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Identifying Psychosocial Stressors of Well-Being and Factors Related to Substance Use Among Latino Day Laborers

Nalini Junko Negi

School of Social Work, University of Maryland, Baltimore, 525 West Redwood Street, Baltimore, MD 21201, USA nnegi@ssw.umaryland.edu

Abstract

Day labor is largely comprised of young Latino immigrant men, many of who are undocumented, and thus vulnerable to a myriad of workers' rights abuses. The difficult work and life conditions of this marginalized population may place them at heightened risk for mental health problems and substance use and abuse. However, factors related to Latino day laborers' well-being and substance misuse are largely unknown. This article utilizes ethnographic and focus group methodology to elucidate participant identified factors associated to well-being and substance use and abuse. This study has implications for informing public health and social service programming as it provides thick description regarding the context and circumstances associated to increased vulnerability to substance abuse and lack of well-being among this hard-to-reach population of Latino immigrants.

Keywords

Latino; Day laborers; Migrants; Substance use; Mental health

Introduction

Day labor work is a growing national phenomenon comprised of predominately male and recent Latino immigrants, mainly from Mexico and Central America [1]. Three-quarters of the day labor force is undocumented and live under the federal poverty threshold as work is seasonal and highly contingent on the weather and the local economy [2]. The confluence between the unregulated nature of day labor work and the risks associated with the undocumented immigrant status among Latino day laborers (LDLs) places them at heightened risk for workers' rights abuses, work-related injury and victimization [3]. Furthermore, these immigrant workers' illegal status, and subsequent fear of deportation by immigration officials, creates barriers in accessing public health prevention services. As a result, current US health surveillance systems may be unable to accurately report the health status of this population.

Previous studies suggest that Latino day laborers' (LDLs) poor working conditions and sociopolitical vulnerability (i.e., deportation, discrimination) may confer risk of developing mental health and substance abuse problems [4, 5]. However, little is known about how specifically day laborers' work and life conditions impact their well-being and substance

use. An understanding of this socially marginalized population is vital in assessing LDLs' mental and physical health needs and effective social service delivery strategies.

The Mental Health and Substance Use of LDLs

The limited research that has been conducted on LDLs' psychological well-being indicates that their difficult living and work conditions may negatively affect their well-being. Ethnographic studies indicate that suffering, sadness, and hopelessness are salient factors in LDLs' lives [6–8]. Furthermore, studies on Latino migrant farmworkers, a demographically similar population to LDLs, have found high levels of depression and anxiety among this population [9–12]. It may be that LDLs are similarly at-risk for significant distress but their well-being may be rooted in different etiologies due to the urban based poverty circumstances in which most LDLs live, in contrast to the rural farming areas where migrant farmworkers live and work.

Few studies have examined substance use and abuse among LDLs, and those that have done so have generally explored alcohol use alone and limited analyses to HIV-risk, mental health, or general health status [13]. These previous research studies indicate significant rates of binge drinking among LDLs [14, 15]. Research on Latino farmworkers also indicates high prevalence of binge drinking due to the stressors and hardship associated with farmwork [16]. Additionally, a qualitative study of LDLs in post-Katrina New Orleans found high rates of crack use in their sample [17].

It remains unclear which factors LDLs themselves perceive to have the most impact on their well-being and substance use. The identification of such potential etiological factors is important as this information can be used to inform culturally-responsive interventions targeting this marginalized and vulnerable population. To this end, this study extends our understanding of the context of risk, through ethnographic methods, to illuminate participant identified factors associated to psychological well-being and substance use. LDL identified variables are especially relevant in the absence of much empirical research, as these immigrant workers are likely to identify variables that have not been considered by researchers. This study utilizes a strengths focus that includes an understanding of LDLs as the “experts” of their lives.

