



FARMWORKER JUSTICE EYEOPENER

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Welcome to Farmworker Justice's electronic newsletter, the FJ EyeOpener, covering recent developments in health-related research and policy relevant to migrant farmworkers in the US. Please feel free to send comments, questions, or suggestions for future issues to the address provided at the end of the newsletter. A PDF version of this newsletter is available at <http://www.farmworkerjustice.org/Health&Safety/resources1.htm>.

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1. Social Support Associated with Improved Diet During Pregnancy for Women of Mexican Origin

Harley K, Eskenazi B. Time in the United States, social support and health behaviors during pregnancy among women of Mexican descent. *Social Science & Medicine* 62:3048-3061, 2006.

Among immigrant populations in the US, acculturation (the process of adopting the norms, behaviors, and way of life of an adopted culture over those of the culture into which an individual was born and/or raised) generally has a deleterious effect on health status, a situation that has been well-documented in the Hispanic population. An area of particular concern is the increase in poor birth outcomes among women of Mexican descent who were born in or have been in the US for a long time. Many hypotheses have been put forward explain this unfortunate situation, commonly focusing on the Mexican cultural traditions of close-knit families and extensive social networks. A study conducted in California looked at the roles of social support and acculturation (using length of time in the US as a proxy measure) in influencing health behaviors during pregnancy in a group of women living in farmworker families.

The nearly 600 women who participated in this study were interviewed 3 times during the course of their pregnancies. Women who came to the US at a younger age, i.e., were more acculturated, were more likely to engage in poorer health behaviors during pregnancy, such as smoking, drug use, and poor diet. Women who came to the US at an older age experienced lower levels of social support during their pregnancies, possibly because they had not yet been able to develop a social network. High social support was associated with greater use of prenatal vitamins, less likelihood of smoking, and better diet.

An especially useful finding of the study was the effect of the interaction between length of time in the US and level of social support on quality of diet during pregnancy. Although women who spent their childhoods in the US generally had poorer diets, diet quality was essentially the same among women with high social support regardless of country of childhood. Social support therefore seems to confer a level of protection against the negative effect of acculturation on diet during pregnancy for women of Mexican origin.

This study indicates that women of Mexican origin who have been in the US since childhood but who have low social support may be at especially high risk for poor pregnancy outcomes. Outreach workers and other health care providers may be able to identify women with limited social networks and offer assistance and support that could make an important difference in their pregnancy outcomes.

2. Farmworkers Are At Risk For a Variety of Occupational Skin Diseases

Arcury TA, Vallejos QM, Marin AJ, Feldman SR, Smith G, Quandt SA. Latino Farmworker Perceptions of the Risk Factors for Occupational Skin Disease. *American Journal of Industrial Medicine* 49:434-442, 2006.

Farmworkers are at risk for a variety of occupational skin diseases that affect both their ability to work as well as their overall quality of life. Chemicals, plants, insects, sun, and soil all are potential sources of skin problems for field workers, but they are seldom addressed in occupational health programs. Furthermore, farmworker living conditions can exacerbate the problem because of limited privacy and the need to share bathing facilities. A qualitative study was conducted with farmworkers in North Carolina to develop an understanding of workers' knowledge and experiences with skin disease in order to inform possible health education or behavioral interventions in this area.

In addition to describing any experiences they may have had with occupational skin problems, workers were also given vignettes of common work situations and photos of skin problems that might arise from them, and asked to explain the cause and nature of the skin problem. They were also shown a series of 25 photos and asked to name and describe the cause of each one. The skin problems used in the vignettes and photos were ones identified by migrant clinicians as relevant to the workers in their areas. Their responses were used to develop an overall model of the way farmworkers understand occupational skin disease.

In general, the workers' understanding of occupational skin disease followed the medical model held by clinicians fairly closely. They identified sun and heat, chemicals, plants, insects, moisture and hygiene- or contagion-related factors as the primary causes of skin disease. Combining two or more factors compounded their effects, especially if moisture is involved. On the other hand, workers were unlikely to make the same distinction between specific conditions and their causes that clinicians make, grouping them instead on the basis of symptoms. Workers also believed that not all workers are susceptible to skin disease because they are "stronger" or "not allergic." Finally, few workers mentioned long term adverse health effects such as skin cancer as possible outcomes. Workers need to be reminded of the importance of taking recommended precautions for preventing skin problems now and down the road.

3. Social and Cultural Factors Play an Important Role in Diabetes Risk Among Farmworkers In Southeast Idaho

Cartwright E, Schow D, Herrera S, Lora Y, Mendez M, Mitchell D, Pedroza E, Pedroza L, Trejo A. Using Participatory Research to Build an Effective Type 2 Diabetes Intervention: The Process of Advocacy Among Female Hispanic Farmworkers and Their Families in Southeast Idaho. *Women & Health* 43(4):89-109, 2006.

