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# Community Assessment of the Kanadier (Mexican) Mennonites: Final Report

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**Community Assessment of the  
Kanadier (Mexican) Mennonites**

**Final Report  
Prepared by**

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1995

## ACKNOWLEDGEMENTS

A variety of individuals and organizations contributed to the successful completion of the community assessment of the Kanadier (Mexican) Mennonites. The assessment was initiated after discussions with Sharon Yanicki at Barons-Eureka-Warner Health Unit (BEW) (now called Chinook Regional Health Authority). The ongoing support of Sharon, the Program Managers of BEW and the individual staff members was greatly appreciated. Four Public Health Nurses within BEW, who have formed their own committee to address Kanadier needs, provided insight and assistance throughout the project. My thanks to Hessina Bekkering, Diane Shaw, Carmen Torrie, and Sharon Myck. The other agency affiliated with the assessment, Kanadier Concerns, is also acknowledged for its assistance. In particular, Abe and Kathy Fehr, Mary Janzen and Bill Wiebe, who acted as interpreters during the household informant interviews and as cultural interpreters for myself and the students throughout the project are appreciated for their commitment to the Kanadier Mennonites. The students of N4500 Advanced Community Nursing willingly "went with the flow" of the project during numerous changes and alterations and completed high quality interviews and observations. These students--Rachel Bain, Laurie-Ann Baker, Arlene Chaibos, Leslie Coblenz, Marion Cote, Susan Davidge, Catherine Dickson, Sharon Dueck, Jean Groft, Shelly Hart, Betty Hnatyshyn, Anne Jamieson, Tanis LaRose, Sue-Ellen Lafave, Susan MacKinnon, Caroline Martin, Debbie Martin, Diane Meszaros, Shauna Neufeld, Suzanne Nicol, Tracy Oosterbroek, Michele Parent, Carole Requier, Terina Rindal, Carrie Rinker, Lori Weber, Wanda Wert, and Diane Wilson--devoted time and commitment; their efforts are sincerely appreciated. All the key informants and household members who were so willingly interviewed and shared their ideas and knowledge are greatly appreciated for without them the project could not have been completed. The Regional Center for Health Promotion and Community Studies is also acknowledged for providing financial support for this project. Jean Groft and Cathie Scott both willingly read the manuscript and provided valuable editing suggestions. Wendy Herbers typed this final report; her diligence is greatly appreciated.

## EXECUTIVE SUMMARY

A needs assessment was completed with the target group, the Kanadier Mennonites. This assessment was successfully completed through a partnership between the School of Nursing, University of Lethbridge Advanced Community Nursing class, the Barons-Eureka-Warner (BEW) Health Unit (now part of the Chinook Regional Health Authority) and the Mennonite Central Committee local office, the Kanadier Concerns.

Thirteen student teams conducted interviews with 22 key informants and 44 household informants. Male and female interpreters, fluent in English and Low German, were used as translators and cultural interpreters. The limitations include the inability to randomize the sample, the need to use interpreters which may have led to a loss in understanding, the misinterpretation by the student teams of some of the questions, or the inaccurate completion of the demographic information sheets by some of the student teams.

Demographic information was completed on both the key and household informants. Open-ended questions, developed by the student teams, were also used to generate information from the key informants. The key informants were from a variety of professional backgrounds including nursing, teaching and the agricultural sector. Fourteen of the 22 key informants were female; most of the key informants were between the ages of 41-45. The key informants indicated that the Kanadier Mennonites are a patriarchal culture within which education is not emphasized. The key informants noted the poor nutritional habits among the Kanadier Mennonites and the need for education among this group. The demographic information about the Kanadier Mennonite household informants illustrates the low education of both the male and female informants. Sixteen of the 24 females and 16 of the 20 men arrived in Canada in the last five years. Among female informants, frequent childbearing is a common practice. The range of pregnancies is from 1-11 with a number of females in the sample still childbearing. The range of children is from 1-9 with a mean of 4.7. A close examination of the individual pregnancy history indicates that most of the women have a child every one to two years. Although most of the Kanadier Mennonites interviewed were from Mexico, a few had lived in Paraguay and Belize.

The student teams used the Herberg (1989) Cultural Assessment Guide to interview the household informants. This guide is used to generate descriptive details and background information about a culture's value orientations and communication, interpersonal relationships, social systems, religion and magic, health and illness beliefs, and diet and nutrition habits. For example, information about dating, engagements and weddings indicate the innocence and simplicity of these events among the Kanadier Mennonites in comparison to the norms here in North America. Among the Kanadier Mennonites, there are no engagement or wedding rings. The women dress in either a plain black or brown dress and the ceremony is part of the regular church service. The young couple choose to live with the extended family based on the practical consideration of space but will get their own home eventually. Several themes were noted throughout the data including the family-oriented patriarchal system among the Kanadier Mennonites, the following of religious authorities without question, and the lack of emphasis on education. Consequently, children have few opportunities to complete high school.

The most pressing need among the Kanadier Mennonites identified by this assessment include the need for education. Education is required at various levels and needs to target all community members. There is a need for English classes for the adults and health education for men, women and children about dental hygiene, nutrition and prenatal care. Concepts such as germs and more complex issues such as anatomy and physiology need to

be explained in terms that are understandable. Recommendations for meeting these needs include the need for church permission and acceptance by the community. Church leaders and other men will need to be included in the planning. Health education sessions need to be taught in a way that is understandable to the audience; the use of interpreters, simple drawings and translated materials all need to be discussed. The development of a community-based center in a rural location inhabited by Kanadier Mennonites needs to be considered because this group's need to access health services beyond the usual hours of health clinics and the benefits of providing comprehensive care to this group.

Recommendations to health care professionals include the need to work with the Kanadier Mennonites in a multi-disciplinary fashion and to incorporate cultural assessments within their interviews and assessments of Kanadier Mennonites. A number of other research studies could be carried out with the Kanadier Mennonites to further understand this unique group. These projects include, but are not limited to, exploring childbearing and childrearing practices, the incidence of alcohol abuse and family violence among this group, the incidence of farm-related injuries among this group and the relationship between transiency and child development and educational attainment. Concerns remain about the potential for change among this group due to the interactions as suggested above; such change is not desired nor supported by the Kanadier Mennonites.

## Community Assessment of the Kanadier (Mexican) Mennonites

The multicultural face of our nation is continually changing as new arrivals resettle from countries around the globe. However, another group of people often neglected in demographics and sociological and health-related studies are the Kanadier (Mexican) Mennonites in Alberta, Manitoba and Ontario. This report addresses the Kanadier Mennonites who are currently living in Southern Alberta. A community assessment was completed by the N4500 Advanced Community Nursing class in collaboration with the Barons-Eureka-Warner Health Unit (BEW) (now incorporated within the Chinook Regional Health Authority). This assessment included interviews with key informants and with household members of Kanadier homes. In this report, the purpose, development of the project, data collection and analysis, and presentation of the findings and recommendations are all addressed.

### Purpose

The purpose of any needs assessment is to collect useful data about a community (Goeppinger & Shuster, 1992); the community assessment of the Kanadier Mennonites was no exception. It was noted by the collaborating partner (BEW) that there was an increase among their clientele of Kanaidiers over the last few years, but background information regarding this group was not well established. This group of people was viewed as a unique cultural group with particular religious beliefs, but also as a migrant work group because of the movement back and forth between Mexico and Canada, and between Alberta, Ontario, and Manitoba for economic reasons. Kanadier Mennonites have a number of different perceived needs stemming from their background--it was unclear whether the perceived and actual needs matched.

The goals then of the community assessment were to: a) ascertain information about the cultural backgrounds of the Kanadier Mennonites; and b) identify the needs of the Kanadier Mennonites.

### Literature Review

Three subsections of the literature are useful to the current discussion of the Kanadier Mennonites: Community Health, The Kanadier (Mexican) Mennonites and Migrant Workers. Each will be now discussed.

#### Community Health

Community health nurses<sup>1</sup> (CHN) work with a variety of individuals throughout the lifespan in settings such as homes, schools, community clinics and occupational settings (Stanhope & Lancaster, 1992). The focus of a CHN's work is to address the collective needs of communities through immunizations, home visits of postpartum mothers and babies, health education and promotion, and community assessments. The latter usually requires a team effort because of the complexity of the activity. Community assessments provide baseline data that in turn can stimulate program development and implementation. Assessments are particularly useful in noting trends and changes among groups of people (Goeppinger & Shuster, 1992).

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<sup>1</sup> In this report, the terms "community health nurse" and "public health nurse" are used interchangeably.

Community assessments are necessary to meet the needs of the community but are particularly important because of the health care reform process that is underway. The Chinook Regional Health Authority (CRHA) is responsible for institutional and community-based care in the region that extends from the British Columbia border to the west, the United States border to the south, to Barons in the north and to Taber in the east. The emphasis on uniform services for the entire population may not meet the needs of culturally diverse groups or individuals with other unique needs. Therefore, community assessments of groups, such as the Kanadier Mennonites, serve not only to document specific needs of the Kanadier people, but can also educate the CRHA about the unique groups living in our area.

### The Kanadier (Mexican) Mennonites

Just who the Kanadier (Mexican) Mennonites are is a complicated question that dates back in history to the 1500s. Appendix A contains a detailed literature review of this group of people. This review was prepared by Jean Groft and Marion Cote, two students within the Advanced Community Nursing course; it has been included here in its entirety because of the useful information it provides.

In this report, the term "Kandier"<sup>2</sup> is used to refer to Mexican Mennonites, or those individuals of the Mennonite faith who lived in Canada in the early 1900s then moved to Mexico, and now they, and/or their descendants are returning for primarily economic reasons. However, the initial arrivals included those who were unhappy with the strict religious doctrine (Janzen, 1988, October); this may be an additional reason why Kandiars continue to leave Mexico and Central and South America. Also noteworthy is that in Mexico, the people were taught that if they left Mexico they would be rejecting God (Janzen, 1988, October). To take such a risk indicates the desperation experienced by those returning to Canada. What is striking about this group of Mennonites is their lack of desire to change; in the past they were able to relocate in order to isolate themselves from external influences. This is becoming less of a possibility because of economic pressures and the increasing disenchantment with the strict religious life. They are thrust then into a very different environment and some are suffering the consequences of that. Unpublished pamphlets and reports from the Mennonite Central Committee (MCC) provide some information about this group, but precise statistics and information is largely unknown. We do know that the Kandiars have returned to Alberta and Manitoba and are also resettling in Ontario (historically they did not live in that province) because the agrarian employment they seek is most often available to them in these provinces. However, there is now an indication that Alberta is more frequently the current destination of this group because of the lack of suitable employment in the other two provinces.<sup>3</sup> In Southern Alberta, the sugar beet farms, livestock operations, dairy farms, and potato farms have become natural places for the Kandiars to work.

A precise demographic profile of the Kandiars is not available at this time; however, Petker (1993) lists the number of Kanadier families in each of the towns where they

<sup>2</sup> Kanadier is a name recently suggested to refer to this group. Interestingly, most key informants were not familiar with the term and the Kandiars themselves referred to themselves as Mennonites from Mexico or Mexican Mennonites. Discussion with other individuals who work with Kanadier Mennonites in other provinces indicates that the term Kanadier Mennonites is not used. However, the term Mexican Mennonite is misleading because this group also lives in Central and South America.

<sup>3</sup> Ontario mechanized potato farming in the last year, decreasing opportunities for employment for Kanadier Mennonites (K. Edmonds, Personal communication, May 7, 1995).



usually lived based on the survey he completed in 1993 (see Appendix B). Recent estimates indicate that as many as 200 families are expected to arrive in Southern Alberta in 1995. With an average of six persons per family, this would mean 1200 individuals. This, combined with the number of those already living in Southern Alberta, sets the population at approximately 3,051<sup>4</sup>--a significant size for this area of the province. Most of the Kanadiers (90%) are from Mexico with only 8% from Belize (A. Fehr, Personal Communication, December 14, 1994).