Methods

Sample and Procedures

This study utilizes qualitative methods, including extensive field observation, informal interviews, and focus groups. Study methods were guided by McMillan and Schumacher's (1997) recommendations to maximize internal validity [18]. Specifically, the researcher was engaged in *prolonged and persistent field work*, used *verbatim accounts* from the participants, and involved *multiple researchers* to observe and record the phenomenon. The principal investigator (PI) spent nearly 2 years, on a weekly basis, at day labor corners in a city in the Southwest to study the lived experiences of LDLs. Four research assistants, fluent in Spanish, also assisted in data collection, with one research assistant always accompanying the PI per field visit in an attempt to minimize the effects of researcher bias while limiting the number of researchers on the day labor corners to two.

Ethnographic methods, particularly participant observation and informal interviews, were used to explore LDLs' perceptions of mental health, substance use, and well-being. Field visits were conducted at different times between 7:00 a.m. and 3:00 p.m. to facilitate inclusion of maximum workers moving in and out of the corner seeking employment. To be eligible to participate in the study, participants had to be Latino, male, aged 18 or older, and

currently working as a day laborer. All informal interviews with and observations of the LDLs were conducted in Spanish, on-site at three day labor corners, and extensive field notes were taken following each field visit. Specifically, the daily activities of the day labor corner (such as, negotiation of work and payment as well as LDLs interactions with each other and others) were observed and recorded. Informal interviews included conversations about family in country of origin, day labor work, friendships and general well-being. Informal interviews included over 150 participants.

Two focus groups, also conducted in Spanish, were used to triangulate the ethnographic findings and were conducted at a nearby taqueria, often frequented by LDLs, by the PI and a research assistant. A moderator guide with open-ended questions was used. Eleven respondents between ages 30 and 60 were asked to discuss the meaning of well-being (*bien estar*) within the context of day labor work and the challenges experienced within this context that may impact their well-being and substance use. The participants were also asked to provide general strategies they or others they know use to deal with these challenges. In addition to being told about the study's purpose and the criteria for participation, participants were told to feel free to leave the focus group at any time to solicit work. This was implemented to avoid any interference with LDLs' ability to procure work and earn money. Furthermore, data collection at the day labor corner, a space where LDLs seek employment, was greatly facilitated through researchers' recognition and understanding that employment should be prioritized above and beyond research participation. The study protocol was approved by the Institutional Review board (IRB).

Data Analysis

Thematic analysis was used to explore the focus group and field note data. The technique allows researchers to find common themes across participants without losing individual meanings and experiences [19]. The researcher and a research assistant first read the in-depth written data separately and recorded any thoughts without analyzing the data. Next, the researcher and research assistant separately clustered phrases that addressed the same topic area, created categories from these clusters, and then extracted themes from each of these categories, before meeting to discuss potential themes. Themes that were initially not identified by both researchers were discussed thoroughly until a consensus was reached regarding inclusion or exclusion from analysis. Once consensus was reached, data was independently coded into each theme by each researcher. The researchers then met to work on gaining consensus regarding the coding of the data. Discussion and the use of a third party auditor, who was familiar with the data, was employed in the instance that consensus was not reached regarding the final analysis of the data. This use of multiple researchers minimized researcher subjectivity and maximized the internal validity of the data [20]. Both field notes from ethnographic observations and informal interviews as well as quotes from focus groups are utilized to illustrate the results below.

Findings

Defining Well-Being

LDLs defined well-being in terms of the ability to provide for their families as well as a release from the stressors that are often associated with day labor work. They expressed feeling under duress from the authorities that would patrol the day labor corner, exploitive employers, or even local and federal immigration policy. To this end, freedom from the lack of control that they often felt was expressed as highly salient when describing well-being. One worker explained, "Freedom is the most important...that no one should tell us what we can do or what we cannot do."

Workers further contextualized the absence of well-being by discussing the impact of sadness, suffering, and anxiety in their lives. One worker stated, “The life is hard. I get sad and often stay in my apartment suffering.” During focus groups, workers further elaborated, “All of us have depression, anxiety...because we don’t have work. We are not from here. We are at people’s orders.” Participants relayed that their difficult life and work conditions often made them question their stay in the United States. For example a participant stated, “Sometimes I would prefer to be in my country. Even though there is no work, I am not suffering.”

