



THE REPRODUCTIVE HEALTH OF MIGRANT AND SEASONAL FARM WORKER WOMEN

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Overview of Migrant and Seasonal Farm Workers (MSFW)

A migrant farm worker is an individual whose principal employment is in agriculture on a seasonal basis and who establishes a temporary residence for such employment. Similarly, a seasonal farm worker is an individual whose employment is mainly in agriculture, but who remains in the area throughout the year.ⁱ

MSFW are considered to be one of the most underprivileged groups in the United States. Most MSFW live in extreme poverty and it is estimated that nearly half of the farm worker population earns below \$7,500 per year.ⁱⁱ MSFW are overwhelmingly uninsured, monolingual Spanish-speaking individuals who suffer from significant health disparities. In fact, the health status of farm workers in the United States is among the worst when compared to any other sub-population.

Reproductive Health Challenges among MSFW

The National Latina Institute for Reproductive Health is advocating on behalf of this specific population of Latina immigrants because they have arguably the most limited access to preventative screenings, family planning, abortion, and prenatal care services. There are many challenges, however, to addressing the reproductive health concerns of MSFW women. For example, the mobility of this population makes it difficult to reach them to provide essential care and educational information.ⁱⁱⁱ There is also limited research on the specific disparities facing MSFW women. Many of the studies about MSFW do not focus on female farm workers, much less on their access to reproductive health. The almost non-existent research and lack of interest in migrant and seasonal farm worker women is representative of the marginalization that these women experience as immigrant women of color. Their invisibility is partly due to their legal status in the United States, which contributes to the absence of services available to them.^{iv} But more importantly, the lack of statistical data and research sends an important message about the lack of value society places on the lives of these women.^v

Statistics on Migrant Farm Workers

- There are approximately 3.5 million migrant and seasonal farm workers living in the United States.^{vi}
- The farm worker population is estimated to be 80% male and 20% female.^{vii}
- The majority of farm workers are foreign-born (81%), and approximately 77% of farm workers are born in Mexico.^{viii}
- The majority of farm workers (70%) are permanent residents of the United States.^{ix}
- The Southeast (AL, GA, FL, KY, MS, NC, and SC) has become the destination for 40% of the farm workers in the U.S.^x
- Over 85% of MSFW were uninsured in 2000.^{xi}

Barriers Facing Migrant Women in Accessing Reproductive Health Care

Migrant women face multiple and complex barriers to accessible reproductive health care, including:

- A migratory lifestyle;
- Lack of transportation;
- Insufficient financial resources;
- Lack of health care coverage;
- Lack of cultural competence among health care workers;
- Language barriers; and
- Lack of education and outreach.

Reproductive Health Disparities among Migrant Women

Although migrant and seasonal farm workers in general live in poor conditions and have extremely limited access to health care, women often bear a heavier burden of

these disparities and health care concerns. The absence of prenatal care, especially early in the pregnancy, is common among migrant women. According to Kaiser, only 42% of MSFW women reported accessing prenatal care services early in pregnancy.^{xii} These conditions lead to a high incidence of premature births, preeclampsia, and other complications.^{xiii} Migrant women are also facing an increasingly high risk of HIV infection. According to studies, the HIV rate among MSFW is estimated to be ten times the national average.^{xiv}

Finally, migrant women often do not have access to contraception, family planning, or abortion services. Their lack of knowledge regarding reproductive health services limits their ability to determine whether and when to have children.

Additional Health Concerns

Poor housing, limited sanitation facilities, inadequate diets, substandard health care, and overcrowded and unsanitary working and living conditions are the major causes of the general poor health of MSFW women.^{xv} It is not surprising that migrant farm worker women face a number of occupational health hazards, such as exposure to chemicals and pesticides, lack of sanitary washing facilities in their fields, dehydration, and exposure to infectious diseases. Crossing borders can also be life threatening for migrant women and their families. The environmental conditions in which MSFW women work affect their reproductive health status. Studies have shown that exposure to toxic chemicals leads to infertility, miscarriage, low birth weight, fetal malformation, and retarded fetal growth.^{xvi} In addition, limited resources and nutritional information has led many migrant women to suffer from nutrition-related health problems, such as diabetes, poor dental health, obesity, and cardiovascular disease.^{xvii}

Domestic violence and sexual assault continue to be serious issues in the migrant farm worker community. A recent study found that 20% of MSFW women reported physical abuse within the past year and 10% reported forced sexual activity within the same year.^{xviii} As a result, many MSFW women suffer from emotional and psychological health problems.