As pointed out in the literature review, Kanadier Mennonites have particular religious beliefs that have set them apart from mainstream society but also from other Mennonite groups. Detailed reports about the Kanadier Mennonites' culture and lifestyle could not be located, however one published article exists that discusses the application of cultural information of Old Colony Mennonites<sup>5</sup> in a school setting (Edmunds, 1993). It is the only published material that focuses on health among this population. In this study two key and five general informants were interviewed to ascertain information such as the beliefs and practices related to maternal-child health among Old Colony Mennonites and how the health or well-being of women is influenced. Precise information about the informants was not available, but the information generated from them complemented the information found in the literature. For example, Edmunds found that family planning was not supported and that the family system is patriarchal. There is an emphasis on respect for tradition and a desire to maintain their religious beliefs while keeping separate from the mainstream society. The formal health care system is used alongside the informal system which includes chiropractors, midwives and lay pharmacists. Privacy is to be maintained regarding sexual matters and there is limited discussion between mothers and daughters about childbearing. The end result of the study was the presentation of material related to puberty in a culturally sensitive manner to Old Colony parents and students. There is a clear need for further research and community-based projects among this group. This current report presents baseline information to help fill that gap.

### Migrant Workers

Migrant workers have been noted to have particular health needs related to their transient lifestyle. Although there is no literature that addresses Kanadier Mennonites as migrant workers, other literature that focuses on the latter is included because of its relevance regarding health needs and programs designed to meet these needs.

The literature on migrant workers is American-based, and focuses predominantly on the Spanish-speaking populations. However, other groups such as African-American, Haitians and Caucasians are also migrant workers. There are actually three migratory streams in the United States--the west coast, the central states and the east coast (Watkins, Larson, Harlan, & Young, 1990). Schneider (1986) elaborates by stating that within the west coast migratory stream the migrants move from Texas, California and other southwestern states to all of the western states, those in the central states migratory stream migrate from Texas north, and those in the east coast migratory stream originate in Texas, Puerto Rico and Florida and migrate north while other migrants in this stream move from Haiti to the east coast or south from New York and

<sup>4</sup> Other undocumented estimates set this number as high as 5,600 because Petker's figures did not include those who are not in contract with Kanadier Concerns, a MCC sub-office that focuses on assisting Kanadier Mennonites to resettle.

<sup>5</sup> Old Colony Mennonites is a term used to describe the Kanadier Mennonites with a particular church affiliation.

Canada.<sup>6</sup> Bechtel, Shepherd and Rogers (1995) discuss a needs assessment of migrant farm workers in southern Georgia. Senior baccalaureate nursing students collected the data over a two-week period from 225 women, men and children in five migrant health camps. The farm workers were specifically assessed for their immunization status, barriers to health care, women's and children's health, and occupation-related health factors. The major findings include the low status of particular immunizations for both women and children, the exposure of the farm workers to pesticides, chemicals, and heat, and unsanitary living and work conditions. Barriers included the sense of powerlessness, language and culture differences, low income levels and the limitations of health resources. The health centers were not open during evenings, a prime time for the migrant farm workers to access them. Due to the lack of socialized medicine, the farm workers were not able to afford the care and the loss of income if they were not at work during the daytime. The authors found that alcohol and snacks were purchased but other items such as nutritious food were not provided and dental care was not sought. Health issues identified included major dental problems, family violence, early marriage and childbearing (between the ages of 13-17). The constant relocation led to fragmentary health service use and to low educational attainment, thus perpetuating the social and financial problems. Recommendations from the authors include the need for health care professionals to be more culturally sensitive and for the provision of health services during evening and weekend hours. Slesinger and Ofstead (1993) concur with these findings pointing out the large numbers of migrant workers who live in continual poverty.

Migrant farm worker health projects do exist (Brown & Barton, 1992; Poss & Meeks, 1994). Brown and Barton discuss a collaborative project between a nursing program and a migrant health program in Colorado. The students receive preparation to work in the program within their nursing courses and then provide care to migrant farm workers, including giving immunizations, screening adults and incorporating health teaching. The Niagara County Migrant Clinic in New York state began in 1970 and is funded from various agencies, including religious denominations and governmental departments (Poss & Meeks, 1994). Public health nurses, nurse practitioners, dentists, physicians and medical residents all provide care to the 600-700 migrant workers in the area. Efforts are made to coordinate care and to network with other health agencies in the home location of the worker when follow-up is required. Watkins, Larson, Harlan and Young (1990) discuss a program designed to provide health services to migrant women and children. These groups are particularly vulnerable because of the lower incidence of prenatal care that is sought in pregnancy, and the higher incidence of respiratory, infectious and digestive diseases among migrant workers. The program that was developed is multidisciplinary but also trains migrant women to be lay health advisors. Positive outcomes of the program include the increase of women seeking prenatal care sooner and an increase in preventive health services obtained by children.

#### Method

The community assessment was completed in collaboration with the Barons-Eureka-Warner Health Unit by the School of Nursing Advanced Community Nursing class. An

<sup>6</sup> In comparison, Canada could be described as having two migratory streams--a central stream which would originate in Mexico or the other Latin American countries with migration of the Kanadier Mennonites to Ontario and Manitoba, and a western stream that extends from Mexico and the other Latin America countries to Alberta. Within each migratory stream area, there is often continual migration as well as migration between the two migratory streams.

additional contributing agency was Kanadier Concerns, a MCC agency based in Lethbridge to address the needs of the Kanadier people.

### Role of the Partners

The students enrolled in the Advanced Community Nursing class had the opportunity to work as a group in completing the community assessment of the Kanadier Mennonites. Although historically this course emphasized community assessments completed by individuals, the class in 1994 completed a needs assessment of the Magrath Municipal District (Kulig, Brandt, & Wilde, no date). The Kanadier assessment was based on the same process and principles with alterations made as necessary to ensure that the project was appropriate. The students in the course are Registered Nurses (RNs) who are completing their baccalaureate degree requirements. Working in groups of two or three allowed the students to collect data on a reasonable sample while contributing to the overall assessment. The author of this report is also the instructor of the Advanced Community Nursing class; it was her responsibility to develop the project, liaise with the partners, prepare the students to complete the interviews, oversee the project's implementation, and prepare the final report based on the student teams' papers and data.

Barons-Eureka-Warner Health Unit provided information about their work with the Kanadier Mennonites and provided assistance in locating and gaining access to Kanadier Mennonites. Initial and ongoing meetings with the Director of Nursing and the four public health nurses who work to address Kanadier concerns proved invaluable in the design and implementation of the project.

Kanadier Concerns, through Abe Fehr, provided assistance in locating interpreters who worked within this project. That group (Abe and Kathy Fehr, Mary Janzen and Bill Wiebe) came to one of the classes in Advanced Community Nursing and presented information relevant to the Kanadier peoples. After that, arrangements were made between the student teams and the interpreters to set up household interviews. The instructor/project coordinator communicated with all the interpreters to ensure that the project ran smoothly.

### Preparing the Students

Those students enrolled in the Advanced Community Nursing class were prepared for the successful completion of the community assessment in several ways. First, three classes were taught within the course that addressed community assessments in general, including cultural assessments, and then focused on the specific assessment at hand, including the Kanadier Concerns presentation. Second, the students' reading list included Scrimshaw and Hurtado's (1987) book on rapid assessments which emphasizes primary health care and rapid assessment of specific communities. This book, and additional readings, provided background information to the students about data collection, analysis and report writing. Third, the students were encouraged to view the Cultural Assessment video-tape (Kulig, 1992) to provide an understanding of cultural assessment and how to complete one. In addition, most of the students had successfully completed N4701, Transcultural Nursing and therefore had knowledge about cultural assessments and about working with culturally diverse people. Fourth, the author/instructor completed a pilot interview with a Kanadier couple to "test out" the demographic information sheet and the style and type of questions that would be asked. A copy of this interview transcript was given to each student followed by a lengthy discussion of the process and the content of the interview. The students therefore used

the pilot interview to develop questions for their own interviews. This pilot interview has not been included in the data analysis of the interviews completed by the students. Fifth, beyond the above discussion, the students were taught about the interview process (how to begin the interviews, how to ask the questions, and how to end the interview). The meanings of human subjects approval, confidentiality, and anonymity were also reviewed. Sixth, the students were prepared for data analysis by being provided with qualitative interviews, collected within another study, that had been color coded and analyzed. The color coding process was explained as a method of identifying the themes during several readings of the interview transcripts. This process assisted the students in managing the data, a task that can be daunting to beginning researchers. Seventh, during the data collection, each class session included time to discuss the progress of the teams and address any concerns or problems. At this time the students could share their difficulties and receive support and suggestions from their fellow students and the author/instructor. It also allowed the author/instructor to monitor the progress of the project. Finally, an entire class session near the end of the course was devoted to discussing the data that had been collected by the students in order to assist them with the report writing.

### Data Collection Tools

A variety of data gathering tools was used in order to collect the type of data required in this assessment. The key informant questionnaire in Appendix C was developed by the students in one of the classes. The initial questionnaire was developed one week and reviewed and revised the following week. The goal of the interviews with the key informants was to generate as much information as possible through open-ended questions. The household informant demographic sheet is in Appendix D. This sheet was developed by the author of this report with revisions suggested by the staff of Kanadier Concerns; unfortunately the category regarding writing and reading in Low German was removed on this advice although later it was discovered it should have been included. An actual interview form for the household informants does not exist in the formal sense. Instead, the Cultural Assessment Guide by Herberg (1989) was used as a guide in preparing open-ended questions (see Appendix E). The Cultural Assessment (Kulig, 1992) video-tape was developed using this guide and therefore served as an example for the students. The Herberg guide emphasizes open-ended questions; these allow for the exploration of beliefs and practises of any group and are particularly useful for the Kanadier Mennonites because both the beliefs and practises of this group are poorly understood. At the end of the household informant interviews, the informants were asked about their specific health needs since arriving in Canada.

The students were given Activity Records to complete that included columns for each specific activity they completed in the project and the time taken for each (see Appendix F). This sheet allowed for a more accurate representation of the time the students devoted to the project and the number of weeks it took to complete.

Additional data collection material that had been developed, but not used, included a focus group recorder sheet. Unfortunately, due to circumstances beyond our control the focus groups had to be eliminated from the data collection process.

### Human Subjects Approval

The University of Lethbridge Human Subjects Approval Committee granted approval for the completion of this project. The consent forms in Appendix G and H were used for this project. Great care was taken to ensure the informants understood confidentiality and

anonymity. Although the consent forms were not translated into German, they were verbally translated into that language by the interpreters if the informant's command of English was limited. All the data that the students collected has been handed in for safe keeping; duplicates of the pilot interview have been shredded.

### Data Collection and Analysis

During the preparation of the students, they were encouraged to determine their own teams. Eleven pairs and two groups of three students were subsequently created. A group method such as this allows for the development of collegiality while addressing practical concerns (i.e., safety). Each group completed both key informant and household informant interviews, the transcripts of which were assigned unique numbers in order to maintain accuracy and prevent confusion when all the data was handed in to the author/instructor.

Key informants were suggested by the BEW sub-committee on Kanadiers; other names were generated from other contacts or from the key informants themselves. Initial telephone calls to the potential key informants were made by the author/instructor; only one individual refused to participate. A list of those who had agreed to participate was compiled and then randomly assigned to the student groups; each group interviewed at least one and in some cases up to three key informants. The key informants were contacted by the student teams and interviews were set up according to the availability of all involved; these interviews took 45-90 minutes to complete and were conducted in the informant's home, workplace or other suitable location. Consent was obtained at the outset after an explanation regarding the key informant's rights to withdraw or not answer certain questions; confidentiality and anonymity were assured (see Appendix G). The key informant questionnaire in Appendix C was used with one of the students conducting the interview while the other took notes. Tape recorders were not used in any of the data collection. When they returned home, the students typed or hand wrote the notes in full.

