

Cover Sheet

TITLE: The Research Needs of Migrant Families and Children

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ABSTRACT

This paper provided an overview of the research needs of the migrant farmworker population. First, the changing demography of the migrant population, and the impact of risk factors such as poverty, housing, lifestyle, poor health, lack of educational opportunity, discrimination, and migration, on the family and children is reviewed. Second, what little is known about the migrant farmworker is considered, and their research needs, including basic data, are discussed. Third, the importance of the Migrant Head Start program to developing a Migrant farmworker research agenda are presented. Migrant Head Start is in a unique position to develop a data base that identifies and describes the migrant family's physical, mental health status and needs, its cultural strengths, unique adaptation strategies, and potential for success through its health, education, social services, and parental involvement components. Researchers must go beyond their ivory towers to develop partnerships and studies that not only provide knowledge but concrete benefits to those they are studying.



THE RESEARCH NEEDS OF MIGRANT FAMILIES AND CHILDREN

The purpose of this paper is to provide an overview of the research needs of the migrant farmworker population. First, the changing demography of the migrant population, and the impact of risk factors such as employment, lifestyle, and migration, on the family and children will be considered. Second, research needs will be discussed. Third, the importance of the Migrant Head Start program to a Migrant farmworker research agenda will be discussed.

Population

Background. According to the Department of Health and Human Services (1990b) and the Migrant Head Start program, the migrant family is one with children under the age of compulsory school attendance. The family changes its residence by moving from one geographic location to another, either intrastate or interstate, for the purpose of engaging in agricultural work that involves the production, harvest, and processing of tree and field crops. Approximately 50% of the family income depends primarily on such activity during the previous year.

Farmworkers provide the temporary, seasonally intensive labor that large-scale and diverse agriculture requires to produce crops that appear on our tables. The communities that use the labor of migrant farmworkers cannot support permanent workforces large enough to harvest their crops, due to the seasonal nature of crop production (National Advisory Council on Migrant Health, 1993). Thus, growers depend on the large supply of intermittent labor

provided by farmworkers, and the workers depend on the income from their labor. Each would suffer without the other.

The exact number of migrant farmworkers is difficult to establish due to varying definitions of the migrant farmworker, the transient nature of the population, and the undercounting of workers who may meet the legal definition of a migrant but not fit the ethnic or demographic stereotype. In addition, the immigrant farmworker may avoid contact with government agencies (Rust, 1990). A recent migrant health study (Dever, 1991) estimated that there were about 4.2 million migrant and seasonal farmworkers in the United States, the size of the population in the state of Minnesota.

Twenty-five percent of the migrant farmworker population is less than six years of age. According to Indiana documentation, 25% of all farm work is done by children. More than 780,000 school-age children in migratory farm and fishing families have been identified by the Interstate Migrant Student Record Transfer system in Denver, Colorado. Four out of five of these children are Hispanic (Sherman, 1992).

While there is little evidence that the total number of migrants has significantly changed in recent years, there have been two important changes in the composition of this population over the past two decades (Reyes, 1980). First, the number of migrants who travel without dependents in organized work groups has declined. These laborers are being replaced by migrants traveling as family units in private cars, vans, and trucks, such that most of the population is now very young (DHHS, 1990b; Reyes, 1990). Thus an increasing number of

very young children are being exposed to the stresses and contingencies of migrant life (Reyes, 1980; de Leon Siantz, 1990a).

The second major change is that the number of Hispanics (largely Mexican-Americans followed by Puerto Ricans) has increased relative to the numbers of blacks and other ethnic groups in the itinerant farmworker population (Fuentes, 1991). This change is partially related to the shift toward family working units among migrants. Mexican-American migrants have shown a marked preference for traveling in family units (DHHS, 1990b).

Culture. The cultural perspective of migrant farmworkers reflects their ethnic and linguistic heritage, which may contrast markedly from that of the communities in which they work on a temporary basis. Nearly every ethnic group comprising the United States is represented in the migrant farmworker population. Hispanics are the largest ethnic group represented (Fuentes, 1991; Salcido, 1988). Migrant farmworkers are frequently monolingual and non-English speaking, with native languages including Spanish, Haitian, Vietnamese, and many others. These language differences often serve as barriers between migrant farmworkers and the predominantly English-speaking communities into which they annually migrate (Fuentes, 1991). English, when it is spoken, is usually not as good as their native language (Siantz, 1991).

Migrant Stream. Migrant farmworkers typically travel from their home base in three major streams. The East Coast stream includes most of the states along the eastern seaboard. This area is also traveled by black farmworkers, Puerto Ricans, and in increasing number of

Mexican-Americans (Cavanaugh & Lynch, 1977; Fuentes, 1991; InterAmerica Research Associates [IRA], 1990; Siantz, 1990b). Most migrants traveling this stream make their home in Florida. The mid-continent stream is traveled primarily by Mexican-Americans. It flows northward from Texas through the Midwestern and Western states. The West Coast stream moves within California and north to Oregon and Washington. In recent years, more east-west movement has resulted in migrant workers traveling in more than one stream (Cavanaugh & Lynch, 1977; IRA, 1990; Siantz, 1990a).

