

Photograph from Google Images photographer unidentified



Mobile clinic outside farmworker housing near Shickshinny, Pennsylvar Louise S. Ward



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# **Seasonal Farmwork and Gender:** Unequal risks, equal vulnerability

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### Background

- It is estimated that there are 3 5 million seasonal and migrant farmworkers in the U.S.
- Farmworkers are among the poorest of the working poor (Runyan, 2000); with an average family income ~ \$10,000/ year (Carroll et. al, 2005)
- Seasonal farmworkers are employed in agriculture for part of the year only, but live at home throughout the year
- Migrant farmworkers live away from home for part of the year in order to work; generally work > 75 miles from home during this time. Migrant farmworkers may have home base in the U.S. or in another country.
   "Follow the crop" migrants migrate to several locations during the growing season, following the ripening and harvesting of crops northward and then south again.
- 85% of U.S. farmworkers are male
- 77% are of Mexican or Latin American origin (Carroll et. al., 2005).
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- The Migrant Clinicians Network has identified many patterns of migration followed by farmworkers, but traditionally migration has been viewed in three "streams." East Coast, Midwest, West Coast

# **Purpose and Hypothesis**

This analysis was part of a larger study of Determinants of Hispanic Farmworker Health.

The **purpose of this analysis** was to explore gender differences related to work, health, and health care access.

The hypothesis was that male and female farmworkers would experience different work, health, and health care access issues.

# Method

The National Agricultural Workers Survey (NAWS) is conducted annually by the U.S. Department of Labor to monitor working conditions and predict the need for guest worker visas for the agricultural sector. This study used Public Access data from the 1998 NAWS.

The NAWS uses a complex stratified sampling strategy to achieve a representative sample of farmworkers. This study used only those who identified as "Hispanic," "Latino," or "Chicano," resulting in 1864 survey responses for analysis.

U.S. regions as identified in the NAWS were aggregated to roughly approximate the three traditional migrant streams (see Figure 1).

Variables were used directly from the dataset or constructed by the researcher in concordance with a theoretical model.

Bivariate analyses were performed to assess relationships between variables.

Logistic regressions were performed to construct models: •The "Health Problems" variable was regressed on predictor variables •The "No use of U.S. Health Care" variable was

regressed on predictor variables



Figure 1: NAWS Regions converted to Migrant Streams

# **Results**

men

87 % of farmworkers in the East Coast Stream were male, compared with 80.9% for the Midwest and 79.1% on the West Coast.

•Men were 1½ times as likely to work in harvest jobs. •Women worked in post-harvest jobs, such as packing or processing, at three times the rate of

	Men	Women
Pre-harvest	277 (17.6%)	51 (17.7%)
Harvest	641 (40.8%)	76 (26.4%)
Post-harvest	135 (8.6%)	78 (27.1%)
Semi-skilled	404 (25.7%)	67 (23.3%)
Supervisor	1 (0.1%)	0 (0%)

#### Table 2: Comparison of Characteristics by Gender

		Men	Women	Significance
	Legally documented	693 (44.6%)	167 (59.2%)	.000
	Follow the crop	392 (24.9%)	36 (12.5%)	.000
	Mean # years in farmwork	9.6	8.3	.029
	Highest grade completed	6.0	6.6	.007

 Men were more likely to be undocumented and to follow the crops.
 Women had higher educational

levels.

A logistic regression model with the outcome variable of Health Problems included **age, gender,** follow-the-crop status, working conditions, English language literacy, and family income. In this model, women were twice as likely to report health problems as were men (B=.793, p = .000, OR = 2.209).

The logistic regression model for using US medical care when health problems already identified included gender, follow-the-crop status, working conditions, native language literacy, access barriers, and use of Medicaid, WIC, or government clinics. In this model, women were 2.4 times more likely to receive U.S. medical care than were men, once a health problem had been identified.

## Conclusion

Implications for outreach and clinical practice:

- Men are more likely to follow the crops; less likely to access US health care → need for robust, creative outreach, perhaps more on the East Coast because > % men
- Prevention education should recognize differences in work performed and educational level.
   Ergonomics education different for different roles: women more likely to pack and process
  - products: men more likely field work

#### Literature Cited

Carroll, D., Samardick, R.M., Bernard, S., Gabbard, S., & Hernandez, T. (2005). Findings from the National Agricultural Workers Survey (NAWS). 2001-2002: A demographic and employment profile of United States Farmworkers. (Research Report #), Washington, D. C: US Department of Labor.

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#### Acknowledgements

- Grateful acknowledgements to:
- Decker School of Nursing at Binghamton University, Binghamton, NY for support of dissertation world Decial Carrell at the U.S. Department of Labor for his approximation, any use of the NAWS
- Daniel Cartoli at the U.S. Department of Labor for his cons
   A. Sordor Atoy. Ph.D. for guidance during the discortation
- Daniel Rothenberg for permission to use his photographic

#### Further Information

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