The household informant names were predominantly suggested by the BEW Health Unit staff with additional families suggested by Kanadier Concerns. BEW obtained a preliminary consent from the families and gave these names to the author/instructor. The latter compiled the list and passed this information on to the interpreters who lived in the geographic vicinity of the families. For example, one of the interpreters lived northeast of Lethbridge in a small town where a number of Kanadier Mennonites lived; this individual was given the names of those families living in that region who had agreed to participate. The families were then contacted by the interpreter and allowed to withdraw if they so chose. It was not possible to randomize the household informant sample because no master list exists of the Kanadier families and because of the complexity in arranging interviews. For example, the students had school and personal commitments and the interpreters had employment and personal commitments leading to difficulties in scheduling interviews. An additional factor was the distance to the homes of the household informants (up to 75 minutes one way). For this reason, two households were interviewed on the same day (or evening) thereby necessitating the interpreter to simply match families and students who were available. Previous to the interviews beginning north-east of Lethbridge, the interpreter in that region went to the local Mennonite church to explain the project and to seek and obtain the church elders' permission to proceed with interviews.

The household informants were interviewed in their homes in the daytime or the evenings. In some instances the husband requested that he be present and hence the interviews were conducted in the evening hours or on Saturdays or Sundays to

accommodate this request. Otherwise, the woman was interviewed during the day while her husband worked. The interviews lasted for 45 minutes - 2 hours and included the completion of the consent (Appendix H), demographic form (Appendix D) and Cultural Assessment Guide (Appendix E). Careful consideration was given to the consent and explaining that they did not have to participate, did not have to answer all the questions, and that they could stop the interview at any time. Reassurance was provided regarding anonymity and confidentiality. In a few instances the students noted discomfort in the home, but in all these cases the family members became more comfortable as the interview proceeded. One student conducted the interview and the other took notes; no tape recording was done. As with the key informants, the notes were typed after the students returned home. However, for the households, observational notes of the setting of the family's home, clothing, activities and the atmosphere in general were included with the verbatim account of the interview to provide additional information about the Kanadier Mennonites.

After the students completed their data collection, they read and re-read the material to begin to generate themes and categories. Most students followed the color-coding method for analysis. The Cultural Assessment Guide's themes (e.g., Interpersonal Relationships, Communications) were used as larger themes within which to categorize the data. Other categories were developed as necessary.

#### Limitations

There are several limitations of this project.

1. The household informants were not randomly selected and may not adequately represent the entire group of Mennonites.
2. Despite the attention to preparing the students, not all students completed interviews that dealt with all the issues in enough depth. As well, not every student team devoted the same attention to completing the demographic information. A potential bias was that the students were provided with information about the Kanadier Mennonites that emphasized their patriarchal system, this may have inadvertently alerted the students to observe for behaviors between men and women that depicted such beliefs.
3. The original intention was to have a larger household informant sample size but this was not possible. The small size presented here may not accurately reflect the range of beliefs and practices held by the Kanadier Mennonites.
4. Interpreters were necessary because of the limited English among the household informants; some of the meaning may have been lost in the translation.
5. Despite the careful attention to the questionnaire development, a few questions were ambiguous and open to interpretation by the student teams.

#### Findings

Each student team individually collected and analyzed their data and then wrote a paper compiling all relevant information. This final report has been compiled from those team papers and data that were handed into the author/instructor. In some cases, the student team may not have included information that was generated during the interviews; such information has therefore been included here.

The perspectives of the key informants is included first, followed by the information compiled from the household informants.

### Key Informants

Key informants are "professional experts, community leaders, politicians and entrepreneurs who are in touch with the needs of the community and who are in positions to support new community programs" (Stanhope & Lancaster, 1992, p. 938). These individuals, therefore, have a unique perspective relevant to the situation being addressed, in this case the Kanadier Mennonites. Despite their unique knowledge, the key informants' ideas need to be considered relative to who they are and the type of interactions they have with the target population. The original intention was to interview 12-15 key informants, instead 22 were interviewed. This change occurred because a number of individuals were suggested who had specific experiences with Kanadiers that could provide insights to the project. An additional reason for increasing the number of key informants was because the number of household informants interviewed had to be decreased due to unforeseen difficulties during the project. It was thought best, therefore, to incorporate more key informants to ensure adequate data was obtained. The demographic profile of the key informants in Table 1 indicates that most were female and all key informants were predominantly between 36-50 years of age.

The key informants held a variety of jobs that ranged from the agricultural sector to health and education services. Several of those in the agricultural sector employed the Kanadiers on a year-round or seasonal basis. Two of these men have hired Kanadiers for the past 22 years. Some of the key informants in the agricultural sector hire as many as 45 Kanadiers during the harvest season. Those in the health sector work with the Kanadiers as nurses (hospital and community-based) or interpreters. Some of these key informants have become friends with the Kanadiers and feel that other mainstream Canadians do not understand the Kanadier group. The third main group that was included in the key informant sample are those who work in the education field. These informants have worked as teacher's aides, public school teachers, and English as a Second Language (ESL) teachers with the Kanadier Mennonites. ESL classes are offered for the adults in the evenings in several small towns where the Kanadiers reside. The classes are appreciated and need to be continued. One of the ESL teachers remarked that she has had Kanadier Mennonites as students since the 1950s. Generally speaking, the key informants described the Kanadier Mennonites as polite and pleasant.

All the key informants were asked what they know and understand about the Kanadier Mennonites. By far, the common response was that the Kanadiers are a patriarchal culture. Women are described as subservient and subject to physical abuse from both their husbands and sons.<sup>7</sup> Men are seen as the major decision-makers and "do all the talking." Women and men segregate themselves, sitting in separate groups. Women frequently do not drive and are dependent upon their husbands to transport them to appointments. This factor leads to difficulties at some of the work sites. The Kanadiers tend to have large families and thus time off to attend medical and other appointments takes considerable time away from the men's employment. Some of the agricultural sector key informants admit to paying the Kanadier men on an hourly basis although no correlation was stated between this and excessive time off. However, some of these key informants generalized by stating that the Kanadiers work better by the hour than by the month. An inter-related factor is the alcohol abuse noted among the men by a number of

<sup>7</sup> One key informant noted that the physical violence is a contradiction to the Kanadier Mennonite religious doctrine that emphasizes pacifism.

different key informants. There was concern that the men spend their wages on alcohol rather than necessities such as food. One key informant indicated that she recognized a Kanadier man's name in the newspaper who had been charged with drug trafficking. Some of the key informants felt that the alcohol abuse may have been a result of influence from the mainstream culture whereas others believed that the alcohol abuse also occurred in Mexico. According to some of the key informants, children are also physically abused; one key informant noted that a child had been beaten because he had taken some food that was intended for his father.

The Kanadier Mennonites are perceived as an isolated group of people who want to remain separate from the mainstream Canadian society. This is inter-related with their religious background, but the latter is poorly understood by most of the key informants. A few mentioned that the Kanadier Mennonites' religion is ultra-conservative and that they must do what their religion says. One even questioned if they had a religious background given the men's alcohol abuse. Only one informant indicated an awareness of three different churches within the Mennonite community, ranging from the traditional to the more liberal. The isolation of the Kanadier Mennonites is seen as preventing the group as a whole from learning about Canadian society and institutions (public health units, ESL programs) that may assist the Kanaidiers when they arrive here. Some of the men in the agricultural sector realize the Kanaidiers have different holidays, but do not understand their significance.

Most of the key informants recognize that the Kanadier Mennonites have a simplistic view of the world with little understanding of complex things such as the solar system. They tend not to understand abstract concepts nor how geographically large the world is. For example, after arriving in Southern Alberta one Kanadier man was still surprised about the distance between Mexico and Canada. One key informant described them as gullible, believing stories printed in magazines such as the National Enquirer. Furthermore, the key informants recognized that the Kanadier Mennonites have a fatalistic attitude to illness and take few measures to address prevention or to deal with the illness. Their fatalistic attitude, lack of education and simplistic view of the world can lead to inappropriate actions when caring for a sick individual. One example was that one Kanadier Mennonite couple kept giving a child acetylsalicylic acid (aspirin) beyond the normal dosage and without medical consultation. Unfortunately the child became very ill and had to be rushed to the hospital. Although most key informants recognize that large families are the norm in Kanadier homes, some know women who use Norplant or Depo-Provera<sup>8</sup> to space births. A few key informants provided examples of the Kanadier Mennonites' unique health beliefs and practices. For example, one Kanadier man told a key informant that urinating on a cut will induce healing. One other key informant stated a man with acne was told to roast a rattlesnake and eat it. This he did but he began to have nightmares about having the devil inside him. For several days the man vomited all his food. The man believed this had removed all the snake/devil inside him, thereafter his stomach settled and his acne cleared. Silver teeth and fillings are seen as a status symbol among this group although many have never seen a dentist.

Almost all the key informants noted that they need to learn more about the Kanadier Mennonites. Several issues were also noted by the key informants. The inability to communicate with the Kanaidiers due to their lack of English and illiteracy in their own language was described repeatedly. The most frequent example of the inadequacy of the

<sup>8</sup> Depo-provera is the injectable form of birth control that is effective for three months; Norplant is the implant in the woman's upper arm that is effective for up to five years.



low German language was the lack of a word for germ. This, combined with the Kanadier Mennonites' fatalistic attitudes towards illnesses, provides challenges to health care professionals who work with this group.

Education is not emphasized among the Kanadier Mennonites as noted by the key informants. The transient nature of the Kanadiers results in children being removed from classrooms up to several times per year. This disruption, coupled with the parents' low education and lack of encouragement to do homework after school, leads to the Kanadier Mennonite children doing poorly in the structured classroom. As well, children are removed from classrooms to work in the fields and earn money. The children in school may also be exposed to teasing and other cruelties from classmates because of the Kanadier Mennonite clothing, food and sporadic hygienic practises. Consequently in some homes, home schooling is being used. The Kanadier Mennonites do not always support the way content is taught in Canadian schools. One example is that Kanadier parents had seen a preserved human fetus and skull in the science lab. The parents were extremely upset and felt that such things should not be discussed. Several informants felt that truancy policies should be enforced among this group of people; another informant felt that Kanadiers need to understand the relationship between the cost of education and the Canadian taxpayer. Teacher's aides and speech therapists work with these children because of learning and speech difficulties. The mothers of the Kanadier children, in general, are seen as overwhelmed with rapid and successive pregnancies and without extended family support and hence are not always able to provide the time needed for each of their children. According to the key informants, the husbands are not involved in child care tasks and other domestic chores although this varies among families. A few key informants know some younger Kanadier Mennonites who want their children to receive more education. Some of the key informants have also wondered about inter-marriages between family members (i.e., between first and/or second cousins) and the possible influence this has on the children's development. It is difficult to separate the numerous variables (i.e., transient population, low parental education, frequent pregnancies among the women) that influence the children's learning abilities.

Poor nutrition was frequently noted by the key informants. Various examples were provided including children who are given a piece of fried bread and a raw wiener for their lunch and infants who are supplemented with jello water and/or koolaid until the mother's milk is sufficient. The mothers apparently often delay breastfeeding until they are at home because of the extreme shyness in exposing their bodies. This, in turn, leads to a delayed milk supply. Poor nutrition is also noted among adults who ingest high quantities of sugars in the form of candy, pop and processed foods. Poor nutrition, combined with poor dietary habits, leads to a decreased state of health in general.

A final issue noted by the key informants is that there are two groups of Kanadier Mennonites--the have's and the have not's. There was recognition that some families have done much better financially than others, leading to divisions within the community. Most key informants do not see the Kanadier Mennonites as helping one another, but rather being intent on individual success. This illustrates another incongruence between religious doctrine and behaviors.

### Identified Needs

Despite the range of answers about the Kanadier Mennonites, the needs of this group were generally agreed upon. Education and acquisition of the English language were the most common needs. Education ranges from health education on a variety of topics, to

public education for the children and education for the parents about Canadian services and institutions. However, a couple of the key informants felt that the Kanadier Mennonites "figure out and abuse" the "system" early on and do not require this information. One of the foremost education needs relates to nutrition because of the poor dietary habits of some families. Another perceived need is for the women to be treated better and to be allowed more rights. Inter-related with this is the need to have organized health and/or education sessions for the women that would provide transportation and child care. A group activity would also decrease the isolation that is keenly felt by the Kanadier Mennonite women. Education about family planning in particular was another need addressed by the key informants. The large families are perceived as leading to further social isolation and economic problems. One key informant rightly mentioned the need to incorporate elders in planning programs to ensure acceptance. Some key informants felt that no special programs should be developed for the Kanadier Mennonites, but that they should fit into the programs that have been established for all Canadians.