Many of the immigrant workers also linked lack of well-being to substance use and abuse. Specifically, participants often stated that those who drank or abused substances were doing so to escape sadness, loneliness or anxiety related to their life and work conditions. During field visits, a worker expressed that he had coped in the past with Post Traumatic Stress Disorder (PTSD) symptomatology, brought on by a car accident, by drinking alcohol.

He told me... that he could trace his *sustos* (sudden fright) as far back as 3 years ago when he was driving back from a club and he fell asleep at the wheel. He says sometimes he gets really scared when he is sitting in someone else’s car, in the passenger seat, and the driver breaks too hard -thinking that an accident may happen. He also says that he gets really scared when he is driving because he starts feeling really responsible for the life of his passenger and worries that he may again get into an accident.

These field notes illustrate the use of substances to minimize anxiety, while other workers talked about how alcohol and drugs assisted them in coping with stress. For example, one immigrant worker, who reported suicidal ideation and high levels of psychological distress, stated that his life and work conditions often stressed him out but he never expressed these feelings to his friends. He stated that he instead used alcohol and smoked marijuana to cope with his emotional and social problems.

Psychosocial Stressors

Social Isolation—Social isolation emerged as a factor that impacted the immigrant workers in different ways. Specifically, LDLs identified a difference between self-imposed or purposive isolation versus isolation that they felt they did not control. Varied reactions to these two different types of isolation were expressed. Some participants stated that they intentionally isolated themselves to avoid being exposed to discrimination or other stressors. For example, one focus group participant stated,

I watch T.V., I cannot do anything else. I could get jumped or the police could accuse me of stealing. I just prefer to stay inside.

In such cases, participants relayed that staying in their own homes was better than being exposed to increased stress associated with socializing in mainstream social spaces. Furthermore, although “preferring to stay inside” may not be necessarily optimal, workers felt that it prevented exposure to distractions from their primary objective to make money and send remittances. These workers stated that they did not come to the United States to make friends. One worker described this singularity of purpose by expressing, “I have no other than to keep working... I am trying to pay for my children’s education.” Participants further conveyed that they also purposively isolated themselves to avoid negative peer influences and engagement in *vicios* (vices). Ethnographic field notes document one such observation among many:

I asked him what he did for fun and he told me that he did nothing...maybe sometimes watch a movie. And I asked where? With *compañeros*? And he said that

no, he watched it alone in his room. He said that all of the guys in his home all drank together for fun but that he did not want to drink with them.

In contrast, while “purposive isolation” was viewed as deliberate, the distance and time away from family was not. Participants expressed feeling isolated from family members and the difficulty in communication this led to. Field notes illustrate such hardship through an informal interview with a young Mexican worker whose wife and two young daughters lived in his country of origin:

He says that the only reason that [his children] know him is because they send each other video letters – and they send it through people who are going to Mexico (truckers). He hasn't received a video letter for a while now.

Focus group participants also discussed the contradiction between their family members' expectations and perception of life in America—“land of opportunity”—to the reality of LDLs' everyday lives. LDLs often felt like they could not effectively convey their experiences in the United States to family. In fact, some stated that they would avoid calling their family during times of distress such in sickness, when unable to work, or when victimized by wage theft. In addition, most participants agreed that they did not want their family members to be burdened by concern for them.

Distance away from family and subsequent deterioration of communication and relationships appeared to be related to substance use and abuse. Both ethnographic field interview respondents and focus group participants discussed the impact of length of stay in the United States on substance use. For example, a focus group participant talked about how those who spent longer periods in the United States would “lose their minds in drugs.” Ethnographic field notes document an informal interview with a worker who exemplified the relationship between time spent in the United States, family relationships and the importance of staying connected to family:

He [stated] that some of the workers were caught up in ‘vicios’ and don't want to work. When I asked him what the difference was between him and the workers that were caught up in *vicios* – he told me that he thought those were the workers that had been living here for longer periods of time and overtime have seen their relationships and connections with their families deteriorate. He told me that these workers are not like them– who support their family through their work here.

