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# Maternal and Infant Health Care of Seasonal Farmworkers in California

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**Abstract:** This paper examines the impact of increased labour force participation in seasonal California agricultural employment of Mexican migrant women on maternal and infant health care. A hypothesis examined in this study is that inadequate prenatal, postpartum, and infant health care must be attributed to low participation rates in government programmes, infrequent use of medical services, and the large influence of custom on maternal and infant health care. Survey evidence was based on a sample of 150 seasonal farm labour households in three major California counties. The evidence was compared with two other major California seasonal farm labour surveys in order to verify the hypothesis and to provide information about the impact of the changing role of migrant females and familial health care. The study concludes that inadequate prenatal medical exams during pregnancy for those working women may result in a higher incidence of birth-related problems; underparticipation in government programmes is strongly linked to cultural influences that associate pregnancy with a “normal” feature of those women’s lives; low incidence of traditional methods of infant feeding (i.e., breastfeeding) is linked to the increased participation of those women in the seasonal agricultural work force; and custom plays a central role in postpartum and infant health care and, hence, has a direct impact on participation in available government health programmes.

## Introduction

The problem of rural health has been of great concern due to both specific occupational illnesses and the relatively high rate of rural poverty—17 percent as compared to 15 percent of the total population in 1982. In addition, the rural poor share several characteristics: “isolation, lack of power, social and cultural deprivation and membership in a racial minority group” (Donham and Mutel, 1982, p. 512). An important subgroup of the rural poor that faces unique health problems is seasonal farm labour women. As both agricultural workers and mothers, the health issues they face are twofold.

This paper considers the relatively unstudied area of seasonal farm labour—maternal and infant health care. Increased participation rates in the farm labour market of female undocumented women has resulted in a significant impact on familial health care practices. Some specific problems are inadequate prenatal medical care, low levels of prenatal nutrition, and the role of custom on health practices of the women. A hypothesis examined in this study is that inadequate prenatal, postpartum, and infant health care must be attributed to low participation rates in government programmes, infrequent use of medical services, and the large influence of custom on maternal and infant health care. The influence of custom alone on health care is not considered negative; rather, its lack of integration into health services may result in negative consequences.

## Survey and Sample

A sample of 150 seasonal farm labour households was interviewed in three major California agricultural counties: San Joaquin, Stanislaus, and Tulare. The respondents in the sample were mostly Chicana/Mexicana women. Interviews were administered in labour camps and health clinics by bilingual interviewers. Approximately 60 questions were asked, ranging from basic socioeconomic data to questions concerning prenatal nutrition, birth-related problems, child care, and infant feeding practices.

Approximately 70 percent of the respondents were employed as seasonal field workers. The 30 percent that categorized themselves only as housewives lived in households where seasonal farm labour was the main source of employment for the family. Of those women who worked outside the home, 21 percent felt that their income was equally important in supporting the family, 5 percent were sole supporters of the family, and 69 percent considered their husbands as the sole financial supporter of the family. Eighty-five percent of the respondents were born in Mexico, and 46 percent of the individuals had been in California for less than a year, with 35 percent of the respondents coming from Mexico or a southwestern state six months earlier. Although a specific question about legal status was not asked, one can generally assume (given the evidence of birthplace and migrant status) that few (if any) of these individuals had legal work documents. The average level of education and most frequent response was six years, which is equivalent to completion of *primaria* in Mexico.

## Comparison With Other Health Care Surveys

The results of this study can be compared to two similar studies: a 1981 health survey of Tulare County farmworkers by Mines and Kearney (1982) and a survey of health problems and health service use among Mexican immigrants in San Diego by Cornelius, Chavez, and Jones. The former has a sample size of 229 women, and the latter was a survey of 197 women. Although the questions asked varied, they overlapped enough to allow for comparison.

One of the most critical components of prenatal health care is regular prenatal medical exams. Generally, women should seek medical advice throughout their pregnancy, starting from the critical first trimester. A relatively high percentage—29 percent of the women sampled in the survey—did not start prenatal care until their second trimester, and 14 percent waited until their third trimester for prenatal care. In the San Diego study, 24 percent of the undocumented migrant women received no prenatal care.

The most common response given by the women who waited until the last two trimesters to seek prenatal medical care was that they perceived no problems during their pregnancy; hence, they felt no need to see a doctor. That first response was then followed by responses concerning problems of transport and costs. The Mines and Kearney study had a similar pattern of responses. Thus, both studies confirm that cultural beliefs about the “normal nature” of pregnancy and cost-related problems result in a low rate of use of prenatal medical services.

An important indicator of complications at birth is the rate of cesarian sections as compared to vaginal births. Recent evidence suggests that the rate of cesarian-section births is increasing in the USA. The study by Cornelius, Chavez, and Jones showed the highest rate of cesarian-section delivery—29 percent. The Mines and Kearney study had a smaller rate of cesarian-section births at 16.5 percent. Similarly, the survey reported on in this paper had a smaller rate of cesarian sections—13 percent. Although one may conclude from the study by Cornelius, Chavez, and Jones that Mexican immigrants had a higher incidence of cesarian-section births as compared to the total population, the other two surveys appear to fall below the current average rate of cesarian-section deliveries.

