

Mexican Female Undocumented Farmworkers: A Triple Threat of Vulnerability and Discrimination

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Farm work is an industry dominated by immigrants, yet un-prioritized by American culture or policy. In the United States, nearly 80% of these farmworkers are of Mexican origin, and almost two thirds live in poverty^{1,2}. While over half of farmworkers in the US are undocumented², this problem is intensified in California, where over 90% of Mexican immigrants are undocumented and lack access to many public services such as health care³. Although health care and insurance reform has been in the forefront of American debate and policy for the past few years, these undocumented immigrants are not included under the Patient Protection and Affordable Care Act (ACA) of 2010, making them one of the populations most vulnerable to remaining without access to health insurance or care^{3,4}.

Within the population of immigrant farm workers, women are particularly at risk. Although the majority of farmworkers are men, women make up 22% of the work force⁵. Furthermore, in farmworker populations, women of childbearing age make up a disproportionately large percentage of the total population¹. Traditional gender roles and dynamics put these women in a place of dependency and vulnerability to men, especially single women⁶. These women face the triple burden of being female, poor, and undocumented. However, due to being a smaller proportion of this population, they are often left untargeted by many interventions and programs aimed at health workers. When women are included in programming for farmworker health, the focus is often on maternal and prenatal health². However, there is a much more

complicated picture of farm working women's health. The purpose of this brief is to assess the current status of Mexican female farmworkers' sexual health in California, assess the current status of policies towards these women, and suggest policy changes to improve these conditions.

Factors influencing sexual health

Harassment and abuse

Undocumented Mexican women in the United States face discrimination from both cultures. Their lower status in Mexican culture, and the prevalence of the cultural phenomenon "machismo" leave women with little power over their sexual relationships and health. At work, they are subjected to constant sexual harassment from male farmworkers⁶. Harassment is so ubiquitous that to many women it is seen as "unavoidable" and an inherent part of their work⁷, and 90% of California farm worker women have called sexual harassment at their work a "major problem"⁵. Beyond harassment, women are often subject to sexual assault and rape, not only from male coworkers but also supervisors and contractors⁸. In the Mexican tradition of machismo, these women are not empowered to resist or condemn the men who harass and assault them⁶, a common trend for all immigrant women⁹.

The problem of sexual misconduct is exacerbated by the way the United States policy and law enforcement treats these women. Most women are unaware of their rights or how to go about changing their treatment¹⁰. Furthermore, undocumented women are afraid to reach out to health workers or law enforcement officials for fear

of being arrested themselves and deported⁷. When their bosses are the people assaulting them, women also do not speak out for fear of being fired⁷. Without systems in place to ensure women have a safe avenue to report or resist their harassment and assault, their psychological and physical health is put in peril with no opportunity for prevention.

Sexually transmitted infections

Mexican farmworker populations are at an elevated risk for sexually transmitted infections (STIs) compared to many other people living in the United States². Based on demographics alone, immigrant farmworkers tend to be poor, uneducated, and isolated from other groups, all of which are associated with risk for STI infection². For example, studies have shown a pattern of HIV infection in Mexican migrants to the United States associated with adoption of risky sexual practices upon migration¹¹.

These practices are most common among men, yet they affect women greatly. A 2008 study of California farmworkers found that over 40% of men had had sex with a transactional sex worker¹². Often, these sex workers are not professionals, but are immigrant farm working women who need money². Many of these transactional relations are extramarital, which puts both females who engage in paid sex and those who do not at risk for acquiring infection. In the same survey, 60% of men and 85% of women reported using no protection against STDs during sex¹². The authors attribute this discrepancy to gender dynamics which limit women's ability to negotiate for safe sexual practices.

This gender dynamic is furthered by cultural constructs of appropriate female behavior. While farm working women may engage in sex as much as men, they are discouraged from having or using condoms for fear of being seen as promiscuous². Even

married women are hesitant to use condoms with their husbands as they may be accused of infidelity⁶. Views surrounding female use of contraception are tightly linked to Catholicism, which many Mexican immigrants practice, and which suppresses female sexuality⁶. However, instead of reducing premarital or extramarital sex, discouraging condom use leaves women vulnerable to infections and pregnancy when they do engage in sex¹³. These factors affecting women's susceptibility to STIs put their health at great risk, for consequences such as discomfort; pain; sterility; social isolation; and, in some cases, other serious illnesses and death.

Access to care

As sexual harassment, abuse, and diseases are large factors for female Mexican farm workers' health, they are made exponentially worse by these women's lack of access to care. As stated before, undocumented immigrants are not entitled to state-sponsored health insurance through the ACA. This means any care required paying the full high cost, which often makes it impossible for undocumented migrants who live in poverty. Beyond this lack of insurance, farmworkers face additional barriers to care. They often do not speak English, or sometimes not even Spanish, tend to move frequently, lack time and money to take off work, and may have difficulty finding transportation².

