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Cultural Health Practices of Migrant Seasonal Farmworkers

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Abstract

This study explored culturally related health practices among Hispanic migrant seasonal farmworkers. In this cross-sectional qualitative study, six Hispanic migrant seasonal farmworkers from southeastern Michigan farms were interviewed. Four major themes emerged from the study. Financial and employment limitations, rather than folk health care practices, were more likely to influence use of professional care systems. There was limited use of folk healers and culturally-related practices, primarily due to lack of access. Results may be used to identify needs and develop culturally appropriate programs and services to improve the health of Hispanic migrant seasonal farmworkers.

Keywords

Agricultural Workers; Employee Health; Latinos; Farmworkers; Qualitative Research

There are three million Hispanic migrant seasonal farmworkers (MSFW) in the U.S., laboring in fields, barns, and processing centers to bring food, fuel, and fiber to the world marketplace (Migrant Health Promotion, 2012). Some Hispanic MSFW travel over 4000 miles for seasonal employment (Rochin, Santiago, & Dickey, 1989). According to Migrant Health Promotion (Migrant Health Promotion, 2012), these workers traverse the US in family units or as single adults, following the growing season for employment. There are several “streams” of travel that migrant seasonal farmworkers follow, all of which originate in southern states, Mexico, or Central America. Anthony, Williams, and Avery (Anthony, Williams, & Avery, 2008) found that most (75%) migrant seasonal farmworkers in northwest Michigan are Mexican, and a sizeable proportion (79%) have Spanish as their primary language, and often have limited English language proficiency. The Michigan agricultural economy includes a large array of fruits and vegetables, and Michigan farm operators hired an estimated 45,000 migrant seasonal farmworkers in 2006 (State of Michigan Interagency Migrant Services Committee, 2006). Most MSFWs arrive in April and May, and depart in September and October. They often have roles in planting, harvesting, and packaging Michigan crops such as beans, cherries, and potatoes (Rochin et al., 1989).

Use of alternative and complementary treatments is widespread among Hispanics. Amerson (Amerson, 2008) notes that common cultural health practices among members of this group include the use of herbal medications, hot and cold foods, *curanderos* (faith healers), self-prescribed antibiotics, religious rituals, and spiritual cleansing called *limpias*. These cultural health practices may affect how this population relates to conventional professional care systems. Amerson (Amerson, 2008) advises health care workers to recognize and be familiar with alternative and complementary remedies in order to incorporate this information in the patient's plan of care, and to prevent this population from solely using their own remedies and consequently delaying access to professional care systems, when indicated.

The Healthy People 2020 (United States Department of Health and Human Services, 2010) goal is to achieve health equity, eliminate disparities, and improve the health of all groups. According to Health People 2020, health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. Although the health practices, beliefs, and rituals of this special worker group have been explored in several parts of the US (Ford, King, Nerenberg, & Rojo, 2001), the cultural health practices of migrant seasonal farmworkers in Michigan are as yet unexplored. Information about these health practices may be useful in identify needs and developing programs and services designed to improve the health of Hispanics. The purpose of this study is to explore culturally-related health practices and rituals among migrant seasonal Hispanic farmworkers in Michigan.

Leininger's Cultural Care Model (Leininger, 2002) served as the organizing framework for the study. The Leininger Cultural Care model posits that the health status and care of individuals, families, groups, communities and institutions is influenced by dynamic, holistic, and interrelated features of a culture, including technological factors, religious and philosophical factors, kinship and social factors, cultural values and lifeways, political and legal factors, economic factors, and educational factors.

METHODS

After receiving approval from the authors' university Institutional Review Board, a purposive sample of six Hispanic MSFWs from southeastern Michigan was recruited from area agencies serving MSFWs for interviews. Study participants were at least 18 years of age, had worked as MSFW on farms in eastern Michigan during the past year, and had self-identified as Hispanic. Prospective participants were informed of their rights as research participants both orally and in writing, and orally indicated their consent to participate. Both women and men were invited to participate. Non-Hispanics of all races and both genders were excluded, as the focus of this study was on cultural practices of Hispanic MSFW. Interviews were conducted with selected farmworkers during 2010, in the interviewee's preferred language, English or Spanish, with the interviewer taking notes from interviewee comments.

With prior consent of the partnering agency, the investigator approached potential subjects at a local temporary work agency, explaining the study purpose and procedures, administering screening questions, and inviting them to participate. Each interview lasted approximately one hour. After the interview, a \$25 gift certificate was provided in recognition of the interviewee's time.

