

# Special Needs of Migrant Farmworker Population



MIGRANT & SEASONAL HEAD START QUALITY IMPROVEMENT CENTER

## Migrant & Seasonal Children & Families — Statistics

The special needs of the migrant and seasonal population have been highlighted by national groups as warranting increased attention and is one of the reasons the Migrant & Seasonal Head Start Quality Improvement Center exists. Migrant farmworkers are among the most disadvantaged, medically indigent persons, who have the poorest health of any group in the United States. At the same time, migrant farm workers and their children have limited access to health care. For example:

- The infant mortality rate among migrants is 25 percent higher than the national average. (National Migrant Resource Program, Inc., Fact Sheet: Maternal /Child Health)
- In migrant children poor nutrition causes pre- and post-partum deaths, anemia, extreme dental problems, and poor mental and physical development of children. (National Migrant Resource Program, Inc., Fact Sheet: Maternal /Child Health)

Likewise, a report written by the Migrant Health Program titled, *The Children's Health Initiative and Migrant and Seasonal Farmworker Children*, found the following:

- 34% of migrant children to be infected with intestinal parasites, severe asthma, chronic diarrhea, Vitamin A deficiency; chemical poisoning, and continuous bouts of otitis media leading to hearing loss
- 48% of children had worked in fields still wet with pesticides
- 36% had been sprayed either directly or by drift
- 34% of the children's homes had been sprayed by pesticides in the process of spraying nearby fields

In a study conducted by the Migrant Clinicians Network, regarding the main health issues resulting in a clinic visit at a Community and Migrant Health Center, the authors found:

### Special points of interest:

- Approximately 70% of MSFW children's families live below the poverty line
- An estimate 43,000 children accompanied by family members and an additional 55,000 unaccompanied minors are involved in farm labor
- Of the MSFWs served by Community and Migrant Health Centers, approximately 45% are children
- An estimated 250,000 children migrate each year and approximately 90,000 of them migrate across an international border.

\*Children's Health Initiative a Migrant and Seasonal Farmworker Children; the current situation and the available opportunities; Migrant Health Program, Division of Community and Migrant Health, Bureau of Primary Health Care, Health Resources and Services Administration, US Department of Health and Human Services; October 24, 1997)

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### Special Needs, continued

- < 1 year: Newborn complications, well baby check-up, upper respiratory tract infection, otitis media, other infectious disease, and nutritional problems
- 1-4 years: Health maintenance, otitis media, other infectious, disease and nutritional problems,
- 5-9 years: Health maintenance, otitis media, dermatological, parasitic problems, other infectious disease, and dental diseases

The special needs of the migrant farmworker population necessitate intervention strategies that are culturally-relevant, accessible, and effective. There are an estimated 3 to 5 million migrant and seasonal farmworkers and their families in the United States. Traditionally, the needs of these populations have been ignored, not only in the area of health but also in housing, environmental and occupational safety, education, social services, etc. Rural health initiatives in the 1960's increased access to health care for migrant and seasonal farmworkers but never addressed in a comprehensive fashion that incorporated the diverse needs of these workers and their families.

Taking a holistic approach in working with families is

essential in order to meet the needs of migrant and seasonal children. Issues and situations not only impact the adult worker but the family as a whole. Thus, we can conclude that the child's development, health, and overall well being is impacted by the life experience of the adult members in their families. One of these life experiences and or situations is the environmental issues that impact family health. Of particular interest to migrant and seasonal communities is housing.

The housing of economically disadvantaged migrant and seasonal populations are more likely to be in proximity to environmentally contaminated areas. Their dwellings may be served by poor water, sanitary, and utility services, are often old and in poor repair, and may contribute to the development of serious health hazards by exposing the occupants to chemicals and other environmental hazards.

Migrant farmworkers without housing often reside in conditions that are unsanitary and unsafe, and which expose them to considerable health risks. They tend to live in unlicensed on-farm camps, automobiles, tents, makeshift shelters made of cardboard and/or tarps, or overcrowded rental accommodations or campers.



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