#### Household Informants

In the original planning of the project, it was expected that 40-50 household informants and 4 focus groups of 6-8 people each would be included in the sample. However, unexpected problems arose within the project resulting in the cancellation of the focus groups and a decrease in the number of household informants interviewed. Although this may be seen as a limitation, the sample was chosen from different geographic areas in Southern Alberta and included Kanadier Mennonites from different church affiliations.

The student teams went with the interpreters to conduct the interviews. Considerable time was used to travel back and forth to the interview sites, permitting the students and the interpreter to discuss the interview and the experience in general. Such debriefing provided for a cathartic release among the students while enabling them to gain an understanding of the data that had been generated. The interviews lasted from 45 minutes to two hours with the average time being just over one hour. The household informants were provided a detailed explanation of the study in low German with an opportunity to ask questions. They were assured that they could withdraw, stop the interview at any time or to refuse to answer any questions. The consent in Appendix H was used; some informants could not write their name and had to sign with an "X." Although at times the informants were initially nervous, such apprehension was appeased during the interview and informants talked at length, even on some topics that were originally mentioned as "taboo" (birth control, divorce, premarital sex). The student teams and interpreters were also open and willing to answer health-related questions or deal with any concerns that the informants had. In one instance, the interview was completed in 45 minutes in order for the research team to go with the family to a local hospital because the informant's baby was ill and the interpreter could assist with the interaction between the Kanadier Mennonite family and the health care professionals.

In this project, household informants include all those who "share a fire" (Scrimshaw & Hurtado, 1987) and hence all adults living in a household could potentially be interviewed. In some cases the couple was interviewed, in others just the wife or the husband was interviewed. In total, 28 households were interviewed. Within the households, 24 women and 20 men were interviewed. The student teams noted certain behaviors among the wives when their husbands were present which were absent when the women were interviewed alone. The wives were often more reticent and waited for

the husbands to answer the questions. In some cases even directly asking the wife for her opinion did not elicit a response from her.

The student teams did not tape record the interviews, but took notes that were later transcribed verbatim. Detailed observational notes were also recorded that provide information about the setting and the informants' and their family's clothing and activities. These additional notes provide a broader context within which to understand the Kanadier Mennonite people. For example, details about clothing inform us about religious practices and acculturation.

Some of the demographics of the sample are illustrated in Tables 2, 3 and 4. Additional demographic information that was collected indicates that the women were between the ages of 20-53 with a mean age of 31 years. Only one was born in Bolivia, the rest were all born in Mexico but several had lived in Belize or Paraguay before resettling in Canada. The current sample lives all over Southern Alberta but the majority live in the areas that are heavily populated by Kanadiers. Twenty-one of the women are Canadian citizens whereas three are landed immigrants.<sup>9</sup> As Table 2 shows, the women have a low education level. One of the women in the sample who had had six years of education in Mexico has since received her grade 12 diploma in Alberta. The women received their education in Mexico, Bolivia, Belize, Ontario, or in both Ontario and Mexico. Since arriving in Alberta, seven have taken ESL classes whereas nine have not taken such classes. Eight women were not asked about their attendance at ESL classes. Eleven of the women would like to take classes and felt that evening classes, provision of child care and teaching close to their home would all assist in accomplishing that. Interestingly, nine were not interested in ESL. Table 2 indicates that a few of the women were asked about their competency in reading and writing Low German. We had been advised to remove these categories although later it was learned they should have been retained. A few student teams had asked these questions anyway and the information is included here. In some cases the total responses for the yes/no categories under Language Competency do not add up to the total sample size. Not all students completed the "no" category and one demographic sheet was inadvertently misplaced. In the case of the latter, the majority of the information was incorporated from memory although a few categories were missing.

All the women are married and it is assumed that they are in their first marriage, but this was not clarified.<sup>10</sup> The majority of the women (n=18) were primarily housewives before coming to Canada; only four stated that they were housewives and involved in farming. This variation in answer may be an individual interpretation because most Kanadier women are also involved in farm-related chores (e.g., feeding the chickens, milking the cows). In Alberta, the women are primarily housewives although one works on a turkey farm, three others are involved in farming and two baby-sit or houseclean for paying customers.

Although in Mexico the majority of their spouses (n=17) were involved in farming, one worked in a cheese factory and six others held jobs such as construction work, truck

<sup>9</sup> Some of the women and men are Canadian citizens because their parents or grandparents have Canadian citizenship status. This practise, of allowing the children to apply for citizenship without having lived in Canada, is not unique to Kanadier Mennonites but is common among other groups. For example, children born in the United States of a Canadian mother and American father are automatically eligible for Canadian citizenship. There are some European countries (France, Germany) who have similar policies--children born in Canada to parents who were born in France are eligible for French citizenship.

<sup>10</sup> It is my understanding that if widowed, the individual marries again soon after.

driving, and welding. Although a few spouses here hold such alternative positions, most (n=13) are involved in farming and four others have jobs within the agricultural sector at turkey farms, feedlots and potato factories.

Table 2 provides a breakdown of the years since arrival. The range is from two weeks - 29 years with a mean of 5.8 years. Seventeen of the women arrived in Alberta whereas six arrived in Ontario initially; the initial place of arrival for one woman is unknown.

All of the household informants were asked if they returned to Mexico to visit. Although 22 indicated that they did, their answers do not indicate a high frequency of extended visits. For example, most return once a year or during holidays and stay for a minimum of three days with only four indicating they remain for 2-3 months. More detailed questions however need to be asked about the number of moves they make within Alberta or between Alberta and Ontario or other parts of Canada during the year.

The household informants were also asked about the presence of extended family. This question was ambiguous and could have been interpreted to mean "extended family in Canada" or "extended family in Alberta." Although the differentiation was not always clear, the majority of the informants (n=19) indicated they do have extended family here who are mostly siblings, their families, and their parents.

Table 3 shows the pregnancy history of the women. The women have a high number of pregnancies and children compared to a low number of spontaneous abortion (miscarriages) and stillbirths. Therapeutic abortion was explained to the women by stating, "sometimes women have to have the baby taken out early if there is something wrong;" all women denied having such a procedure. At the time of the data collection, two of the women were pregnant. There was only one set of twins. The children were all close in age (1-2 years apart) and may have been born in Mexico, Paraguay, Belize, Ontario, Alberta or any combination of these countries. A number of women are still childbearing because of the young age of the sample. Only three children had died, all in Mexico and all at young ages due to illness or accidents.

Like the women, the majority of the men were born in Mexico (n=19) with one born in Ontario. The men range in age from 22-49 years with the mean age being 32 years. Fourteen are Canadian citizens and five are landed immigrants, the citizenship of one is unknown. As with the women, the informants live throughout Southern Alberta with more from the areas heavily populated with the Kanadier Mennonites. The education level in Table 4 indicates the low levels of schooling obtained in either Mexico, Mexico and Ontario, or just Ontario. The husband of the woman who had received her grade 12 diploma here, has also received his grade 12 diploma. Eleven of the men had not attended ESL whereas seven had. Nine would like to attend classes and thought evening classes, provision of child care and classes close by or in the home would be helpful to achieve this. Six indicated they are not interested in classes, and like the women this negative response may be because their English competency is adequate. The language competency included in Table 4 illustrates the variety of languages the men can speak; their abilities to speak English vary and are frequently limited to particular situations.

All the men are married, but again it was not confirmed whether they had been married previously. The majority of the men (n=14) were farmers previous to their arrival here but also worked in positions such as machinery work and excavating. Here, farming jobs are still the most common particularly when combined with agricultural sector jobs such as working in feed lots. Other jobs include welding and driving trucks. Their wives are principally housewives both in Mexico and here although a few husbands acknowledged their wives' work on the farms.

Table 4 includes the breakdown of years since arrival; the range of time since arrival was 2 weeks - 25 years with the average being 4.5 years. Fourteen of the men arrived in Alberta initially, five arrived in Ontario, and one man's place of initial arrival is unknown. They were asked if they return to Mexico; eighteen indicated that they do although it is usually once a year or during holidays. A few return only every four to six years. Like the women, only a few men return for extended periods of up to three months but detailed information was not collected about moves within Alberta or to Ontario. The majority (n=15) have extended family here, defined as uncles, parents, and siblings with their families.

### Observational Notes

Just as there is no "typical" Kanadier Mennonite family, due to acculturation, religious variations and individual differences, nor is there a "typical" Kanadier Mennonite home. There are however some commonalities that became obvious when the student teams conducted the interviews.

The household informants who were interviewed lived in hamlets, towns, and on land adjacent to, or within the farms on which they worked. Some of the homes are more isolated than others, but in general most families are within a 15-30 minute drive of services such as health care, education and retail outlets. Due to the distance and the number of women who cannot drive, life can be isolated for some of the families. This style of living is very different from the villages in Mexico where the Kanadiers live cooperatively in one village that is modelled after their villages in Europe. Living close together in Mexico was particularly reassuring because the Kanadiers were subjected to house break-ins by the Mexicans. When this occurred they could shout for help from their nearby neighbors. In Canada, several of the informants mentioned their insecurity about being able to receive such help when they needed it.

The interview was conducted in either the living room or kitchen. In all cases, the Kanadier Mennonite homes were clean; obvious attempts were made by the families to convert their houses into homes. Criticisms have been directed by those working with Kanadier Mennonites because of the poor conditions of the homes provided by some area farmers; little change however is expected because families are willing to live in substandard conditions that may be better than their homes in Mexico. Not all homes were older and in need of attention, a few families lived in brand new homes but it is uncertain if the homes were owned or rented. Generally speaking, the homes were sparsely furnished and the few wall decorations were predominantly German calendars hung close to the ceiling.<sup>11</sup> The student teams were unable to find out if there were enough bedrooms for the entire household, but again this concern likely reflects mainstream Canadian ideas regarding space and privacy. A few homes had modern conveniences such as microwaves and coffee makers. Telephones were located in all homes. Religious artifacts, such as the Bible and religious pictures, were rarely seen.

In most cases, friends and/or family members other than the household informants were present during the interview. The household informants did not express concern when others were there during the interview. Sometimes friends were curious about the "nurses visiting" and wanted to "hear" what it was all about. In one household, the woman's parents were visiting from Mexico. Children of the household were the most common other family members present. The children were well behaved and shy,

<sup>11</sup> This practice is common in Mexico and is also common among Central Americans.

requiring little attention from their parents. When attention was required, it was provided by either the mother or father.

The clothing varied in some homes due to the household's religious affiliation. Those belonging to the more liberal church did not wear the black kerchief (*duck*, pronounced dueck) that signifies a married woman, nor did they wear the home made colorful (and usually flowered) dress with ankle socks worn by the other women. Young girls were also seen wearing homemade dresses of brightly colored fabrics, but in other homes both boy and girl children wore blue jeans and t-shirts. The husband's attire more closely resembled western style of clothing as they dressed in blue jeans and shirts.

### Interview Findings

The findings generated through the interviews are described according to the main headings within the Herberg (1989) Cultural Assessment Guide.

Family History. Not all the student groups asked specific questions of the household informants regarding family history. However, the material that was collected and the demographic information provides some baseline information. The majority of the household informants were born and lived in Mexico. However, one informant was born in Belize and two others were born in Mexico but also lived in Paraguay. The extended families were predominantly very large. For example, one informant's father had 20 siblings, other informants' parents had 12-15 siblings. Currently, most of the informants had fewer siblings than their parents. Because they are still childbearing, it remains to be seen if the informants will have fewer children than their parents. The extended families of the informants are scattered throughout North and South America including locations such as Paraguay, Belize, Texas, and Ontario. One of the male informants admitted to always dreaming of moving to Canada. All admitted that their motivation for migration was for economic reasons.

Value Orientations. Direct questions were rarely used to inquire about the household informants' ideas about value orientations. The latter can often be surmised from other statements the individual makes about religion or health and illness.

All the informants adhered to religious beliefs stemming from the Mennonite church. The principal attitude among the informants was one of fatalism. There was a strong belief in the individual's lack of control, and the importance of accepting God's will. The code of ethics that the Kanadier Mennonites follow is based on Christian beliefs, specifically the Mennonite teachings. The Bible sets the rules for their everyday living.

