12-1-2008

Gender, Health and Mobility: Health Concerns of Women Migrant Farm Workers in Canada

Janet McLaughlin
Wilfrid Laurier University, janet.mclaug@gmail.com

Gender, Health and Mobility: Health Concerns of Women Migrant Farm Workers in Canada

Janet McLaughlin

The economic impacts of temporary labour migration, for both migrants and host countries, often overshadow and render invisible the social consequences.

Based on three years of ethnographic research in Mexico, Jamaica and Canada, this article addresses issues of health and health care among women migrant workers in Canada's Seasonal Agricultural Workers Program (SAWP). This temporary labour migration program annually employs some 20,000 workers from Mexico and the Caribbean in the Canadian agricultural industry.

Approximately three per cent of SAWP participants are women. In FOCALPoint's 2007 Special Edition on Migration, Kerry Preibisch demonstrated the ways in which women's migration is characterized by specific concerns, as they live and work in a "highly masculinized environment." Women's health is an especially important, yet neglected issue.

Occupational Health

Agriculture is among Canada's most precarious industries. Common occupational hazards for farm workers include exposure to agrochemicals, long days of work with few breaks, and continual bending and lifting, in climactic conditions of rain, extreme heat or cold. Pesticide exposure can cause acute symptoms such as eye, skin and throat irritations, as well as long-term problems, such as cancer. Many workers also experience back and neck pain; sometimes, accidents have caused fractures, permanent injuries or death. While both men and women may be exposed to these hazards, women experience them differently. Exposures can affect women's menstrual cycles and can cause infertility, miscarriages and pregnancy complications.

Sexual and Reproductive Health

Displaced from families and communities, migrants who are normally in their reproductive years may find solace and fulfillment in romantic and/or sexual partners in their temporary residence. Both men and women migrants risk contracting sexually transmitted infections, but women alone face the trauma of unwanted pregnancies. Pregnancies among migrant women are often unexpected and/or undesired. In the absence of affordable birth control and accessible health care, some women rely on contraceptive methods such as vinegar solutions, pills or "natural remedies" from home or seek unsafe abortion methods to terminate unwanted pregnancies.

When pregnant, many women continue to work despite the hazards of strenuous physical labour and chemical exposure. Others go home prematurely. Such women face the constant fear that their pregnancies may jeopardize their current or future employment at a time when they need financial stability more than ever. Fear keeps them from reporting their pregnancies, seeking prenatal care or maternal benefits or from asking for a modification of tasks to accommodate their changing physical needs and limitations.

Mental and Emotional Health

Many migrants experience mental health-related problems, especially depression and anxiety associated with long absences from family and homesickness, complicated by stressful living and working conditions in Canada. Women workers, who normally are single mothers, face a particularly challenging situation. They live in a paradox whereby they take on the traditionally male role of breadwinner, and in so doing abandon their socially inscribed roles as caregivers. Not surprisingly, they continually express the guilt and anxiety they feel for leaving their children behind. Some women report crying daily because they miss their children and feel that they are inadequate mothers.

Health Care Access

While they are in Canada, migrants have access to provincial health care, workers' compensation and private supplementary insurance. Barriers to accessing these provisions include constraints on workers' mobility and communication with employers. Sometimes communication is barred by language, but it may also be affected by workers' fear or intimidation. Em-

ployers can fire workers and thereby force the early repatriation of workers. In addition, migrants rely on employers to apply for and provide them with health cards. In some cases, employers withhold the cards and workers can only go to a doctor with an appointed supervisor, who also acts as a translator. This places women in a particularly difficult position; many do not feel comfortable being examined or revealing their health concerns in front of male superiors.

The transient nature of migrants' lives exacerbates problems accessing specialized services. Many women report difficulties accessing routine tests such as pap smears or mammograms, especially when follow-up tests or treatments are required. Afraid to ask for permission to seek health care or dissatisfied with the care they receive in Canada, many workers delay seeking treatment until they return home.

Cultivating Change

Migrant workers will remain structurally vulnerable to health concerns so long as they are excluded from social and political membership in Canada. The right to regularization is viewed by many as the only way to fundamentally address the structural inequalities and precarious nature of migrants' position. After decades of employment in Canada, many migrants would like the option to settle here and end the painful annual separations from their families or at least the freedom to come and go as family needs may arise. This is a particularly important concern for women as single mothers.

Immediate changes to address workers' vulnerability within the program could include giving them the right to freely change employers and an impartial appeals process for early repatriations and removals from the program. Workers that require medical care, including prenatal care, should be able to access it without the risk of being fired and deported. Workers should also be given job security. Women should not fear that they will lose their spot in the program for having become pregnant.

All workers should be given health cards upon their arrival to Canada and these cards should remain in their possession. Neutral female interpreters should be available to help women mediate health consultations. A comprehensive, long-term bi-national health insurance program, including birth control, should replace the current system. Further targeted efforts should be made to ensure that women have access to regular and follow-up exams.

Many community, labour and church groups have begun to fill some of the gaps left by policy. These efforts should be supported with sustained funding. Specialized, multilingual health services for migrant workers, such as mobile outreach, education and support initiatives, should be deployed. Gender-sensitive policy responses must consider the specific needs of both male and female migrants. As Canada deepens its dependency on migrant workers, Canadians should ensure that migrants receive the support they need to live healthy lives across borders.

Janet McLaughlin (janet.mclaughlin@utoronto.ca) is a PhD candidate in medical anthropology at the University of Toronto. She teaches sociology, anthropology and international development studies at the University of Guelph. *This research was supported by the Social Sciences and Humanities Research Council of Canada, IDRC, and the Institute for Work and Health.*

Court orders Ontario to allow agricultural workers to unionize

In a decision released on November 17, the Court of Appeal of Ontario concluded that the current Agricultural Employees Protection Act (AEPA) is constitutionally invalid and it "substantially impairs the capacity of agricultural workers to meaningfully exercise their right to bargain collectively." The provincial government has 12 months to deliver legislation that protects agricultural workers, including migrants, with the right to organize unions and bargain collectively. According to the United Food and Commercial Workers Union Canada, there were nearly 16,500 migrant farm workers employed in Ontario in 2005, largely from Mexico and the Caribbean, representing approximately 16.5 per cent of all agricultural workers in Ontario.

In drafting its new legislation, Ontario can look to Manitoba, which recently passed landmark legislation that will create a record of all employers who apply for work permits for temporary foreign workers as well as license Canadian recruiters.