Discrimination

Discrimination was identified as a significant stressor on well-being by participants. Security guards and police often treated them with suspicion. As one focus group participant noted,

The people think because we are poorly dressed that we are criminal. They are racist. They even follow us in the stores. The guy in Walgreens even grabbed me once because I had sunglasses on.

Ethnographic notes relay how discrimination impacted LDLs eating outside.

One participant recounted an experience where he and his friend had bought a melon to eat. He described the melon tenderly and with a smile on his face. He said the day was beautiful so he and his friend decided to eat the melon outside, in the open-air, and talk. He told us that he opened the melon and as they ate it, a police officer pulled over. The policeman asked them what they were doing. They told the police officer that they were just sitting and eating their melon. But the policeman told them they were not allowed to sit around and that they were loitering. The man

then told me that he and his friend went to their apartment and sat inside. The man then told me that is why he doesn't like to go out much.

Similarly, another focus group participant reported,

Once the police didn't let me into my own apartment complex. It happened like twice. And I asked him why he was against me.

Furthermore, in many informal interviews workers often asked why the community and the city were against them if they (LDLs) were only trying to support their families in their country of origin. During a field visit, one worker stated while pointing to a sign that stated, *no vagabundear* (no loitering or no vagrancy), "Many times people use the word, *vagabundear* but they don't know the sacrifices we make for our family." Another participant commented,

They say that we are loiterers. We are here working for our family. We don't buy drugs. We want to work. They are wrong for calling us that.

Work Related Factors

Nearly every worker discussed the stress associated to the conditions of day labor work. In particular, participants stated that poverty, work-related injury, and worker's rights abuses (such as wage theft) had an adverse effect on their mental and physical health. Participants relayed that the inconsistent nature of day labor work was often difficult as it led to little money and much time wasted on the corner. Subsequently, the mounting pressure to pay bills as well as lack of work affected their well-being. One focus group participant stated:

This country is worse than my country. We earn little [in my country] but we have freedom. We have food. I came here to earn money but two or three days sometimes I don't have any work.

In conjunction to discussing the impact of inconsistent wages due to the labor market, workers discussed the demoralizing effect of wage theft (unpaid wages by an employer). LDLs stated that wage theft was a significant source of stress as it made them feel powerless or unable to recover their salaries due to their undocumented immigration status. This affected their relationships with family members as LDLs felt ashamed and as if they had failed their family members by not being able to send remittances. One focus group participant highlighted this common dilemma:

Sometimes I don't want to call home. I don't have money and I know that they are going to need things for school. Sometimes I feel afraid to say that I have no money.

Work-related stress was also associated to substance use as participants often discussed binge drinking to unwind from the rigors of work. Ethnographic field observations and interviews further indicate a relationship between work-related injury and problem drinking. Field notes documenting an informal interview with a LDL who smelled of alcohol highlight this relationship:

He told me that while working for a construction company in Miami he fell five stories. He was unconscious and was in a coma for five days in a hospital and could not eat for six days. He had a head injury and showed me where he had stitches... The accident happened in 2005... because of his accident he has headaches, loses his balance and now has a fear of heights. He told me that he drinks to alleviate the pain from his injury.

LDL Identified Protective Factors

Remittances/Supporting Family—Participants described the positive effects of sending remittances to support family members on well-being. Workers expressed pride in their ability to support family through their hard work. For example, one focus group participant discussed at length his children’s ability to attend college due to his financial support. He stated, “The reason that I am here is to send money to my family. I have two kids in school.”

The ability to earn money and to send remittances was emphasized as a protective factor that enabled the workers to bear the hardships of their life. One focus group participant explicated his ability to tolerate the challenges of his work and life conditions as such: “Every cent that I earn, I battle it for [my family]...whatever comes my way, I endure.” Ensuring the well-being of family through sending remittances was seen as paramount—even above and beyond their own well-being. An informal interview during ethnographic field work further clarifies why the ability to send remittances may be protective.

Everything I earn, the primary objective is that I am fulfilling my responsibility as a man for my daughters... and I send them as much [money] as I can...There are many difficult times, we are standing in the cold and in the hot...waiting for work.