There is little leisure time for Kanadier Mennonites, particularly when in Mexico. Leisure time, in either location, is most often spent visiting with extended family. However, here some families relax by watching television. One of the more liberal Mennonite churches (General Conference) allows television, radios and tape recorders.

Change, another component of value orientations, varies according to the particular church to which the individual or family belongs. For example, those who belong to the Old Colony are the most traditional and least accepting of technology and change. While living in Mexico, some of the Mennonites began to use rubber tires on their tractors. This seemingly innocent change caused the relocation of the more traditional individuals to Bolivia (Janzen, 1988, October). The willingness to change and include innovations in their lives is therefore dependent upon the individual and his/her adherence to traditional religious beliefs.

Interpersonal Relationships. By far the greatest amount of data was generated regarding the interpersonal relationships within the Kanadier Mennonite homes. This information is particularly useful for health care and social service providers because it sheds light on family relationships, an important variable in either hospital or community-based care.

A major theme throughout all the interviews is that the family is highly valued among the Kanadier Mennonites. Respect for one's elders and obeying parents were both highlighted. One male informant indicated that he left Mexico much later than he wanted because he did not want to leave his parents alone. After they died, he moved here.

A number of the informants had known each other for many years before they began to formally date. The villages in Mexico are small and close together; families know one another through their church or community living. Sometimes young people meet through relatives (uncles, for example) or through social parties. The latter was mentioned by some informants who had lived in Ontario after leaving Mexico. Another way to meet potential marriage partners is through the young men participating in "girling." This is considered equivalent to the practice engaged in by young Canadian men and referred to as "cruising" for girls. In other words, young men drive up and down the streets of villages looking out for young girls they would like to meet. There was no need to seek permission to date but almost all the informants had curfews and rules placed upon them. The range of flexibility in the young people's dating practices varied by family with no apparent correlation with church affiliation. In some families, the young people were chaperoned and were only allowed to visit one another in the home. In other cases, the young couple could visit by themselves in one part of the house while family members were in the home. Still in other homes, the couple was allowed to go out for walks by themselves. Dating is very innocent in comparison to Canadian standards where young people go to parties, movies or other such activities. In contrast, dating among the Kanadier Mennonites consists of spending time together talking and getting to know one another. Sexual intercourse before marriage is frowned upon as noted in the following quote:

"premarital sex is supposed to be bad--but I don't believe it. If you get a girl pregnant, get married to her. She has a kid and this community looks at her and says she is a ---. She can get married [to someone else], but not many men want to do that [to raise another man's child]."

Most Kanadier girls begin to date at about 16 years of age while the boys are about 17-18 years old. Most informants mentioned a short dating period, rarely more than one year. A few informants dated for 2-3 years but these were the exceptions. Marriages between Kanadiers are considered proper although inter-marriages are occurring between Kanadiers and Mexicans. Common-law marriages are also not acceptable among this group.

The young man needs to gain the young woman's parents' approval to marry her. However, even if the parents do object, most informants indicated that the young couple would likely marry anyway. There is no engagement ring; the couple simply announce their intention to marry at a regular Sunday Service. The young woman most often wears a brown dress on this day and a dinner at the future groom's home is held afterwards. During the week, the couple goes together to the homes of family members and friends. Several informants mentioned that the couple is not to sleep together during this week. Usually dinner is served to the couple and sometimes gifts are given to them

during this time. During this week, the congregation has the opportunity to voice any objections to the marriage.

The wedding ceremony is held a week after the engagement is announced. The wedding is part of the church service and no invitations are required since all the congregation attends. The entire service, with the wedding ceremony, lasts about three hours, with no exchange of rings. After the service there is a dinner at the bride's home; sometimes the immediate family comes to this dinner and the extended family to a dinner later that same day. One informant indicated that she got married in her parents' home rather than the church. One other informant married on a Saturday rather than a Sunday. The bride normally wears a black dress (sometimes it is brown and is called a *shaldueck*)<sup>12</sup> and the groom wears a black suit with a white shirt. Only one informant, who is of a more liberal church, got married in a white dress. Variations in answers were given regarding the wearing the *duck* by the bride. The *duck* is not worn by girl children and has, according to some informants, religious significance. When considering the informants' answers it also indicates a change in status from being a girl to being a woman. Some of the informants indicated that they wore a white *duck* the week before they were married; and then wore a black *duck* the day of their wedding. In other cases, the *duck* was not worn until after they were married. One informant stated that most women wore a black hat with a short black train (*matz*) for the wedding. In all cases, a black *duck* was worn when the woman was married. One exception was one woman who wore a white *duck* for one year after being married and then wore a black *duck* thereafter. Another variation noted by some informants was that a women wore a *duck* during her wedding ceremony to indicate she had had sexual intercourse before her marriage. These variations in answers are likely related to differences among the church congregations (the more liberal to the more traditional), among villages and among families.

After the wedding, the living arrangements for the young couple varied according to economic and practical factors. Most young couples lived with either set of in-laws until they had enough money to manage on their own. Which set of in-laws was chosen to live with usually depended upon who had the most room. In some cases, young couples lived in, and looked after homes left vacant by a families who had moved to Canada.

Divorce and separation are also not looked upon with favor among the Kanadier Mennonites. One male informant stated:

"divorce is obsolete. The odd time they (the couple) will separate. Divorce is a no-no. If you get divorced, you can't remarry."

If there is a divorce, the church congregations supports the family by providing food and other assistance. One other comment about divorced couples was that these individuals could no longer receive communion.

The informants related that after marriage their lives were similar to their own upbringing. There were segregated roles for women and men. By and large the women's major duties center around the household and the children, although they also help out in the fields. Formal education is not emphasized but girls are taught from an early age how to care for their younger siblings, how to cook, sew and manage the household. The following quote supports this:

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<sup>12</sup> The spelling of the German words in this report may vary from the commonly accepted spelling.



"Me and my sister helped mother, baked bread, made clothes, did chores, cleaned, went to school, milked cows, feed [sic] chickens and pigs."

The women's clothing is all hand sewn of brightly colored fabrics and designs that signify the group of women to which they belong. Although traditionally men's clothing was likely hand-sewn, it is now more often bought. Foods such as breads are made from scratch; the bread and bun dough are items the women are particularly proud of making. Some of the women complete crafts such as crocheting. The Kanadier Mennonite families are large thus there is constant work and chores to be done, both within and outside the home. Men and boys rarely work inside the home, exceptions are when the wife is ill or if there are predominantly boy children. The men are primarily responsible for working outside the home, usually as farmers or else producing cheese, working as mechanics or operating a general store. Education for boys is also not emphasized and childhood lasts but a short time as indicated in the following statement by a male informant:

"When I got married at 17, I didn't have much time of thinking what I'd be. When I had kids I grew up fast. . . . I never used to worry about tomorrow. . . now I have to plan sometimes one to two years ahead, everything is booked."

Decision-making within the home is often shared but observation indicates that the women's needs are not always considered equally. One female informant indicated that she did not want to move to Canada, but had no choice as her husband decided that they would move. The notion of deciding how many children the couple want was rarely discussed by the couples because of the belief that children are gifts from God and need to be welcomed into the home. One male informant stated:

"If God wants you to have children, you will have them. . . whatever the kids she have, never do anything against kids; they are a gift from God. . . . Mum had kids until she didn't have anymore."

Abortion was vehemently opposed as indicated by one man who said "there are parents who have an abortion. Their kids will be in there (heaven) but not the parents." Family planning was discussed among the informants with the student teams. A few women practice contraception and do so because both the husband and wife agree or because they had been encouraged by the physician to do so. Some couples realized how difficult it was for women especially to have such large families and therefore pursued family planning on their own. One woman informant related how her mother had almost died during childbirth and even though the physician suggested using family planning, her father did not agree. Finally, after several other pregnancies the mother had a tubal ligation but felt constant guilt over this action. The informant indicated her terror of death due to childbirth and subsequently she and her husband have agreed to use family planning. When contraception is practiced, the most common method is birth control pills, but Depo-provera and/or Norplant are also used. The physicians play a large role in the couple's use of family planning. Most often the physician's beliefs regarding family planning are obeyed although it is questionable whether the couple fully understands the pills or sterilization surgery. For example, one woman informant who is sterilized referred to herself as being "closed up." This may, of course, be related to the woman's inability to express a complex concept, but care needs to be taken in explaining procedures so that they are understandable.

The family unit receives assistance in setting rules and expectations from the particular church to which it belongs. Both parents are responsible for the discipline of the children although in some homes the father actually gives the punishment. Discipline includes talking with the child and explaining what he/she had done wrong, putting the child in the corner and asking him/her to write a note of forgiveness, or physical

discipline. No details were obtained about the physical discipline that the informants experienced as children or gave to their children now that they are adults. In one home, a strap was on display in the kitchen but it was unclear whether the strap was used or displayed as a warning. Some informants indicated that they are less strict with their children than their parents were with them. One informant mentioned that "the kids make money and the Dads drinking it away" and claimed that half the families are alcoholics. There is no substantiation of either of these statements but one other informant felt that some Mennonites are making bad reputations for other Mennonites.

Although the men rarely participate in activities such as diaper changing, they do nurture their children and help out in other ways. During the interviews, the men were seen holding, cuddling and playing with their young children.

Grandparents were significant while the informants were growing up in Mexico. However, since the young couples' move to Canada there is less contact with this group and hence the relationship is no longer as significant. Some of the women mentioned how lonely they are in Canada and how much they miss their mothers. They hope that the growing number of Kanadier Mennonites arriving will decrease their loneliness. However, some of the informants do not see Canada as their home and would return to Mexico if the economy of that country improved.

Particular topics were not discussed between parents and children. Common examples include sex education and family planning. Most informants acknowledged the discomfort in discussing such topics with their mothers even though they are now adults. Some of the informants who were more comfortable discussing these issues indicated how important it is to discuss things such as safe sex with their children, but also related how difficult it is for them to do so.

The demeanor of the Kanadier Mennonites was observed during the interviews. All reports indicated that this group of people are courteous, patient and respectful. The student teams were made welcome and offered snacks, drinks and even supper on some occasions. The women were seen to be more submissive, often with little eye contact with the student teams and/or interpreters. In some households, the couple appeared to have a more "balanced" relationship (i.e., interdependence) whereas in other homes, the woman was more dependent upon the husband both in expressing her ideas but also in practical issues such as transportation. A few women however do have their driver's licenses.

**Communication.** When the student teams arrived at the households, the informants willingly extended their hands for handshakes as a form of greeting. Eye contact was maintained between family members during the interview although there tended to be less eye contact with the student teams and/or the interpreter.

Without exception, low German is the language most frequently spoken in the home. It is primarily a spoken language, and information about the informants' abilities to write low German was not determined. High German, either speaking, reading or writing, was less frequently noted among the informants (see Tables 2 & 4). High German is used in church and Bibles are written in it but it is most often mastered by those who are teachers or ministers. A few informants were also able to speak Spanish, but this is also not common because the Kanadier Mennonites and Mexican children are educated separately and do not live in the same village.

The parents are learning to speak English. Some attended public school in Ontario or Alberta and thus had that exposure or else took adult English classes in the evenings. Others are interested in taking more English but are only available in the evenings. The women have fewer opportunities to attend classes because of their child care responsibilities and hence requested child care be provided to assist them in this matter. The children are quickly learning English through school and are helping their parents to improve their capacity in this language. Rarely was the interpreter not needed during the interview but when the informants were fluent in English the interpreter acted as an observer and/or cultural interpreter.

Most people are referred to as Mr. and Mrs. unless they are related or familiar with the family. Special German words are used to address the elders.

Televisions were found in some of the homes. One male informant indicated that televisions were not allowed in his home because they are a bad influence on children and not because of any religious reason. Tape recorders and walkmans were noted in some homes, and some of the families who owned them stated they only listened to Christian music while another family admitted to listening to Spanish music. In other homes musical instruments, such as guitars or harmonicas, could be found. Another male informant said his children could have access to musical instruments in the church. Magazines and books were allowed in some homes, as long as the contents were not "unsuitable" i.e., pornographic. One male informant was unsure if the church allowed magazines and therefore they did not have any in their home. One female informant stated that as a child they were not allowed magazines but she and her husband now love to read them. Other books they are allowed include the Bible and their song book.

