

## LETTER TO THE EDITOR

### Migrant farm-workers and health

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## Dear Editor

Migrant farm workers face greater challenges. Their faith practices are important to understand with regard to health access and healthcare services.

Many diseases are more common among Latinos/as than non-Hispanic Whites. Rates of teenage pregnancies, sexually transmitted infections, diabetes, cirrhosis and cervical cancer are higher among Latinos/as. In particular, rates of alcohol abuse, motor vehicle accidents and interpersonal trauma are higher among Hispanic migrant farm workers<sup>1</sup>. Furthermore, Latinas, including those in farming communities, use breast and cervical cancer screening services less than do women in other ethnic groups<sup>2</sup>.

Hispanic migrants have difficulty accessing health care. Barriers to health care have been reported by a number of investigators, most recently by Schmalzried and Fallon in this

journal<sup>3</sup>. Barriers include cost of health care, lack of health insurance, lack of English proficiency and interpreters, unfamiliarity with the health system, lack of information about available services, distrust, disrespectful attitudes of health professionals, and undocumented legal status. In particular, Hispanic migrant farm workers have difficulty accessing health care because of demands of work and weather, lack of transportation, cost and time associated with travel, health clinics' hours of operation and waiting times, and lack of childcare services. Faith is important in the lives of many Hispanic farm workers and more discussion is needed about their faith in the context of barriers to health care and health.

#### Faith contributions

There are benefits from membership of a religious community, in terms of healthy behaviors, coping with chronic illnesses and receipt of health services. Researchers have found that behaviors associated with religion still help to



protect the health of many Latinos/as. Examples include avoiding irresponsible sexual activity, substance abuse, domestic violence and smoking.

A lower frequency of substance abuse among more religious Latino youths<sup>4</sup> is salient. There is strong circumstantial evidence that alcohol abuse is common among migrant farm workers, particularly those without family support, and that it is a risk for injuries, which occur mainly during recreation<sup>1</sup>.

Healthy behaviors may be more common among regular Church attendees. Church attendance may introduce Latinos/as to healthy role models, and reinforce behaviors that ultimately protect health or reduce exposure to risk<sup>4</sup>.

Religious practice may offer comfort and support. Hispanic migrant farm workers often pray about their illnesses, such as folk ailments and diabetes<sup>5</sup>. Prayer commonly helps Latinos/as cope with chronic painful conditions.

The Church may help overcome barriers to health care. Schmalzried and Fallon stressed the importance of outreach programs<sup>3</sup>. Church-based interventions involving rural populations range from promotion of health, such as sex education for teenagers and prenatal care, through early detection of disease, such as screening for hypertension, diabetes and cancer, to provision of care for mental health issues. In particular, a faith-based outreach program significantly increased cervical cancer screening rates among Hispanic farm workers<sup>2</sup>. There is room for more collaboration between faith-based organizations and other providers to deliver outreach services to Hispanic farm workers, for example, in the screening for, and management of, diabetes.

More research is needed to determine whether faith-based outreach is more effective than outreach by other organizations, such as migrant clinics run by federally qualified health centers, because of trust or membership of a social network that supports cancer screening and whether there is added value from religious instruction, for example, about healthy behaviors and hope. There is the potential to

affect structural change within healthcare provision whereby faith-based organizations provide care to uninsured populations, such as Hispanic migrant farm workers.

## Faith challenges

There may be drawbacks from membership of a religious community, in terms of health and uptake of health services. Religiosity may be a potential barrier to health. For example, compared with those who had no religious affiliation, religious migrant farm workers had scores on the Migrant Farmworker Stress Inventory that were higher and indicative of anxiety or depression<sup>6</sup>. Fatalism can be a barrier to uptake of health services if not addressed. An example is the belief of some Latinos/as the occurrence and course of cancer, pain or trauma is in God's hands<sup>7</sup>. Latinos/as may rely on prayers and religious counseling when unable to access health care.

A greater importance of faith extends to American farm workers<sup>8</sup> and the same appears to be true in Australia<sup>9</sup>.

Health professionals must acknowledge the importance of faith in the lives of many farm workers, try to understand their religious perspectives and consider their beliefs when designing treatment plans. Health professionals should work with chaplains or religious leaders to assist patients in need of religious counseling<sup>10</sup>.

Failure of health professionals to take account of the religious beliefs and practices of Hispanic migrants in healthcare plans is a potential barrier to acceptable and effective health care and health protection. For example, rehabilitation professionals may fail to take account of the fact that some farm workers believe God can change any situation and take away any problem. This may lead to health professionals failing to correct any misconceptions farm workers might have about recovery from traumatic brain injury, as well as theological misconceptions they might have in treatment plans (through education and spiritual support). This may, in turn, lead to farm workers not complying with rehabilitation<sup>7</sup>.



There are implications for educators. Health professional training must include building of awareness of the culture, language, and belief systems of their patients. It is particularly important for those intending to work in agricultural communities where more significance is attached to faith.

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