Poverty. Migrant children and their families face a variety of problems. They include poverty, hard manual labor, unsanitary living conditions, lack of medical insurance, or access to health care, high rates of illness, early death, economic uncertainty, and personal humiliation.

Some migrant families, who work under a crew leader, in addition, have no personal control of their finances. If the crew leader is exploitive, a family will find itself indentured to him (Schwartz, 1978).

Migrant farmworkers are among the poorest of the working poor in America today. Their average annual income is \$5,500 for a family of 5.3 members (Salcido, 1988) A family of eight working together all day may earn as little as fifty dollars or less (Alemdar, 1986). Poverty reduces the life span by increasing the chances of infant death, chronic disease, and traumatic death. Poverty is also associated with significant developmental limitation (DHHS, 1992).

Housing. Temporary housing during the peak crop harvesting and packaging seasons has traditionally been met by growers in the form of labor camps (Simons, 1970; IRA, 1978). Labor camps have always fallen short of the ideal. In the migrant streams, housing problems are often exacerbated by the inattention of property owners who, perceiving the laborers as extremely temporary, lack incentive to improve their living conditions. The health implications of these housing conditions is overwhelming particularly with the lack of laundry and hygienic facilities. This lack frequently leads to bathing and laundering in kitchen sinks, exposing food preparation surfaces to the pesticides and fertilizers that workers encounter in the fields (IRA, 1978). Even in their home states, migrants can only afford poorly constructed and overcrowded facilities.

Health. The life expectancy for migrant workers is 49 years, compared to 73 for the rest of the nation (Salcido, 1988). The infant mortality rate is 25% higher than the national average (Rust, 1990); Salcido, 1988). Medicaid is also often difficult to obtain because of frequent relocation and the lack of standardized eligibility requirements.

Much of what is known of the health status of the migrant population has been gleaned by individual migrant health clinics across the United States. In a recent study (Dever, 1991), it was found that the general health status of the migrant farmworker is far below that of the general population.

The health problems of farmworkers were different and more complex than those experienced in the population at large. For example, migrant farmworkers suffered more

frequently from infectious diseases. They had more clinic visits for diabetes, medical supervision of infants, and children, otitis media, pregnancy, hypertension, contact dermatitides and eczema. Clinic visits for general medical exams accounted for only 1.4% of all visits to Migrant Health clinics, 39% below the U.S. average. The highest occurrence of multiple health problems was among children under one year of age and adults over 64 (Dever, 1991).

National data on the Health status of migrant farmworkers is lacking.

Mental Health. The stresses that migrant farmworker families experience are not only expressed by chronic health problems, but by emotional problems as well. Research has shown that migrant mothers and fathers are equally at risk for depression (Siantz, 1990a). Problematic life conditions, transient lifestyle, in combination with geographic and social isolation places mothers and fathers at higher risk for developing depression (Siantz, 1993), and the diseases of despair: alcoholism, drug addiction, child abuse, and violence in the home. Economic and social burdens may contribute to feelings of despair and powerlessness that impede the development of healthy patterns behavior (Huston, 1991).

Education. The average level of education attained by adult migrants is the eighth grade (Demers, 1988; Siantz 1990a). Low educational attainment tends to prevail due to past discrimination and the pressures to leave school at an early age to help meet the economic needs of the family. Migrants find it difficult, in return, to educate their own children, since the family often leaves its home base before the regular school term ends or arrives after the regular term begins.

Discrimination. While migrant labor is crucial to the farming communities where they are employed, migrant farmworkers frequently experience prejudice and hostility. Mainstream American culture does not favorably consider persons who are poor, uneducated, transient, and ethnically different like the migrant farmworker (Mestas, undated).

Migrant Children

According to the National Advisory Council on Migrant Health, (1993), the impact of migration during a child's early developmental years can be extremely negative. Physical risks associated with frequent highway travel, include car breakdowns, accidents, and being stranded without money. Psychosocial risks result from hunger, long working hours, crowding, homelessness, inability to establish friendships and other supportive relationships, as well as the stress of travel and poverty on parents.

Migrant children, like all children, also need an education that builds on previous progress, stability, and support in their environment if they are to succeed in life. However, due to migration disrupting the education process, the children of migrant farmworkers are often labeled "slow learners," (Mestas, undated). Such negative appraisals are frequently incorporated into a poor self-image that results in lowered self esteem associated with a sense of powerlessness and depression.