**Religion and Magic.** Although details of each congregation of the Mennonite faith were not fully obtained, the information generated from the interviews and from a discussion provides a beginning understanding of the different congregations by the author with one of the interpreters. There are five main churches attended by the Mennonites with other smaller churches developed from breaking away from these churches. The most traditional church is the Sommerfelder which emphasizes more power held by the bishop and preachers. The Old Colony Church is comparable to the Sommerfelder, however, the bishop and preachers have less power and control. Neither of these churches emphasize education for men or women. Three other churches, Kleine Gemeinde (which means small congregation), Evangelical Mennonite Church and the General Conference Church, all are more progressive or liberal in their focus. Thus, education for men and women is emphasized and the worship and services are congregation-oriented. In other words, the bishop and preachers have less power and control with the community making more of the decisions (Bill Wiebe, Personal Communication, June 13, 1995). In the sample, some of the informants attended either the Old Colony Church, the General Conference church or the Kleine Gemeinde but the specific affiliations were not always clarified.

In regards to the Old Colony Church, one informant stated that the preacher said, "If you had rubber tires and tractors. . . you went straight to hell." This same informant carried on to say, "My father let us play music which the preacher did not like. . . my dad got kicked out of the church many times." Other practices not allowed by this church included smoking, drinking and having more than one girlfriend at a time. The interpretation of the Bible within the Old Colony falls to the minister, who is always male and who is able to read, write and speak High German fluently. The church is asked for advice by the congregation when the situation potentially represents a moral dilemma. For example, one of the male informants went to the church when his wife was

advised to have a hysterectomy due to the possibility of cancer. The church advised them to trust the physician in this matter. Family planning and non-therapeutic abortion are not supported by the church.

Education for children of the Old Colony Church must match what is stated in the Bible. Two informants stated education about childrearing and pregnancy is not necessary as indicated in the Bible. Generally, the freedom noted in Canadian society and religions is not considered moral. Sex education, for example, disgusted some informants.

The women who follow the Old Colony Church always wear a *duck*. Another interpretation of the head scarf emerged as some informants indicated that it signifies baptism. This answer may reflect the short space of time between baptism and marriage because although baptism can occur at 13-14 years of age, it is not uncommon for young people to be baptized at 18-20, the usual age of marriage. It is also believed that a woman's prayers will be heard only if she is wearing a *duck*. The *duck* is rarely taken off and most women even sleep in one. It was clarified, however, that it could be taken off for surgery as long as it was returned as soon as possible. The women's hair, which represents love, is also to be left long.

Children do not attend church until they are past 6 years of age and it was apparently routine for children to begin attending church regularly when they were 13 or 14. Six years is mentioned because this is when they attend school and when they are considered capable of sitting still and paying attention. A number of the informants felt that attendance at church at a younger age was more desirable because although the children were to attend Sunday School, they would often get in trouble and buy cigarettes.

During the service, the men sit on one side and the women sit on the other side of the church. The minister reads from the Bible and preaches and the congregation sings songs. In preparation for baptism, the children read and study their Catechism and answer questions directed to them from the minister. The children being baptized stand in a row and one informant related how the children would stand in a particular order so that they could be asked a specific question. Sometimes the minister comes to the person's house to interview them about their intentions regarding baptism. Baptism is considered a time of renewal and forgiveness for past transgressions. Asking forgiveness is a daily exercise but individual worship is not encouraged. Church services are held every Sunday morning and the day itself is considered a day to rest.

The General Conference Church is far less traditional in its focus. In Mexico, this church has English sermons and a much more relaxed atmosphere. Women are not required to wear *ducks* nor are they restricted to wearing only dresses. The women informants from this church wore blue jeans and t-shirts. In comparing the Old Colony Church and the General Assembly, the former emphasizes authority figures, being strict and judgmental and ridiculing those who do not conform whereas the latter depends upon fellowship interpretation of the scripture and emphasizes a more relaxed and flexible atmosphere.

Some families have been excommunicated from the Old Colony Church because of their behaviors or have willingly left and joined the more liberal church. In these cases, the women have stopped wearing the *ducks* although one woman is too afraid to remove hers. In some families, the parents left the Old Colony Church but the older married daughters have remained and still wear their *ducks*. One woman informant's mother told her that you should not wear a *duck* to please others, but to only do it if she felt that it was necessary. Other families admitted that the young school-aged girls who have been baptized refuse to wear their ducks to prevent being teased. Still other women

informants mention giving their children permission to wear blue jeans to school so that they will fit in easier.

There are specific holidays that the Kanadier Mennonites celebrate. These holidays include Christmas (previously it was celebrated for seven days but now it is celebrated for three days), New Year's Day, Three King's Day on January 6, Easter (from Good Friday up to the following Tuesday which is Christ's ascension), and Pfingsten Day which is 50 days after Easter and signifies the coming of the Holy Spirit. Holidays such as Thanksgiving, Valentine's and St. Patrick's Day are not acknowledged among this group.

Funerals are a celebration that includes the whole congregation. Members of the congregation (gender unknown) prepare the body, some informants stated that the body is washed and then placed in a tub of ice with the face exposed for mourners to view it. It is presumed that the hot weather in Mexico resulted in the need for such a practice. Other informants stated that the funeral home prepare the body. Whatever practice is followed, the funeral is usually held three days after the death. One informant indicated that there is a service in the church the evening before the burial. The coffin is placed at the front of the church where the service is held. Some informants indicated that a detailed life story in English and German is read. The burial occurs in the church cemetery at which time singing occurs. Afterwards a social gathering with food is held to provide support to the relatives of the deceased. If an adult has died, there will be a congregational breakfast with singing the following morning. If a baby dies, it is considered a happy time because little ones are really angels. If an older person dies who has led an unclean life, then sadness is felt. A widow is free to remarry at any time and does not wear special clothing to signify her change in status. Most widows do not remarry until one or two years later and in the interim the community contributes food, money and other items. Widows with children choose people from the community to look after them and may ask two people in the community to look after her financially.

Social Systems. Social systems include political, economic and education systems. Political systems or beliefs were not discussed with the household informants. The information about economic systems indicates that the movement of the Kanadier Mennonites from Mexico (or other Central and South American locations) has been prompted by economic need. The household informants indicated how poor they were when living in Mexico and how difficult it would continue to be to make ends meet if they were still living there. Canada, then, is seen as an opportunity to obtain employment and provide an adequate lifestyle for their families. Despite these high expectations, the Kanadier Mennonites have secured only low paying jobs that are often seasonal in nature. While in Mexico, the men may have worked their own farmland but in Alberta they work as farm laborers. Most of the men work long hours, particularly during seeding or the harvest season. It is not uncommon for them to work until seven or later in the evening. Non-agricultural employment is also held by some of the men. Some of the informants indicated that it was difficult to manage here in the winter months when the men are unemployed. The homes in which the families live have been described previously. Although the furnishings are not always adequate or up-to-date, this may also reflect the group's religious beliefs that do not stress possession of material goods. However, these same households own microwaves and coffee machines, modern conveniences that in some ways contradict the other aspects of the household.<sup>13</sup> Some informants noted that they

<sup>13</sup> It has been noted among many recent arrivals (i.e., those from Southeast Asia or Central America) that the possession of modern conveniences is commonplace. This may reflect an expression of success or belonging by the new group in their new country.

knew of Kanadier Mennonites who had rebelled against the church's policy of few material possessions and had purchased fancy trucks or other similar items. Some families do not have transportation and thus are isolated.

Education has never been stressed among this particular group of Mennonites. Historically, they left Manitoba and Saskatchewan because of limitations to their freedom to educate in German. When the Mennonites arrived in Mexico, they were not required to be educated with the Mexican children. They therefore maintained their own schools, hiring Mennonite men as teachers. The latter had no special preparation, but simply displayed an interest in teaching. Teachers have low status and are considered individuals who cannot acquire other types of employment. Children began school at the age of 6 and rarely continued past age 13. Boys often received one year more of schooling than girls who usually complete grade six. Boys therefore usually receive seven or at the maximum eight years of education. Their education is in High German with an emphasis on religious values and beliefs. After their education is completed the boys work on the farms (or within other jobs) and contribute their income to the household. Girls stay at home, tending younger siblings or assisting in household chores. Illiteracy is a problem among adult Kanadier Mennonites; not all informants were able to sign the consent forms.

Upon arrival in Canada, the Kanadier Mennonite children must attend school until the age of 16. Some families believe that education beyond age 16 is acceptable and necessary, but most parents do not see the importance of formal education. The Mennonites also prefer to have their children learn High German rather than French in school, and to have religion incorporated throughout the curriculum. The current Alberta curriculum is not seen as having an adequate amount of religious instruction. In some locations there is enough Kanadier Mennonite children to justify the hiring of a German teacher. One such school has 150 students with about 90 being Kanadier Mennonite. In that same general geographic area, a Kanadier Mennonite school (the church doubles as a school) exists which follows the Alberta curriculum but is taught by Kanadier Mennonites. In addition to the regular curriculum, High German is taught every Saturday morning. Kanadier Mennonite children who live in other locations must attend school with the mainstream Canadian population and partake in activities and curriculum that have been developed for that population. Another option that is also being used is home schooling. The household informants mentioned a teacher who is home schooling Kanadier Mennonites in the prairie provinces. The parents see this positively because their children are not exposed to different values and the children can maintain their assistance with the home or on the farms.<sup>14</sup> One female informant related how her father had persuaded her to quit school after grade eight due to the bad influences in Canadian high schools. In contrast, one female informant stated, "When they bring homework home, I need school before she does. I can't help her. I have no idea," depicting the frustration she experiences in trying to assist her children in school. One other female informant wants her children to succeed at school, something she had also hoped for herself. A few informants thought that they would benefit from information about the health care system in Canada, the culture here and the farming techniques used here.

**Diet and Nutrition Habits.** The household informants were asked about their dietary habits. One female informant did not know what was meant by "balanced diet" and thought that nutrition meant eating less fat. One other female informant believed that if

<sup>14</sup> Children can work on the farms, particularly during harvest, and contribute their income to the household.

you become fat, that was the way it was meant to be. The women are responsible for cooking and meal preparation. The Kanadier Mennonites eat four meals a day-- breakfast, lunch, dinner and an evening meal that is called *faspa*. The latter and breakfast consist mainly of sweets. The informants stated that particularly on Saturdays, they eat their supper late in the day, perhaps at 7:00 or 7:30 in the evening. The Kanadier Mennonites eat all meats, however, fish was not mentioned. The meats are often fried. Vegetables and home canned pickles are also enjoyed. Cottage cheese perogies (*veraniki*) and soups such as *borscht* (beet soup) and *kledermusse* (fruit soup) are also prepared. The women enjoy baking bread, buns and pastries. There are few special foods associated with celebrations or special occasions; double buns are the exception and are made and eaten on special occasions.

Since their move to Canada, the Kanadier Mennonites eat principally ground hamburger because of its low cost. They feel that groceries in Canada are more expensive than in Mexico and that they no longer have access to a large and inexpensive supply of fresh fruit. Several of the women mentioned growing their own vegetables and canning the harvest for winter. The student teams noted items such as frozen pizza, store bought fried chicken, and candy within the homes. Even though the Kanadier Mennonites do not have large financial resources, relatively speaking, they have more money and access to such convenience items than the Kanadier Mennonites in Mexico. One household eats in fast food restaurants when in the city.

The women do breastfeed but do not always have a clear understanding of this activity. For example, one male informant related how his children were too little to breastfeed and a female informant was feeding her baby formula because she did not feel her milk was good. One other female informant felt that women are pressured in Canada to breastfeed and that more Kanadier Mennonite women are choosing to bottlefeed. Regarding alcohol, one informant stated it is not permitted but that Kanadier Mennonites do drink alcohol and keep it in their homes. Alcohol was referred to as a temptation and, according to one informant, is indulged in by many Kanadier Mennonites.

Health and Illness Beliefs. By far, the majority of the informants believe that people become ill because it is God's will. Statements were made such as:

"Yes. The Bible says believe in God."