The interview instrument, designed by the authors for use in this study, consisted of seven items. The items focused on workers' history of work-related illnesses and injuries, their methods of coping with these health concerns, and their satisfaction with the approaches (see Table 1). Selected practices and rituals commonly employed by Hispanics, including hot and cold foods, herbal medications, *curanderos*, self-prescribed antibiotics, religious rituals, and spiritual cleansing were explored. Interviews were conducted by a bilingual interviewer in a private meeting room. The bilingual interviewer was sensitive to the verbal and non-verbal cues of the participants. No identifiable information was collected. The interviewer recorded participant responses in the form of notes on a prepared form during and after each interview.

Interviews were not recorded, and no transcriptions of interviews were generated. Qualitative analysis of interview notes was accomplished by the investigator using a content analysis technique without coding. Data emerging from one interview item were examined for all interviewees, themes emerging from the interview item were identified, and summarized. Data from subsequent interview items were systematically examined and summarized in a similar fashion. Finally, the resulting summaries were compared and contrasted, themes identified, and summarized across items.

Six farmers participated, three men and three women. Ages of participants ranged 23 to 33 years. Interviews were conducted in English (n=4) and Spanish (n=2). Four major themes were identified, centering on family, economics/work, geography, and healing.

I value work as a way to provide for my family

Many interviewees took pride in their role as provider for their families, and valued their farm labor as a contribution to the agricultural economy. Interviewees avoided absences due to health or reasons whenever possible, as absences resulted in reduced family income. For example, only one of the farmworkers reported taking a day off from work in the past year. Another farmworker reported feeling tired, but continued to work due to his felt obligation to provide for his family. In another example, one interviewee explained that even though there was muscular pain at the end of the day this interviewee continued to work.

Pain and work injury are part of my life as a farmworker

Every interviewee reported a history of work-related injury; acute and chronic musculoskeletal pain and injuries (e.g., back, shoulders, knees, feet) were particularly common. Injuries were an expected part of the job as a farm laborer, and were perceived to be a consequence of hard work.

My access to professional care systems is limited due to economic factors, and my access to folk care is limited due to geographic factors

None of the farmworkers reported health insurance coverage, and none paid out-of-pocket for medical visits in the past year, although one interviewee accessed a free physician consult on the farm. Instead of use of professional care systems, interviewees generally used a variety of pharmacologic and non-pharmacologic methods to cope with their work-related and non-work-related injuries and illnesses. Over-the-counter medications (e.g., Advil™ and Tylenol™) purchased at local retailers were used frequently. For example, one interviewee noted that after taking a topical over-the-counter pain reliever, the interviewee felt better and the pain was no longer an issue. Two workers sought a local masseuse as a form of treatment.

Interviewees did not express that they were culturally averse to using professional care systems. However, barriers to accessing these services (e.g., high purchase price of services, distance to providers, lack of transportation, and hours of availability of services) contributed to their infrequent use.

There were no reports of use of folk care such as *curanderos* or healing rituals. None of the interviewees reported consulting a *curandaro* or using a healing ceremony during the period in question. However, use of prayer was cited by one interviewee, explaining that he used prayer along with medication and massage.

I use treatments that are low cost, accessible, and don't interfere with my ability to work

Interviewees conceptualized good health as the ability to work. While professional care services were available in nearby communities, these services were generally considered financially out of the reach of these low-paid laborers. Instead, interviewees preferred low-cost approaches (e.g., home or over-the-counter remedies) to restore or maintain their good health. Interviewees reported purchasing over-the-counter remedies at local discount retailers and pharmacies, or used homemade remedies and non-medicinal treatments (e.g., massage) to treat their ailments. For example, one interviewee explained that there was no money available to obtain the recommended treatment by the physician visiting the farm, so over-the-counter Tylenol™ was used to control pain symptoms. In another example, one interviewee purchased a topical over-the-counter pain reliever at the local drug store as a means of relieving his work-related back pain. One interviewee who had a prescription pain reliever avoided taking it before work because it interfered with his accomplishment of farm tasks. Overall, interviewees felt that the remedies they used were successful, and allowed them to continue to work, thereby avoiding interruption in family income. The success of treatments, whether they were home remedies, over-the-counter medications, or prescription medications, was measured by the workers' relief of pain and ability to return to work.

DISCUSSION AND SUMMARY

This qualitative study of culturally-related health practices and rituals among Hispanic MSFW provided insight into a) culturally related beliefs and practices among this worker population, and b) how these practices affect healthcare and health outcomes among Hispanic migrant seasonal farmworkers in Michigan. Among the findings was the common

use of low cost, locally available, over-the-counter remedies and limited use of folk healers and professional care systems. Financial limitations and access to folk healers and professional care systems influenced health care practices in this sample.