Perhaps more significant than the rate of cesarian-section deliveries as an indicator of prenatal health is the incidence of miscarriages, stillbirths, and infant deaths. Twenty-four percent of the sample in the present study experienced one or more miscarriages and/or stillbirths and 8 percent of the sample experienced at least one infant death. Fifty-two percent of the women who experienced miscarriages and/or stillbirths stated that, to their knowledge, they were not reported to health officials, as most occurred at home. Hence, that could be an important indicator of underreporting of the level of miscarriages and stillbirths of this subgroup. Similarly, the Tulare County survey had a high rate of miscarriages and stillbirths (31 percent), and the San Diego survey had a rate of 28 percent.

Recent medical evidence suggests that family planning and smaller family size decrease morbidity and mortality rates during pregnancy, delivery, and puerperium. The average number of children per family of the sample in the present study was 3.5, ranging from 0 to 16. Thirty-seven percent of the women interviewed did not want their last pregnancy. Therefore, over a third of the respondents would have planned a smaller family size. Sixty-six percent of the women interviewed used some form of birth control, with the majority having stated that they wanted to prevent further pregnancy. However, one third of the sample used no method of birth control, which is similar to the results found in the Tulare survey. The evidence thus suggests that many of the women want greater control over family size, and such control would potentially have a positive impact on prenatal and postpartum health.

## Postpartum and Infant Care

Two main areas are examined in the present survey: choice of infant diet (i.e., breast milk and/or formula) and source of information for postpartum and infant health care. Recent studies have focussed on the increased level of breast versus bottle feeding in the USA. However, comparing the Anglo to the Hispanic population, one study concludes that the Anglo population has increased breast feeding over time, whereas Hispanics have decreased breast feeding (Smith *et al.*, 1982). Also, if one examines studies in Mexico, similar decreasing trends in breast feeding are evident.

Comparable results of low rates of breast feeding were also exhibited in this survey. Twenty-four percent of the sample breast fed their infants for six months, 45 percent fed their infants commercial formula, and 27 percent breast fed initially and then used formula. The most common response by women who opted for breast feeding was their perception that it was a healthier method for feeding their child. The second most common response was that it was a cheaper method. Only 6 percent of the sample indicated that a medical adviser suggested breast feeding as a superior method of feeding.

Many women who preferred to formula feed their infants indicated that work was the primary motive for their decision (32 percent). The next most common response was that they did not like to breast feed. If the responses of lack of breast milk and insufficient breast milk are added the response of work interfering with breast feeding, the work-related percentage increases to 45 percent.

Of those mothers who chose to both breast and formula feed, 42 percent stated that their work required them to include formula feeding in their infant diet. The second most common response was insufficient breast milk. Combining that response with the work response raises work-related reasons for introducing formula into the infant diet to 75 percent.

The second component of postpartum care is examined by analyzing the impact of traditional Mexican practices. Postpartum care for traditional Mexican women is often determined by the custom known as *la cuarentena*, a 40-day postpartum rest period. The custom encompasses both dietary restrictions and proper behaviour so as to speed recovery from birth.

Results from the present survey concluded that 67 percent of the sample observed *la cuarentena*. A study by Zepeda (1982) of 30 Hispanic women in southern California has an even higher rate of observation of *la cuarentena*—80 percent. However, given the small sample size and limited geographic area, that result may be an overestimate. Nevertheless, in both cases, the evidence suggests that custom plays a central role in postpartum care.

Care of the umbilical cord by Mexican migrants can be used as an indicator of the role of custom on infant care. Mexican women often bind newborn infants' abdomens with gauze, cloth, or special binders known as *fajeros*. Reasons for the custom are to avoid unattractive bulging of the umbilicus from the body, to secure the internal organs of the newborn, and to prevent *mal aire* (Zepeda, 1982).

Concerning umbilical cord care of the newborn, 13 percent of the sample had *fajeros* placed on the infant by the birth attendant. However, 21 percent of the women placed a *fajero* after they left the hospital. Hence, one-fifth of the sample integrated this custom into infant care. Of those women who used *fajeros*, all but two in the sample observed *la cuarentena*.

Another indicator of the role of tradition in maternal and infant health care was where the women sought advice on infant care. With respect to pregnancy verification, 83 percent would seek medical advice. That high result is similar to that found in the Tulare survey. However, concerning advice on infant care, only 28 percent would rely on medical advice, and the majority of women—69 percent—relied on relatives, friends, or their own experience for infant care. That choice does not reflect solely the lower economic status of the women but also the influence of a tradition where childbirth and child rearing are considered a “normal” part of women’s lives. In addition, education concerning childbirth and care is a product of their kinship ties.

### Conclusion and Policy Implications

Two major areas—prenatal care and birth, and postpartum and infant care—were examined with respect to 150 seasonal migrant households. Inadequate prenatal medical examinations during pregnancy may have resulted in a higher incidence of birth-related problems. Underutilization of government programmes may also have resulted in not minimizing prenatal and postpartum complications. Low rates of breast-fed infants were also found in the sample, resulting primarily from the role of work outside the home. In addition, few of the women indicated encouragement from medical advisers to breast feed. Finally, custom plays a central role in postpartum and infant care and may influence the women to not seek medical advice concerning postpartum and infant care problems.

Major policy implications from this study are to: increase government funding of prenatal, maternal, and infant health programmes that deal with community outreach and education; increase the funding base for existing health programmes so that the needs of the population may be met; and educate health care providers on the significance of custom in the lives of Mexican women so that custom may be integrated into health care practices in a positive way.

## Note

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