous work or to the lack of reliable child supervision.

> ***"My 14 year old daughter was shearing pine trees and cut her leg with a machete. Sure, they told her how, but she was just a kid and did it wrong."***

> ***"We tell the boss to keep us and the kids working together, but they often put them elsewhere. If they're not with us, we can't look after them and they get hurt."***

Other comments included the following:

- Truck backed up over 4 year old child, broke her arm.
- Child drowned in pond. The baby sitter had too many kids to watch.

- Child played with matches near pine trees; fire started.
- Kid was working in plant nursery and should have been given boots. His feet got wet, he got rashes. Maybe pesticide in the water.
- Boy was picking asparagus and got "red eye" infection from the dirt.
- While Mom was picking cukes, a dog bit her 5 year old.
- Boy got cut from sharp metal on boxes. We told the boss to fix the metal. Should have been paid by Worker's Compensation, but the family got the hospital bills.
- Girl, 12 years old, alone in house, was cooking for family. Old stove exploded, burned her face.
- Boy cut leg with machete. Needed 5 stitches.
- My 15 year old had fingers cut off with machete.
- Picking apples; spike on ladder went into the boy's toes.
- Girl wasn't told how to use planting machine; injured her hand.
- Two teen-age boys were told to cover melons before the frost. They worked in the rain till 2:00 a.m.
- Packing house in Michigan, 16 year old girl's hair caught in machine and some torn out.
- Girl, 7, caught arm in laundry washer-wringer in work camp in Ohio.
- Two year-old child was run over when playing where truck was picking up camp garbage.
- A man driving tractor; his 9 year old son fell off and was killed.
- Two boys shaping Christmas trees with machetes. One boy cut off some toes, the other cut his arm.
- A 12 year-old girl babysitting two infants. One fell off bed and had broken limbs.
- Child fell asleep in pickle barrel. Nobody noticed. They filled barrel with vinegar and child died.
- Parents working, kids playing hide-and-seek. One kid hid in refrigerator, closed the door. Luckily, another kid saw him go in.

Mothers' Suggestions for Reducing Hazards

The following were among the many suggestions women made to make migrant life less hazardous for children:

- Workers should be informed about the pesticides and should inform themselves. Kids should be trained as well. And pregnant women must be informed.
- Warn kids to wash fruit from trees before eating.
- Pesticide-spraying notices should be in both English and Spanish.
- Reliable child care needed, and longer hours, because parents work different shifts.
- Real garbage-collection is needed.
- Restrooms should be kept clean and showers fungus-free.
- More privacy is needed; thin partitions between men's and women's section aren't enough.
- Need outside safety lights for protection.

- A telephone line must be available.
- Vermin-free mattresses and decent refrigerators.
- Limit the number of people in a housing unit so kids aren't left with persons you don't know.

SUMMARY

Of the 5,100 migrant farmworkers in Wisconsin in 1998, about 25 percent were women with children under age 18. Information was obtained from a random sample of 34 women workers, plus an additional 34 women in sampled workers' households. We combined these two groups of women to obtain information about their children under 18 years.

The 68 women, ages 18 through 49 years, reported having 218 children (mean of 3.2 children), 168 of whom were under age 18 years. Half the children were under the age of 7. Ninety percent of the women migrated with their husbands, some with other relatives as well. Two-thirds of these families earned income in 1997 that placed them below the poverty line. For those who had medical bills in Wisconsin for their children, 64 percent paid them with Medicaid funds, 20 percent with Migrant Health funds, 16 percent had some sort of private health insurance, and 22 percent paid some or all of the bill out of their own pockets.

Mothers provided information about their children -- about their preventive care, illnesses, injuries, pesticide exposures and other matters, as we summarize below.

Preventive care. Immunization rates were high for DPT, Polio, MMR, Tetanus (about 90%). Children who attend Head Start and Migrant Education programs are usually screened for up-to-date immunization records. Almost 90 percent of the children had a general physical examination within the past 15 months. Eighty percent of children ages 2 through 17 received dental care within the past two years, although 8 percent had never seen a dentist and 12 percent had seen a dentist over two years ago. Mothers noted that 30 children (18%) had some sort of eye trouble that needed attention.

Illnesses. The major medical conditions experienced by the children in the past year were otitis media (25% of the children), tonsilitis (11%), diarrhea (11%), and lice (11%). Sixteen percent (N=26) visited an emergency room in the past year. Most problems were broken bones, various injuries, flu, fever, diarrhea, ear infections and one case of an emergency appendectomy.

Accidents and injuries. Twelve mothers reported accidents to their children that were severe enough to require being seen by a health provider. Most of these mishaps were to children under 5 years, and occurred in the housing sites.

Pesticide exposure. In addition, mothers reported 12 incidents of pesticide exposure, all directly linked to working, living or playing near agricultural production areas. Six of the children were working at the time of the exposure, four were near a field that was being sprayed by a plane, and two were playing by their housing unit.

Work activity. About two out of three children ages 12 through 17 were working, with boys outnumbering girls two to one. Children of all ages were working in field agriculture; only 16 and 17 year olds were working in canneries.

Child care. Of all children under 6 years of age, about half were in Head Start or in other preschool programs, and were carefully supervised. Children ages 6-17 could work, attend Migrant Education programs, or "hang out" at the labor camps. Less than half of these older children were in Migrant Education programs. For day time supervision, mothers used family members or friends. A few used paid babysitters. About 60 percent of the mothers had to work at night from time to time. They relied mainly on the father of the child or older relatives like grandparents or older siblings.

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