The fact that the farmworkers had bought over the counter pharmacologic and other treatments at local retailers appears to be a sign of evidence of acculturation to American beliefs. There was no evidence that migrant seasonal farmworkers had access to folk care in this upstream location, therefore limiting their participation in these traditional healing practices while in Michigan. Interviews also revealed that although financial barriers to professional care systems exist among migrant seasonal farmworkers, they are hardworking and take pride in their productivity. They realize the importance of their role in providing food for the market, and they work hard to provide a bright future for themselves and their families.

The major limitation of the study was that findings were limited by small sample size and geographic area. A possible additional weakness of this study was that the interviewees may not have wanted to disclose their cultural beliefs. Another weakness was the interviewer's expectation that farmworkers would report use of herbal remedies and religious rituals.

Results of this study suggest that Hispanic MSFW turned to home and over-the-counter remedies, while minimizing use of professional care systems. These health care practices likely reduce the use of primary (e.g., immunizations and health education) and secondary prevention services (i.e., health screenings, early diagnosis, and treatment) and may help to explain healthcare disparities in this population. However, these findings also suggest opportunities for reduction in healthcare disparities. For example, the State of Michigan is taking measures to increase prevention and treatment options targeted at the Hispanic population (Michigan Department of Community Health, 2008). Migrant Health Promotion is working to improve the health and wellness of farmworkers through health education and the *promotora* model. *Promotores* help their peers access health resources and build healthier communities (Migrant Health Promotion, 2012).

Results of this study will be useful to other researchers, health care providers, nurses and policy makers by providing new insights into the health practices of MSFW in Michigan. This information can be used to develop health care services that are culturally appropriate for Hispanic MSFW. For example, policies could be developed to provide farmworkers with access to local professional care systems, and programs could be developed to adapt professional care systems to be more culturally appropriate to this worker group.

Findings can also be used to increase providers' awareness of health practices among MSFW in Michigan, such as use of home and over-the-counter remedies, often to the exclusion of use of professional care systems. Healthcare providers who are aware of these healthcare practices can promote culturally competent healthcare (Bergland, Heuer, & Lausch, 2007). For example, professional care providers who provide services for MSFW and their families may have heightened awareness that the worker has likely exhausted over-the-counter and home remedies prior to presenting for care, and have sought consultation at the expense of lost work time and despite the perceived prohibitive cost of services. The healthcare

concerns of these workers, therefore, cannot be taken lightly, and treatment plans must take into consideration the financial and other limitations these workers experience.

Further, results may be used to identify needs and develop educational and other programs designed to improve the health of Hispanics. Sullivan, Hicks, Salazar, and Robinson (2010) note that cultural practices can be incorporated into treatment strategies. As the health-care provider becomes more familiar with the types of cultural practices employed by seasonal migrant workers, he or she can then utilize these practices along with therapeutic treatments for health seeking behaviors.

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Table 1

Interview Schedule

English	Spanish
It's not unusual for people to get injured at work, or to have pain at the end of the work day. Has this ever happened to you? Tell me about what happened.	No es inusual para que la gente consiga dañado en el trabajo, o tenga dolor en el final del día del trabajo. ¿Le ha pasado alguna vez? Dígame sobre qué sucedió.
How did you take care of yourself after you were hurt? (Prompt for treatments, e.g., OTC medicine, professional care systems, herbs, teas, poultices, curanderos, prayer, healing rituals, spiritual cleansings, etc.)	¿Cómo usted tomó el cuidado de se después de que usted estuviera lastimado? (Aviso para los tratamientos, e.g., medicina de OTC, medicina occidental, hierbas, té, poultices, curanderos, rezo, rituales curativos, limpiezas espirituales, etc.)
How did you know that (doing the selected treatment) was right for you?	¿Cómo usted sabía que (haciendo el tratamiento seleccionado) correcto para usted?
Were there any difficulties to using this (selected treatment)?	¿Había dificultades a usar esto (tratamiento seleccionado)?
What did you need to do to get the people and things (elements) for (selected treatment)? Were there other treatments/approaches you would have used if you could get them?	¿Para qué usted necesitó hacer para conseguir la gente y las cosas (elementos) (tratamiento seleccionado)? .) ¿Había otros tratamientos/acercamientos que usted habría utilizado si usted podría conseguirlos?
How successful was this (treatment/approach)? Did you try another treatment or approach?	¿Cómo acertado era esto (tratamiento/acercamiento)? ¿Usted intentó otro tratamiento o se acercó?
That's just the kind of information that's helpful to me. Can you think of another example of a time when you were injured at work, or had pain at the end of the work day? Tell me about that.	Eso es justo la clase de información que me sea provechosa. ¿Puede usted pensar en otro ejemplo de una época en que sea dañado en el trabajo, o tenía dolor en el final del día del trabajo? Dígame sobre eso.