Disclosure Statement

- **Faculty**: Candace Kugel, CNM, FNP, MS and Melissa Bailey
- **Disclosure**: We have no real or perceived vested interests that relate to this presentation nor do we have any relationships with pharmaceutical companies, biomedical device manufacturers, and/or other corporations whose products or services are related to pertinent therapeutic areas
Migration of women
Barriers & disparities
Health care issues of concern
Recommendations & resources
Migration

• 24% of farmworkers are women
• Most are married with children
• Women are increasingly migrating alone
• Yearly income from farm work:
  ✓ Women: $11,250
  ✓ Men: $16,250

Sources: NAWS 2005 and SPLC 2010

Barriers to Health Care for Migrant Women

• Isolation in rural areas
• Cultural barriers
• Economic dependence
• Access

Art by RT/Freeman; Photo: CKugel
Issues of Concern for Migrant Women

- Reproductive health
- Occupational & environmental health
- Sexual harassment & abuse
- Trafficking

Reproductive Health

- Pregnancy
  - Teen pregnancy
  - Unintended pregnancy
- Contraception
- Cancer screening
- STIs
Pregnancy Care

Their Challenges?
Family Planning Practices

- OCs available at pharmacies
- Depo parties
- Men reluctant to use condoms, vasectomy
- Cancer screening not widely available
- Health care inexpensive
Cancer Screening
Barriers to Screening for Latina Women

✓ Lack of knowledge about breast and cervical cancers
✓ Embarrassment
✓ Fear
✓ Discomfort
✓ Cost/lack of health insurance
✓ Lack of regular care or provider
✓ Lack of transportation
✓ Mobility—lack of follow up on test results/tx

Environmental & Occupational Health: Women in Agriculture
Occupational Health Risks

- General working conditions
- Pesticide exposures
- Other chemical exposures
- Musculoskeletal disorders
- Dermatological problems
- Heat exposure
Women and Pesticides

- Higher vulnerability due to reproductive health consequences
- More adipose tissue
- Changes in weight and body composition with pregnancy
- Pesticides may mimic hormones and cause endocrine disruption

Exposure Pathways

- Types
  - ingestion in food or water
  - inhalation
  - contact with skin or eyes
- Take-home pathway

Exposure Pathways photo: jwomen10@yahoo.com
Risks to Family Members

- “Take home” exposure
- Drift
- Home application of pesticides
- Lawn and vegetable and flower gardens

Exposure Pathways

- Breast milk
- Placenta—mother to baby
- Blood-brain barrier not fully developed in infants
Pesticides & Pregnancy Research

- Impossible to do controlled studies on humans
- Animal research difficult to translate to humans
- Difficult to study short-vs. long-term effects of exposure

Real lives

Ag-Mart and Carlitos
1/27/2015

Within 7 weeks of one another...
4 women lived in the same labor camps and worked in the same fields in North Carolina and Florida

4th baby with similar birth defects in Mexico

Carlitos born without arms or legs
Jesus born with Pierre Robin syndrome
Violeta born with multiple birth defects, died within 3 days

Sexual Abuse and Migrant Women

Source: MCN Hombres Unidos curriculum
“Sexual violence and sexual harassment experienced by farmworkers is common enough that some farmworker women see these abuses as an unavoidable condition of agricultural work.”
--Human Rights Watch
“The Cultivating Fear”

Sexual Harassment & Assault

- Increasing numbers of women immigrating for work in male dominated settings
- Vulnerability during travel & border crossings
- Jan 2005—first sexual harassment case in ag industry taken to trial → $1 million settlement
Modern-day slavery

Thousands are trafficked into the US annually—80% are women

Victims are coerced to work in:

- prostitution or the sex entertainment industry
- labor exploitation—domestic servitude, restaurant work, janitorial work, sweatshop factory work and migrant agricultural work.
Solutions in Health Care

- Walk-in versus appointments; scheduling
- Group visits
- Fotonovelas, videos, and promotoras rather than literature based education
- Resources for language enhancement
- OUTREACH
Cultural adaptations

Promotoras or lay health educators:

- Build trust
- “Translate” health information
- Liaison to conventional care
- Relationship centered

Resources

Photo: CKugel

Photo: Driper
MCN Website

- Clinician Resources
  - Online courses
  - Archived webcasts
  - Tools, forms, policies, etc.
  - Women’s health page

- Patient Education
  - *Lo que bien empieza…*
  - IPV resources

www.migrantclinician.org
Patient Education

- Comic books
- Resources & training manuals for promotores

Illustrations: Salvador Sáenz from MCN’s Lo que bien empieza…
Lo Que Bien Empieza...

- Health educators talk to patients about how to minimize exposure
- Developed in response to requests from clinicians

Aunque Cerca...Sano

Helps farmworker families minimize the risks of pesticide exposure in the field and at home
Lead Guidelines for the Pregnant Migrant Woman

Overview

Migrant women may not be recognized as being pregnant or at risk for IPV. They possess a level of risk factors for IPV, and may not be provided with the necessary care to help them overcome these factors. The United States Department of Health and Human Services (HHS) and the American College of Obstetricians and Gynecologists (ACOG) have issued guidelines for the care of pregnant women, including those who migrate for work or seek refuge from violence. These guidelines emphasize the importance of recognizing and addressing IPV during prenatal care. 

1. Recognize and Screen for IPV: Healthcare providers should screen all pregnant women for IPV at every prenatal visit. This can be done through patient history, physical examination, and counseling. 

2. Assess Severity: Providers should assess the severity of IPV and the risk to the pregnant woman and her fetus. This includes considering the type and frequency of abuse, the presence of protective factors, and the likelihood of future violence. 

3. Supportive Services: Providers should connect pregnant women with supportive services, such as counseling, shelters, and legal assistance. 

4. Treatment of IPV: Providers should treat the pregnant woman for any injuries, perform a pelvic examination, and provide appropriate treatment for any medical conditions. 

5. Follow-Up Care: Providers should continue to monitor the pregnant woman for IPV throughout her pregnancy and postpartum. 

We refer you to the full document for more detailed guidelines. 

MCN IPV Resources

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Other Resources

☑ Text4Baby www.text4baby.org
☑ Rural Women’s Health Project (www.rwhp.org) pregnancy fotonovelas
☑ Teach with Stories Prenatal Care—fotonovela series (www.augercommunications.com)
☑ Pesticides & pregnancy handouts (www.wakehealth.edu)
☑ SPLC Esperanza Project “Voices for Justice” handbook for low-wage immigrant women about their rights in the workplace and the steps they should take
☑ Legal Momentum Immigrant Women Program (www.legalmomentum.org) legal rights for immigrant women
☑ Trafficking information: www.acf.hhs.gov/trafficking

Questions?
Contact Information:

Candace Kugel, CNM, FNP, MS
ckugel@migrantclinician.org

Melissa Bailey
executivedirector@ncfield.org

www.migrantclinician.org