While the desire to send remittances (and support family) allowed the men to expose themselves to significant hardships it also sustained them through these difficult times as it enhanced their self-esteem through the perceived reward of fulfilling responsibilities as men.

In addition, participants stated that sending remittances prevented alcohol and drug abuse. They relayed that those who sent fewer remittances to family members had less developed connections to family members, had more money to spend, and, thus were more fallible to vices such as drugs and alcohol. In contrast, those workers that had more developed family connections felt more responsible for the economic well-being of their family members. For example, in a focus group, one worker stated:

Those that send [remittances] don’t enter vices. They avoid drinking. A lot of people [on the corner] that drink don’t have family to support. They then do not have an objective...or a family. They concern themselves in socializing and drinking.

Religion—When asked what kept them motivated to look for work at the corner despite the hardships endured, workers talked about the importance of prayer. One worker stated, “I hope that work comes tomorrow. I pray for the days to be consistent.”

Some participants indicated that day laborers who were more involved in church had better social networks which could assist them in procuring more and better paying jobs. In addition, participants discussed how those who attended church probably had better moral and emotional support through their pastor and other church members and thus less vulnerable to substance abuse.

Friendships—Participants discussed the importance of friendships in sustaining well-being. In the absence of family members for many of the men, friendships were vital in providing emotional and financial support, especially during difficult times. For example one worker stated, “A friend is someone who is attentive to your needs...let us say that B is my friend. He comes up to me [at the corner], he helps me, he supports me. While the others just look at you.”

However, participants discussed the difficulties of developing friendships in the United States compared to their country of origin. They stated that the biggest obstacle in building

friendships was that many LDLs had a singular purpose: to work hard and send remittances to support family members. One worker stated,

It is very different here than where I am from. When one comes here, one becomes selfish and thinks: I am here to make money and send it to my family and not to make friends.

Despite this acknowledged barrier, most agreed that friendships were important in maintaining well-being. One focus group participant stated, “Here those that make friendships go far ahead of those that do not make friends.”

Participants identified the day labor corner as an important place where friendships were developed. During field visits, LDLs often stated that the day labor corner allowed them to feel free and spend time with friends. In fact, many workers stated that they would often come to the day labor corner even on days that they were not looking for employment so that they could spend time with friends and escape the loneliness they felt in their empty living quarters as reported in the ethnographic notes:

...at the end of the day, when he goes back home, to the place that he shares with his brother and his wife and children, and the house is empty because his brother is busy with his own nuclear family – he feels lonely and depressed because it heightens his awareness of the fact that he is separated from his own family. He tells me that is when he starts feeling lonely – the corner serves as a social space for him to find companionship...with others who are like him, lonely with far away families.

To the contrary, participants also relayed feeling cautious when entering into friendships due to the possibility of negative peer influences in regards to problem drinking. Focus group participants discussed how some friendships could lead to increased drinking and/or increased expenses, thereby serving as a distraction from their primary aim to support family.

Discussion

This study is one of the first to provide “voice” to LDLs by defining well-being and identifying stressors and protective factors associated to well-being and substance use. LDLs’ definition of well-being reflects their precarious life conditions due to undocumented immigrant status as well as their unregulated and inconsistent work conditions. The findings also shed light on the coping strategies used by LDLs to deal with their life and work conditions. Results illustrate the complex reality of LDLs and the unique manner in which risk and protective factors are experienced.

The emphasis on freedom from stress and the ability to control their own lives is particularly compelling as it reflects the high-stress environment LDLs must navigate. LDLs’ contextualized definition of well-being indicates the central role of financially providing for family as well as reflects the deleterious impact of marginalization. It is evident that the participants received considerable psychological benefits from being able to send money to support family. It is possible that LDLs’ concern about their ability to fulfill their duty as men and distance away from family heightened LDLs’ distress about their role and importance in the family unit [21]. This is consistent with role theorists’ assertion that men receive considerable psychological and social benefits in their perceived fulfillment of occupational gender role of provider [22].