The result of these barriers is a low level of access to care. Hispanic mothers are less likely than non-Hispanic whites to have insurance or have received prenatal care, and this is worse for immigrant farmworkers¹⁴. For example, one study of farmworker families found that only 42% of women received any care during pregnancy, and another found many did not have a correct understanding of STI transmission and prevention². In a study of women's

knowledge and use of emergency contraception (EC), only 43% of undocumented women had heard of EC, compared with 87% of US born women, and this difference was worst for Latinas and rural women¹⁵. However, Latinas were also the group that had the highest percent usage of EC, indicating a lack of access to other options to prevent pregnancy¹⁵. Thus, poor access to care has a direct result on sexual health outcomes, including STI infection, contraception, and prenatal care. These issues of access stemming from education, language, insurance, finances, and physical access to care must be addressed to ensure the health of immigrant female farmworkers.

History and policy

The sexual health of female migrants has long been of interest to the United States. Since the 1909, laws have existed in California authorizing forced sterilizations of people deemed unqualified to have children, often targeting migrants, especially Mexican women¹⁶. In 1994, California passed Proposition 187 which limited undocumented immigrants, most notably pregnant women, from using any state health systems excluding emergency care¹⁷. By restricting the mothers of future American citizens' rights to care, Prop 187 decreased Mexican immigrants' likelihood of delivering health babies, essentially deeming the lives of these immigrants and their children as less important than those of white Americans¹⁷. This proposition is still California law, although large segments were removed in 2014, enough to symbolically repeal the law¹⁸.

For farmworkers specifically, there have been historic movements to expand care. Since 1962, the Migrant Health Program provided national funding for clinics working in migrant farm worker populations¹. However, this program did not allow funding for health care for Mexican

workers, whether documented or undocumented¹. The Health Resources and Services Administration funds migrant and community health centers in an effort to reach farmworkers through outreach, education, and providing services². National non-profit organizations also target migrant populations and farmworkers in order to ensure care and address health and culture issues specific to these populations². However, these services are also targeted at documented migrants and US citizens, not undocumented workers. Recently, the ACA has added funding to community health centers, which often do not discriminate against undocumented workers³. Although indirectly, this may provide a precious lifeline for undocumented farmworkers to receive primary care despite their inability to use publically funded insurance.

Beyond these general programs, it is difficult to find any policy that specifically focuses on providing women with the sexual health resources and care they need. Recently, California passed a new bill intended to protect female farm workers from sexual assault and harassment at work. Passed in 2014, the bill puts responsibility on contractors and hiring middlemen to ensure their hires are safe⁸. Furthermore, the law mandates sexual harassment training for all agricultural owners, supervisors, and employees⁸. It has yet to be seen how this law will affect women's experience. While a first step in the right direction, more action is needed to inform women of their rights and empower them to make health changes. In an attempt to do this, many independent non-governmental organizations such as the Farmworker Sexual Violence Technical Assistance Project have focused on expanding women's knowledge of their rights and offering legal services to women who wish to pursue legal action¹⁰. While also an important step, women's sexual health needs to also be addressed through a

health lens, not just a legal lens. It is important to implement health policies which will expand women's access to care, sexual health education, and empowerment resources.

Policy Recommendations

Mobile health clinics

Given the isolation of these women, outreach is a crucial factor. Bringing health care to them prevents many of the issues of transportation, child care, and missing work which hinder undocumented farmworkers from receiving care. Mobile health clinics have long been used in developing countries for outreach to rural populations¹⁹, and recently have also proven effective in reaching underserved communities in the United States²⁰. Given the current policies in place in the United States, this mobile clinic program should be run through community health centers, which can remain federally funded while offering care to undocumented immigrants. While the clinics should include all primary care feasible in a mobile setting, the emphasis should be on women's health, especially sexual health, including both education and clinical care. Both outreach and education are vital for expanding access to care, informing, and empowering women to utilize their rights and resources.

A call for research

In 1992, a review of literature on the health of farmworkers in the United States called for more research on their health status, particularly on non-farmworker specific conditions²¹. While we now know more about farmworkers' health problems, large gaps remain in how to resolve these issues. This is especially true for women, whose specific issues have been understudied. Further research should be done on farm working women's sexual health and their access to and utilization of health care.

More Resources

- “Fields of Fear” by Leslie Dayton
http://www.crla.org/sites/all/files/content/uploads/pdfBrochures/Fields_of_Fear.pdf
- “The Fields: Hidden Faces of Farmworker Women” by the Association of Farmworker Opportunity Programs
<http://afop.org/2013/04/17/the-hidden-faces-of-farmworker-women/>
- “Guide to Women’s Health” by the Migrant Clinicians Network
<http://www.migrantclinician.org/issues/womens-health.html>

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