"It is God's plan."

Illness may be punishment for disobedience or opportunities for personal growth. Although this fatalistic attitude was most common, a few informants felt that people can make themselves sick or that illness can be caused by germs. Some informants saw health as a balance of the spirit and physical body. Good health then refers to a lifestyle that incorporates hard work, good food and adequate sleep. Other factors that are inter-related with poor health are exposure to cold which may cause lung problems and sore throats, the long trip back to Mexico, or eating something bad. One man had epilepsy but no information was collected regarding his beliefs of its cause.

Prayer plays an important role in the person becoming well. Visits to the physician are made but usually only after home treatment is given. The latter often consists of acetaminophen, chamomile tea (used in Mexico by Mexican people), "wonder oil" (unsure what this is, it is used as ear drops) or homemade soups. Access to health care providers, such as physicians in Mexico, is limited because of the expense. Midwives are also available in Mexico and some of the women had had home births. Medications are also often emphasized in Mexico, this may in part be due to the co-ownership of pharmacies by physicians. The quality of health care in Mexico or Central and South

America was not considered adequate. One informant in particular came to Canada because of spinal problems developed after a fall at age ten. The physician in Belize suggested she and her family come to Canada for the surgery. They did come and after the successful surgery, liked Canada so much that they stayed. This informant has had other surgeries (appendectomy, cholecystectomy, and hysterectomy) and has delivered three children in the hospitals here. She praises the care provided here. In contrast, in Belize the wards were reported to be unclean and crowded.

Immunizations received in Mexico are often attributed to causing health problems in the children who receive them. Consequently, some household informants admit to being afraid of having their children immunized.

Health, in itself, is not a priority among most of the informants who were interviewed. Instead, proper behavior is seen as related to good health. In reality, Kanadier Mennonite men are known to abuse alcohol and to smoke, two practices forbidden by their church. Dental hygiene is not maintained; several informants admitted to brushing their teeth every few weeks. The poor condition of the teeth was noticeable. A recent free dental clinic was used by some of the informants who related poor finances as a deterrent to dental check-ups. Eye examinations are undergone only if there is a perceived problem with their eyesight.

In Canada, the Kanadier Mennonites access the formal health care system as needed. Health care is available because they individually (or as family units) pay the required health premiums. Visits to physicians are taken after home treatments are used. One informant stated that they use the local Hutterite "Chiropractor" (this may be the Hutterite bonesetter). The women are uncomfortable with the post-partum visits by the public health nurse, preferring instead to rely on family members for support. Public health nurses were seen as being responsible for immunization but little else. One female informant had a particularly negative experience with Canadian physicians and remains dissatisfied with the care her child received. Although language can be a barrier to access, some informants mentioned that they have been able to communicate their concerns to the health care staff. There was a suggestion to have more interpreters available, especially female ones for the Kanadier Mennonite women. Although one informant mentioned that Kanadier Mennonite women are only comfortable with female physicians, not all agreed.

One male informant stated that when surgery requires the shaving of the woman's hair that the husband needs to be involved to provide permission. This same informant stated most Kanadier Mennonites would prefer to be discharged from hospital as soon as possible. The community members care for the ill person by providing food and doing housework.

Some information was generated regarding practices and behaviors during childbirth. Certain activities such as stretching, painting and cleaning walls and curtains, and crawling through barbed wire fences are all avoided because they can cause miscarriages. One other female informant was told by her mother to avoid bananas and greens. She did not listen and after eating bananas she experienced a cold sensation in her hips and felt partially paralyzed; these symptoms subsided after a month. She now avoids these foods, even when not pregnant, to prevent problems during her childbearing years. During labor women expect support and encouragement. It is appropriate to have the husband in attendance.



Although only a few discussed the care of the elderly, it is included here. Generally speaking, daughters, sons or nieces care for the elderly. If this is not possible then the elderly enter a *Altenheim*, a home for the elderly.

### Discussion

There are a number of themes that can be drawn from the information generated by both the key and household informants. The Kanadier Mennonites are clearly a unique group of people who, through the ages, have relocated to achieve their religious and educational freedoms. Caught in a country (Mexico) that is struggling with economic crisis and a lack of land and water, there are few choices for the Kanadier Mennonites to resettle. Simultaneously, the religious authority of the more traditional congregations such as the Old Colony Church is increasingly under question, causing further problems within this group. The education and religious values held by the Kanadier Mennonites have not allowed them to progress and now they are returning to Canada, a country dependent upon an educated labor force and technological devices. Whether or not the Kanadier Mennonites can retain their traditional ways within a country that emphasizes change, progress and competing values (equality versus patriarchy) remains to be seen. In the meantime, the pressures felt within the individual homes and the larger community lead to disruptions expressed through such things as alcohol abuse and family violence. At the same time, their traditional values and roles may cause a rift between the Kanadier Mennonites and the Canadians with whom they interact. The lack of information about the Kanadier Mennonites and the lack of a concerted effort to address this gap may cause inadvertent errors to be made by health care professionals, social service providers and teachers. The Kanadier Mennonites are a vulnerable group, separated from their extended family and living in a country that they cannot readily call home.

The Kanadier Mennonites have a family unit supported by a patriarchal structure. There are specific roles for both women and men with women being submissive and dependent. Education is not emphasized for either gender; illiteracy is a common problem. The children quickly learn the English language and are exposed to Canadian values within the school systems. Conflicts are likely to occur within the homes because of this. Traditional, conservative religious values are the norm in this group. For those who follow the more traditional teachings, there are expectations regarding dress and behaviors, and pressure to conform to these expectations are exerted on congregation members. Concerns are also raised when individuals act immorally. The church minister is asked for permission for procedures such as surgery when that is interpreted by outsiders as an individual choice. Despite the conservative viewpoints, it is known that men exhibit abusive behaviors. Just as becoming ill is God's will, so is the number of children a woman bears determined by God. Fatalistic beliefs such as this provide challenges to health educators and community health nurses.

The range of understanding about the Kanadier Mennonites was evident among the key informants. Although most of the key informants did not understand the different religious affiliations, they understand the patriarchal family-oriented system among the Kanadier Mennonites. The key informants describe the Kanadier as polite, hard-working people who lack education and knowledge about basic concepts.

The information generated from this needs assessment complements the literature on migrant farm workers. That is, that the transient lifestyle influences health and education negatively and that specific services need to be developed to address these needs.

### The Needs of the Kanadier Mennonites

Both the key informants and the Kanadier Mennonites who were interviewed were asked what are the needs of the Kanadier Mennonites? The key informants were more specific and certain when answering this question. On the other hand, the Kanadier Mennonites perceived themselves as healthy with little need for specific intervention. Mention was made of the need for interpreters and more English classes; only one Kanadier Mennonite felt that they needed more explanation of the Canadian health care system. All the information gathered from both groups in the sample was considered in determining the needs of the Kanadier Mennonites. Despite this assessment, the need still exists for those interacting with Kanadier Mennonites to assess individual concerns. The needs of the Kanadier Mennonites as perceived by outsiders and the approach used to address those needs will likely conflict with the values and beliefs of their religion, particularly for those who attend congregations such as the Old Colony Church. This moral dilemma needs to be addressed but also considered in light of the individual's needs. A particularly poignant example is wife abuse which is against the law in Canada; educating women and raising their consciousness will likely lead to some Kanadier Mennonite women leaving their husbands. This action may result in ex-communication from the church and mistrust between the church and outsiders. In such an instance however, the health care professional, teacher, and/or social services personnel's commitment lies with the safety of the woman and her children.

Throughout all the data, the one central need is for education. Education is required at various levels and needs to target all community members. The adults need to improve their English competency. Learning more of this language will assist them in their jobs and during their daily interactions with store clerks, bank tellers and gas station attendants. The women will be less isolated if they are able to communicate with community health nurses and school teachers. If parents increase their English abilities they can provide assistance and encouragement to their school-aged children with their homework. Health education topics also need to be emphasized among this group. Examples that could be addressed include immunizations, hygiene, dental care, nutrition, prenatal care and breastfeeding. Due to the fatalistic beliefs of this group of people, considerable time needs to be spent on explaining concepts such as germs and anatomy and physiology in simple language. Both adults and children can benefit from such sessions. Information also needs to be provided about the roles and activities of health care professionals such as community health nurses. A final educational need is job skills training. The men would benefit from job skills training as this can potentially lead to employment that is better paid and more secure. Another need the Kanadier Mennonites have is advocacy, advocates who can assist them to obtain better housing and employment conditions and have their religious and cultural beliefs understood and respected. The cultural brokerage model developed by Jezewski (1993; 1990) which was developed with migrant farm workers should be considered for use in this instance.

Inevitably, if these needs are addressed, cultural change will occur among some of the Kanadier Mennonites. It is important to remember that cultures are dynamic and static and that it would be impossible for the Kanadier Mennonites to remain unchanged.

### Recommendations

These are three major recommendations based on this needs assessment: a) Recommendations for meeting the needs; b) Recommendations for health care professionals; and c) Recommendations for future research.

### Recommendations for Meeting the Needs

Already alluded to is the great care that must be taken in planning educational programs to meet the needs of Kanadier Mennonites. The church structure and influence and the patriarchal system indicate the need to include church ministers and men in planning health education projects, in particular. Permission and community acceptance of the plans are essential if the health education sessions are to be successful. Whether the health education is implemented for individuals or groups, teaching aids must use simple English while incorporating simple drawings to decrease confusion and increase understanding. Where possible, translations into Low German would be beneficial. However, this may raise the expectation that translated materials will always be available, an unlikely situation given our health care reform and economic concerns. If video-tapes or audio-cassettes are used, the script can be translated into Low German, tape-recorded and played to allow for more accurate understanding. The audience, i.e., gender and age groups, should be determined according to the community. For example, a community baby shower could be held with a group of Kanadier Mennonite women in one of the women's homes. This event allows for a social time and a discussion about concerns regarding the women's babies and infants. Interpreters can be used as necessary with attention to the gender and age of the interpreter. Consideration also needs to be given to develop a community-based centre in a rural location where the Kanadier Mennonites live. This centre could provide comprehensive community-based care and be accessible during weekends and evenings. The projects explained in the literature (Brown & Barton, 1992; Poss & Meeks, 1994; Watkins, et al., 1990) could be used to assist in the development of such centers.

### Recommendations to Health Care Professionals

A multi-disciplinary approach may be best in working with the Kanadier Mennonites. For example, dental hygienists and nutritionists may co-present information because of the relationship between the two topics. Health care professionals need to be prepared to work with different cultural groups such as the Kanadier Mennonites. The health care professionals require specific information and inservices about the Kanadier Mennonites to understand this group and to incorporate their cultural and religious beliefs into providing care and delivering health education. Cultural assessments, such as the one completed by the student teams, should be incorporated by health care professionals in their everyday work world (see Herberg, 1989). In other words, health care professionals need to ask pertinent questions to assess cultural beliefs and practices, but also to ascertain the variation and differences among families and individuals.

### Recommendations for Future Research

There are a number of other issues that need to be addressed based on this needs assessment. Perhaps one of the most crucial is to understand the different churches, the specific religious beliefs, and the community dynamics related to the particular churches. Questions that need addressing include establishing the type of interactions between the members of the different churches, how many Kanadier Mennonites attend church, and which churches they attend.

Specific studies could also be done to explore childbearing and childrearing beliefs and practices, the incidence of alcohol abuse and family violence, the incidence of chronic illnesses, and the incidence of farm-related injuries among this group. Some of these topics are sensitive and the approach to them requires careful consideration. Evaluation studies of the health education sessions would also be worthwhile to pursue. Finally,

research that focuses on the relationship between transiency and child development and educational attainment would be appropriate.

**Conclusion**

Unique communities like the Kanadier Mennonites add to the diversity of our country while providing challenges to the professionals who interact with them. Generating descriptive information about a group's beliefs and practices provides baseline information that can be incorporated throughout the health care delivery system. The latter then becomes community-appropriate and adds to our theoretical understanding of successful models of health care delivery.