In contrast, LDLs’ definition of well-being as freedom from “being told what to do” and other stressors indicates the significant toll that marginalization incurs. The multiplicity of

stressors, such as workers' rights abuses, discrimination and social isolation had an additive impact on LDLs' well-being and substance use. In the absence of access to treatment or health care, many workers resorted to self-medication. Specifically, drinking to cope with mental health issues, discrimination and social isolation was identified among this population. This finding is in alignment with other studies of Latinos that indicate alcohol use and abuse could be a stress management response in an attempt to reduce significant psychosocial stressors [23, 24].

While other studies have identified the salience of separation from family and sending remittances [25] among Latino immigrant workers, current findings extend these results by suggesting the multidimensionality of these factors. For example, the manner whereby social isolation is experienced may have differential impact on well-being and substance use based upon whether it is viewed as deliberate or purposive (as when thought to shield LDLs from negative peer influences or discrimination) or when it is viewed as being outside their control (such as separation from family). Similarly, although sending remittances to support family was identified as enhancing well-being and protective of substance misuse, inability to send remittances was linked to shame and deterioration of communication with family members in country of origin.

The role of friendships in LDLs' lives was also found to be multifaceted. While friends continued to be a source of instrumental support for some LDLs, the role and conceptualization of friendship altered when they moved to the United States to work. LDLs' new role as "worker," whose primary purpose is to make money to support family, had a profound effect on their motivation to develop friendships as well as the importance attributed to friendship. Thereby, while friendships were viewed as important they were not perceived to be as crucial as sending remittances. In fact, in some case they were even seen to potentially distract from the goal of supporting family through remittances.

As this is a qualitative study, generalizability of findings is limited. Furthermore, as LDLs are a vulnerable population who may be cautious of speaking to perceived authoritative figures such as university researchers due to fear of deportation or lack of trust, workers could have been reluctant to discuss their psychological well-being and substance use with researchers. In consideration of this, several precautions to minimize the effects of social desirability were included in this study. The researchers spent a significant amount of time building trust and rapport with this population so that they would feel more comfortable discussing difficult or taboo issues. To further minimize social desirability, all interviews were conducted in locations distant from the earshot of other workers to ensure the confidentiality of participants' responses. As this study utilized non-probability sampling and the researchers spent a significant amount of time in the field, researcher bias could have had an additional effect on the results of this study.

This study has significant public health implications as the LDL-identified factors provide preliminary information regarding the etiology and prevalence of substance abuse as well as mental health problems among this hard-to-reach population. Furthermore, an understanding of protective factors such as religiosity, sending remittances and the development of supportive friendships and social networks can potentially influence public health outreach and programming with this population. This study's participatory approach and use of LDLs as experts on their own life conditions also provided a complex and nuanced understanding regarding the circumstances of risk, otherwise not possible using quantitative methodology. The multidimensional description of these variables has implications for the development of culturally responsive services with LDLs that effectively tap into their lived experiences. Further investigations are highly recommended with this population as recent restrictive immigration policies could further exacerbate the context of risk LDLs must navigate in.