Community-based participatory research (CBPR) is frequently used when trying to work with difficult-to-reach populations such as farmworkers. The process allocates considerable time and effort to getting to know the community on its own terms and at its own pace, and to eliciting the community's perspective on the topic or project at hand. CBPR is especially effective when attempting to effect changes in knowledge and behavior regarding complex health issues. Diabetes is a growing problem among the Hispanic population in the US, with incidence rates significantly higher than in the general US population. For farmworkers, it is an especially challenging problem because of its chronic nature and the extensive behavioral changes needed to control it. A 5-year CBPR project using a *promotora* approach is currently underway in southeastern Idaho to address the problem with farmworker women; the first year of the project is covered in this article.

The first round of project activities included recruiting and interviewing farmworker adults and adolescents with normal, high-normal and pre-diabetic fasting blood glucose levels (FBG). Over 76% of participants were overweight or obese, while over 21% had high-normal or pre-diabetic FBG. Two-thirds of the participants had at least one close family member diagnosed with type 2 diabetes. Participants with pre-diabetic FBG generally felt there was nothing they could do to avoid developing diabetes; even taking the prescribed medications was seen as a waste of time and giving up favorite foods a punishment. The medical recommendation to lose weight to reduce risk was seen to be in conflict with the cultural tradition of eating heartily whenever food is available. The notion of healthy cooking was associated with expensive food that lacks flavor and does not make one feel "full." Those who had experienced hunger during their childhoods in Mexico were especially likely to report always eating their fill when food was available; to do otherwise made no

sense. Some members of the community considered deliberately losing weight and trying to get in better shape to be an act of vanity and an affront to God. Finally, diabetes was believed to be brought on by emotional upsets due to accidents, immigration status, poverty, and other negative life experiences. Over half the participants attributed diabetes to one of several culture-specific syndromes, such as *susto*, *coraje*, and *espanto* (fright, anger).

Recommendations to lose weight and exercise to reduce the risk of developing diabetes need to be tempered with an understanding of the complex of cultural and social factors that stand in diametric opposition to them. Education efforts need to emphasize that diabetes is not inevitable, and that once it develops, it is controllable.

4. HIV/AIDS Promotores Educate Farmworkers in California's Central Valley

By Miguel Vélez

Fresno is the sixth largest city in California and the largest in the heavily agricultural Central Valley. Though exact demographic numbers are hard to obtain, it is safe to say that there are tens of thousands of farmworkers in the Fresno area as well as a sizable Mixteco community. The prevalence of HIV/AIDS in US farmworker communities is higher (estimated at 5%) than the overall US population (0.6%). The incidence is also increasing in the sending communities in Mexico due to return migration of workers who have become HIV positive while in the US.

Farmworker Justice (FJ), in partnership with *Centro Binacional para el Desarrollo Indígena Oaxaqueño* (CBDIO), is continuing the fight against HIV/AIDS in the Fresno-Madera-Tulare area of California. The *Promotores de Salud Project* (lay health workers), led by Miguel Vélez (FJ) and Rufino Dominguez (CBDIO), involves ten promotores selected from the farmworker communities in those areas. Most of the promotores are Mixteco language speaking individuals originally from the state of Oaxaca, Mexico. These promotores will conduct peer-based community education and condom distribution in Spanish and Mixteco over six months. Public service announcements (PSAs) will be aired in Spanish on *Radio Bilingüe* to raise awareness of HIV and increase testing. Additionally, a community health forum will be held August 4, 2007, in Madera for agency staff, promotores, and members of the farmworker community. Individuals interested in attending may contact Miguel Vélez at mvelez@nclr.org (or at the FJ telephone number at the end of this newsletter) for time and location. Farmworker Justice is also providing technical and capacity building assistance to migrant and AIDS groups around the country to increase the accessibility of HIV/AIDS prevention programs to farmworkers and rural Latinos.

The *Farmworker Justice EyeOpener* is an electronic newsletter covering important recent developments in research and regulation on issues affecting the health and safety of migrant farmworkers. It is a joint project of Farmworker Justice and Migrant Clinicians Network, supported by the Health Resources and Services Administration's Bureau of Primary Health Care. Each issue

includes summaries of recent articles and reports, as well as advice on using this information to help health professionals, outreach workers, *promotores de salud*, and advocates strengthen their efforts on behalf of farmworkers and their families.

The contents of this publication are solely the responsibility of Farmworker Justice and Migrant Clinicians Network and do not necessarily reflect the official views of the Bureau of Primary Health Care or the Health Resources and Services Administration.

Please send comments, questions or suggestions for future topics you would like to see covered to prao@nclr.org, or contact Shelley Davis or Pamela Rao, co-authors, at 202-293-5420.

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