Models for Expanding Access to Reproductive Health Care Services

Reproductive health advocates have an opportunity to address the reproductive health disparities plaguing MSFW women at the national and local level. For example, advocates can demand increased funding from the federal government for health centers that provide care targeted to MSFW populations. These migrant health care clinics, which provide essential services to this grossly under-

served population, need continual support and resources to expand their services, especially in the area of reproductive health.

Advocates can also work at the local level with community-based organizations to develop programs that focus on community outreach. Mobile clinics and *promotora* programs can be successful in reaching migrant farmworkers who may be geographically isolated. One promising outreach model is from La Clinica del Cariño Family Health Care Center in Hood River County, Oregon, which has successfully provided health care to rural migrant farm worker women through its clinic and *promotora* program. *Promotoras* are individuals from the community who serve the dual role of educating Latinas about their pregnancies and providing basic care during their home visits. *Promotoras* can also assist with limited postpartum care and family planning services. Services at La Clinica are provided in a linguistically and culturally appropriate way. By integrating community outreach with its clinical practice, La Clinica can better address the reproductive health needs of MSFW women.

References

- ⁱ Mary I. Lambert, Migrant and Seasonal Farm Worker Women, *Journal of Obstetric and Neonatal Nursing* (March/April 1995).
- ⁱⁱ Migrant Clinicians Network at http://www.migrantclinician.org/migrant_info/migrant.php.
- ⁱⁱⁱ Mary I. Lambert, Migrant and Seasonal Farm Worker Women, *Journal of Obstetric and Neonatal Nursing* (March/April 1995).
- ^{iv} Julia L. Perilla, et al., Listening to Migrant Voices: Focus Groups on Health Issues in South Georgia, *Journal of Community Health Nursing* (1998).
- ^{vi} Susan Anton, Closing the Gap: Patriarchy, Fertility, and Latina Farmworkers in South Carolina, *Entrecaminos*, Center for Latin American Studies, Georgetown University (Spring 2003).
- ^{vii} Migrant Clinicians Network at http://www.migrantclinician.org/migrant_info/migrant.php.
- ^{viii} Farmworker Health Services at <http://www.farmworkerhealth.org/work/migrant.jsp>.
- ^{viii} *Ibid.*
- ^{ix} Kaiser Family Foundation, Migrant and Seasonal Farmworkers: Health Insurance Coverage and Access to Care (April 2005).
- ^x Susan Anton, Closing the Gap: Patriarchy, Fertility, and Latina Farmworkers in South Carolina, *Entrecaminos*, Center for Latin American Studies, Georgetown University (Spring 2003).
- ^{xi} Kaiser Family Foundation, Migrant and Seasonal Farmworkers: Health Insurance Coverage and Access to Care (April 2005).
- ^{xii} *Ibid.*
- ^{xiii} Gregory A. Bechtel, et al., Family, Culture, and Health Practices Among Migrant Farmworkers, *Journal of Community Health Nursing* (1995).
- ^{xiv} Keri Fitzgerald, et al., HIV/AIDS Knowledge Among Migrant Farm Workers in the Midwest, *Journal of Immigrant Health* (Jan. 2003).
- ^{xv} Gregory A. Bechtel, et al., Family, Culture, and Health Practices Among Migrant Farmworkers, *Journal of Community Health Nursing* (1995).
- ^{xvi} Michael Rodriguez, et al., Health of Migrant Farmworkers in California, Research Bureau 2002 Educational Tour Series, UCLA (March 2003).
- ^{xvii} National Center for Farmworker Health, Inc. at <http://www.ncfh.org>.
- ^{xviii} Michael Rodriguez, et al., Health of Migrant Farmworkers in California, Research Bureau 2002 Educational Tour Series, UCLA (March 2003).