References

1. Valenzuela, J.; Abel, T.; Melendez, E.; Gonzalez, AL. On the corner: day labor in the United States. California: University of California's Center for the Study of Urban Poverty; 2006.
2. Valenzuela J, Abel T. Working on the margins: immigrant day labor characteristics and prospects for employment. Working paper. 2000:22.
3. Walter N, Bourgois P, Loinaz HM, Schillinger D. Social context of work injury among undocumented day laborers in San Francisco. *J Gen Intern Med.* 2002; 17:221–229. [PubMed: 11929509]
4. Organista KC, Kubo A. Pilot survey of HIV risk and contextual problems and issues in Mexican/Latino migrant day laborers. *J Immigr Health.* 2005; 7(4):269–281. [PubMed: 19813293]
5. Valdez A, Cepeda A, Negi N, Kaplan C. Fumando la piedra: emerging patterns of crack use among Latino immigrant day laborers in New Orleans. *J Immigr Minor Health.* 2009
6. Quesada J. From Central American warriors to San Francisco Latino day laborers: suffering and exhaustion in a transnational context. *Transforming Anthropol.* 1999; 8(1&2):162–185.
7. Turnovsky CP, la parada A. The social practices of men on a street corner. *Soc Text.* 2006; 24(3): 55–72.
8. Walter N, Bourgois P, Loinaz HM, Schillinger D. Social context of work injury among undocumented day laborers in San Francisco. *J Gen Intern Med.* 2002; 17:221–229. [PubMed: 11929509]
9. Grzywacz JG, Quandt SA, Early J, Tapia J, Graham CN, Arcury TA. Leaving family for work: ambivalence and mental health among Mexican migrant farmworker men. *J Immigr Health.* 2006; 8(1):85–97.
10. Hovey JD, Magana CG: Acculturative stress, anxiety, and depression among Mexican immigrant farmworkers in the midwest United States. *J Immigr Health.* 2000; 2(3):119–131. [PubMed: 16228745]
11. Hovey JD, Magana CG. Cognitive, affective, and physiological expressions of anxiety symptomatology among Mexican migrant farmworkers: predictors and generational differences. *Community Ment Health J.* 2002; 38(3):223–237. [PubMed: 12046676]
12. Magana CG, Hovey JD. Psychosocial stressors associated with Mexican migrant farmworkers in the Midwest United States. *J Immigr Health.* 2003; 5(2):75–86. [PubMed: 14512761]
13. Organista KC. Towards a structural-environmental model of risk for HIV and problem drinking in Latino labor migrants: the case of day laborers. *J Ethn Cult Divers Soc Work.* 2007; 16(1/2):95–125.
14. Organista KC, Alvarado NJ, Balblutin-Burnhan A, Worby P, Martinez SR. An exploratory study of HIV Prevention with Mexican/Latino migrant day laborers. *J HIV AIDS Soc Serv.* 2006; 5(2):89–114.
15. Organista KC, Kubo A. Pilot survey of HIV risk and contextual problems and issues in Mexican/Latino migrant day laborers. *J Immigr Health.* 2005; 7(4):269–281. [PubMed: 19813293]
16. Alderete E, Vega WA, Kolody B, Aguilar-Gaxiola S. Depressive symptomatology: prevalence and psychosocial risk factors among Mexican migrant farmworkers in California. *J Community Psychol.* 1999; 27(4):457–471.
17. Valdez A, Cepeda A, Negi N, Kaplan C. Fumando la piedra: emerging patterns of crack use among Latino immigrant day laborers in New Orleans. *J Immigr Minor Health.* 2009
18. McMillan, JH.; Schumacher, SS. Research in education: a conceptual introduction. New York: Longman; 1997.
19. Creswell, JW. Qualitative inquiry and research design: choosing among five traditions. Thousand Oaks, CA: Sage Publications; 2006.
20. McMillan, JH.; Schumacher, SS. Research in education: a conceptual introduction. New York: Longman; 1997.
21. Walter N, Bourgois P, Loinaz HM, Schillinger D. Social context of work injury among undocumented day laborers in San Francisco. *J Gen Intern Med.* 2002; 17:221–229. [PubMed: 11929509]

22. Hughes DL, Galinsky E. Gender, job and family conditions, and psychological symptoms. *Psychol Women Q.* 1994; 18(2):251–270.
23. Gil AG, Wagner EF, Vega WA. Acculturation, familism and alcohol use among Latino adolescent males: longitudinal relations. *J Community Psychol.* 2000; 28(4):443–458.
24. Mines, R.; Mullenax, N.; Saca, L. *The bi-national farmworker health survey: an in-depth study of agricultural worker health in Mexico and the United States.* Davis, CA: California Institute for Rural Studies; 2001.
25. Grzywacz JG, Quandt SA, Early J, Tapia J, Graham CN, Arcury TA. Leaving family for work: ambivalence and mental health among Mexican migrant farmworker men. *J Immigr Health.* 2006; 8(1):85–97.

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