Migrant children are frequently removed from school four to eight weeks before an academic year ends, and do not return until six to eight weeks after the new academic year

begins. As early as kindergarten, nearly one in three migrant children are over-age for grade level, an early disadvantage from which many students never recover (Sherman, 1991). In 1988-1989 about 10% of school age migrant children were not enrolled in school. This was more than four times the national average (Sherman, 1991). These children are at high risk of dropping out of school because of their mobility and the need to work to supplement their family's income (Sherman, 1991).

Many are nonproficient in English (TMC, 1990). Some optional and incomplete state reports have identified more than 200,000 migrant students with limited English proficiency, which also impedes their potential success in school (Sherman, 1991).

The extreme poverty, high mobility, living conditions, and life-style of migrant families potentially contribute to the development of low self-concept among migrant children (TMC, 1978; Migrant Education Program Directors, 1991). By the time the children reach a point in human development where they begin to reason and compare life-styles and conditions, they also begin to realize their inability to compete in the economic world. The relative low education, in combination with an inability to read and write for some, and inadequate educational provisions, all converge on the migrant child (TMC, 1978; Sherman, 1991). Migrant children are therefore at risk for developing mental health problems because of the many stressors in their environment.

Migrant Head Start. Due to a growing recognition that Head Start services were generally unavailable or inaccessible to the children of migrant farmworkers as well as Native

American children living on reservations, in 1969 Congress funded the Indian and Migrant Programs Division. In the spring of 1984, these programs were reorganized into two separate branches: the American Indian Programs Branch and the Migrant Programs Branch.

While Migrant Head Start programs must adhere to the Head Start Performance Standards, unique approaches have been developed to meet these standards, with emphasis on a bilingual, multicultural curriculum, and coordination among migrant grantees to ensure continuity of services. Migrant Head Start programs, like other Head Start programs, include the four components: education, health, social services, and parent involvement.

State of Research on Migrant Families

What is currently known about migrant farmworker families generates both questions and answers. For example, who are migrant farmworkers? What are their exact numbers? How does the migrant lifestyle impact on the families physical, mental health, and their children's growth and development? What are the cultural strengths of the migrant family? How can these strengths be supported by the Head Start community? What is their physical and mental health status? Basic descriptive data concerning the migrant population does not exist. Basic health status indicators are unknown. The majority of the available research on the migrant farmworker is out of date (Arnold & Zuvekas, 1988) or not generalizable. Current, comprehensive, nationwide studies of the migrant farmworker population are lacking (Wilk, 1986).

Reliable data across the life span, are a key to assessing the current physical, and mental health status of this population as well as the developmental status and academic potential of migrant children. Such data are important to recognizing sources and solutions to problems, as well as targeting efforts directly to specific needs.

The links between economic hardship, cultural plurality, seasonal migration, physical and mental health, disability, academic potential and the growth and development of migrant children are complex and in need of investigation. Bilingual, reliable, valid, and culturally sensitive, instruments for use with migrant children and their parents are needed.

New models that are multigenerational, culturally and geographically sensitive, and incorporate the complex factors that impact poverty, education, physical, mental health and healthy patterns of behavior, among migrant children and their families need to be conceptualized and tested. Such models will guide the development of knowledge that will lead to innovative interventions. Interventions are needed that will empower parents and help migrant children to reach their potential.

Migrant Head Start is in a unique position to develop a data base that identifies and describes the migrant family's physical, mental health status and needs, its cultural strengths, unique adaptation strategies, and potentials for success through its health, education, social services, and parental involvement components. Many Migrant Head Start graduates and their families are living testimonies to the successful impact that this program has had on the migrant population of the United States. Researchers must go beyond their ivory towers to develop

partnerships and studies that not only provide knowledge but concrete benefits to those they are studying.

Conclusion

Thirty-three years ago Edward R. Murrow depicted the plight of the migrant laborer in the United States as a 1960's "Grapes of Wrath," in his award winning documentary "Harvest of Shame." His description of migrant farmworkers as "the forgotten people, the underprotected, the undereducated, the underclothed, the underfed," has not significantly changed, even as the year 2000 quickly approaches.

"They are migrant workers in the sweatshop of the soil, the harvest of shame. Humans who harvest food for the best-fed people in the world." Murrow noted that in 1960, 6.5 million dollars had been spent to protect migratory animals, but a 3.5 million dollar bill that was to help migrant farmworkers failed. "Only an enlightened, aroused and perhaps angered public can do anything about migrants," (Murrow, 1960).

Murrow concluded that, "the people you have seen have the strength to harvest your fruits and vegetables. They do not have the strength to influence legislation. Maybe we do." (Murrow, 1960). Data is now needed more than ever to develop policies and support programs that will benefit the children and families of our nation's "Forgotten Americans," the migrant farmworkers.



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