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Table 1  
Key Informants

n = 22

Gender:	8	male	
	14	female	
Age Breakdown			Number
21-25			1
26-30			2
31-35			2
36-40			3
41-45			7
46-50			2
51-55			2
56-60			1
61-65			1
66-70			0
71+			1

Table 2

## Female Household Informants

n = 24

Education Level				Number			
Grade 5				1			
Grade 6				15			
Grade 7				2			
Grade 8				5			
Grade 10				1			
Language Competency							
		High German		Low German		English	
		Yes	No	Yes	No	Yes	No
Speak		12	10	23		22	2
Read		19	3	2		10	11
Write		15	7	1		6	15
Years Since Arrival							
0-5 years						16	
6-10 years						3	
11-15 years						2	
16-20 years						1	
21-25 years						1	
26-30 years						1	



**Table 3**  
**Pregnancy History of Female Household Informants**

n = 24

Pregnancies	Range = 1 - 11	Mode = 4	Mean = 5.5
Therapeutic Abortion	0		
Spontaneous Abortion	Range = 1 - 2	Mode = 1	Mean = .375
Stillbirths	Range = 1 - 2	Mode = 1	Mean = .29
Children	Range = 1 - 9	Mode = 3	Mean = 4.7

**Table 4**  
**Male Household Informants**

n = 20

<b>Education Level</b>		<b>Number</b>						
Grade 6		5						
Grade 7		11						
Grade 8		4						
<b>Language Competency</b>								
	<b>High German</b>		<b>Low German</b>		<b>English</b>		<b>Spanish</b>	<b>French</b>
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>Yes</b>
<b>Speak</b>	13	3	19		17	2	4	1
<b>Read</b>	18	1			9	8		
<b>Write</b>	17	1			6	11		
<b>Years Since Arrival</b>								
0-5 years					16			
6-10 years					1			
11-15 years					0			
16-20 years					2			
21-25 years					1			

**Appendix A**  
**History of the Mennonites**

**Appendix A<sup>15</sup>****History of the Mennonites**

Numerous references address the story of the Mennonite peoples, their origins, religious beliefs, travels, and culture (Bargen, 1974; Epp, 1982; Loewen, 1980, 1988; Lohrenz, 1974; Redekop, 1989) and were used in the following section. Little has been written about the activities of the Mennonites in Mexico and Latin America, and their migration back to Canada. The few references that were found are unpublished papers, transcripts of public addresses, and pamphlets (Friesen, 1992; Janzen, 1981, 1988; Petker, 1993).

Menno Simons was born in 1496 in the village of Witmarsum in Friesland. He trained for the Roman Catholic priesthood, was promoted to parish priest in Witmarsum in 1531, and remained there until the end of his Catholic career in 1536. As early as 1525 Menno had questioned some of the Roman Catholic doctrine. Through a study of the New Testament, he came to the conclusion that in the matters of Mass and infant baptism the Catholic Church was wrong. In 1535, Menno broke with the Church in a spiritual sense; in 1536 he openly renounced Roman Catholicism and had to flee persecution. He took refuge in the village of Groingen, where a certain measure of religious freedom still existed. Here he met Obbe Philips and was attracted to him as one who shared similar religious beliefs. Menno was baptized by Obbe and thus became a member of the Dutch non-resistant Anabaptists. It was through his energetic and fearless proclamation of his faith that he became the established leader of the Dutch Anabaptists and thus gave his name to the entire movement. After Menno's death in 1561, Anabaptists became known as Mennonites.

Today, there exists three branches of Anabaptists: the Mennonites, the Swiss Brethren, and the Hutterites. There are few similarities among these groups other than their pacifist attitude. The Mennonites are not a "creedal" church, that is, no human system of doctrine is definitive for the life and activities of its members. They are a Bible-centered group. The boundaries of the Anabaptist church are defined by the concepts of regeneration, obedience, fellowship, and brotherhood. In regard to baptism, the Mennonites believe that this can only take place after regeneration occurs. Child baptism was rejected as unscriptured for neither Christ nor the apostles practiced it.

Everywhere the Anabaptists went, they took great pains to organize churches according to the biblical pattern. To maintain a pure church in the midst of a sinful society implies a separation from the world. The Mennonites declare that the Church is in the world but not of the world. This ideal of separation has posed many difficult problems for the Mennonites in the past and has contributed greatly to persecution and misunderstandings which have followed the Mennonite Church since its inception.

To be separate from the world meant that there must also be a separation from the state, for the state was of the world. This separation from the state was carried out in three ways: members refused to take the oath of allegiance; they refused to accept or fill public office or any position in the government; and they refused to bear arms even if threatened by death. The demand for discipline included the authority to excommunicate disobedient members (Klaasen, 1981).

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<sup>15</sup> This section was written by Jean Groot and Marion Cote', two of the students in N4500 Advanced Community Nursing.

An important component of the Mennonite belief system was care for the poor and the provision of relief funds so that no one within the group was allowed to beg or to starve. The Mennonite Central Committee was formed in 1921 after a request from the needy Mennonites in Russia. This Committee now helps the needy in North America and around the world. These activities are a direct extension of the Mennonite conviction that word and deed must be one and that love must be visible (Redekop, 1989).

Non-resistance, or pacifism, is one key to Mennonite migrations. In order to live according to their faith, the Mennonites have sought refuge in countries enjoying the greatest degree of religious tolerance. It was not long before they were scattered throughout Holland, Switzerland, and various German states including Prussia. In 1789, at the invitation of Catherine the Great, many Mennonites from Prussia migrated to Russia where they were promised religious freedom, their own schools, and military exemption forever. "Forever" lasted until 1870 when the Russian government threatened to withdraw military exemption; the Mennonites began to look for a new home.

The Mennonite immigrations to Canada fell into four definite periods: the movement into Upper Canada from the United States during the period of 1786-1836, after the American Revolution; from 1824-1874, the Amish arrived in Ontario from Europe and from Pennsylvania; the movement in the 1870s from Russia into Manitoba and the United States; and the coming of Russian Mennonites from 1890-1920.

In 1873, a delegation of four men from Russia was sent to scout the land and make arrangements with the Canadian government for land and for the provision of religious freedom. The chosen land was the area now known as the province of Manitoba. The privileges granted consisted of exemption from military service and the reservation of eight townships of land for the exclusive use of the Mennonites. Each male settler over the age of twenty-one was to receive 160 acres of homestead land. The Mennonites were to be allowed to exercise their religious and educational principles without restriction. The main emphasis of the curriculum was the German language, arithmetic, and religion, and the children did not attend school after the age of thirteen. In the early 1880s, the Manitoba government demanded that the Mennonite reserves be reorganized into municipalities. This was met with some resistance by one group of Mennonites (known as Old Colony) who refused to accept the proposed changes for they meant that the local schools would be controlled by the government. Ens (1980) stated that if children were sent to public schools, the families were often excommunicated. This threat of shunning, with its severe social and economic consequences, led this group of Mennonites to look for escape, with some moving to Saskatchewan, Mexico, and Paraguay.

In 1921, the Mennonites obtained from the government of Mexico a privilegium which was a statement that gave them their desired freedoms. In the following years, approximately 7,000 Mennonites moved from Canada to Mexico where they settled in four colonies. The first years there were marked by many difficulties. The immigrant farmers had to become familiar with the soil, the rains, and the crops that were best suited to the environment. Eventually, they learned to grow crops of beans, corn and oats, and they established cheese making industries.

With the rapidly expanding population and the diminishing productivity of the land due to soil erosion and drought, additional land was purchased in various areas of Mexico, Bolivia, and Paraguay. In recent years, the falling value of the peso, high interest and inflation rates, and the introduction of the North American Free Trade Agreement have

contributed to an increasingly uncertain future for young Mennonites in Mexico. Many of those who qualify as Canadian citizens have come to this country looking for work. Those who are unsuccessful in the search for work are often eligible for social assistance. Those who are poor, compared to Canadian standards, say that they live much better in Canada than they did in Mexico (B. Wiebe, personal communication, March 25, 1995).

The agriculturally-oriented Mennonites have settled in areas of Canada where farm labour is required. Since the labour market in Ontario and Manitoba is saturated, they have been able to locate seasonal work in Southern Alberta, particularly the areas east and north of Lethbridge. It is common for families to return to Mexico to visit relatives during the winter.

Petker (1993) describes four general categories of needs of the immigrant Kanadier Mennonites: documentation, orientation, education and liberation. The first refers to the need for assistance in completing paperwork, such as work visas, Social Insurance Number, driver's license, vehicle registration, and other documents. Orientation to the Canadian culture and lifestyle is a difficulty, particularly as many are functionally illiterate in English.

The distrust of the Canadian educational system has not dissipated since the Mennonites left this country for Mexico 70 years ago. There is fear of losing their children to the world as a result of public education, but there is also the awareness that education of children is required by law. Placing children in grades according to their language abilities often means placing them with much younger students, resulting in social problems. Travel to Mexico for the winter months further jeopardizes the education of the children. In addition, adult illiteracy severely limits opportunities in the workplace and in dealing with government agencies. The Kanadier Mennonites rarely have more than six or seven years of formal education.

The need for liberation refers to a perception that women must be freed from continuous childbearing and subservience, and that men must be freed from unhealthy concepts of familial relationships and from alcohol abuse. Resolution of these needs must be approached with great caution, as a strong support system should be in place prior to any attempts to alter that with which the Kanadiers are familiar, dysfunctional as it may seem to health care professionals. More harm than good could result if care is not taken.

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**Appendix B**  
**Demographic Data (as of June 1993)**  
**Distribution of Kanadier Families**



Appendix B<sup>16, 17</sup>

## Demographic Data (as of June 1993)

## Distribution of Kanadier Families

Location	Population	# of Families	Ave. Size/Families	# of Children
Taber	263 ✓	46	5.70	175
Enchant	208 ✓	30	6.90	149
Coaldale	163	29	5.60	134
Burdett	145	26	5.60	91
Vauxhall	159 ✓	25	6.36	109
Barnwell	140 ✓	18	7.78	105
Chin/Cranford	95	17	5.59	61
Bow Island	97	16	6.06	82
Grassy Lake	99 ✓	14	7.07	71
Picture Butte	73	13	5.65	47
Stirling	79	12	6.58	55
Duchess	59	12	4.90	36
Lethbridge	53	8	6.63	37
Purple Springs	38 ✓	5	7.60	28
Lomond	18	4	4.50	10
Shaughnessy	15	4	3.75	7
Hays	18 ✓	4	4.50	10
Wrentham	15	3	5.00	9
Turin	13	3	4.33	7
Granum	16	3	5.33	10
Scandia	19	3	6.33	13
Brooks	5	2	2.50	1
Fort Macleod	5	1	5.00	3
Lacombe	5	1	5.00	3
Medicine Hat	6	1	6.00	4
Unknown	45	10	4.50	26
<b>TOTALS</b>	<b>1,851</b>	<b>310</b>	<b>5.97</b>	<b>1,283</b>

<sup>16</sup> From: Petker, D. (1993). M.C.C. Alberta Kanadier Research Project. Unpublished Manuscript.

<sup>17</sup> Included with permission from D. Petker (author) and D. Neufeld (MCC - Alberta Office) [Personal Communication, May 23 & 24, 1995].

**Appendix C**  
**Key Informant Questionnaire**





**Appendix D**  
**Household Informant Demographic Sheet**

Appendix D

DEMOGRAPHIC FORM

Informant Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Birthplace \_\_\_\_\_

Gender  Female  Male

Are you a:  Landed Immigrant  Canadian Citizen

Current Residence \_\_\_\_\_

Education Level (in years) \_\_\_\_\_ Location of school \_\_\_\_\_

Have you attended English classes?  Yes  No

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

For how long? \_\_\_\_\_

Would you like English classes?  Yes  No

State when \_\_\_\_\_

What things will help you attend classes? \_\_\_\_\_

Do you:	High German		Low German		English	
	Yes	No	Yes	No	Yes	No
speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
read	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
write	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Marital status  Single  Widow  Married  Divorced

Occupation: in Mexico \_\_\_\_\_

in Canada \_\_\_\_\_

Spouse's Occupation: in Mexico \_\_\_\_\_

in Canada \_\_\_\_\_

Date of arrival in Canada \_\_\_\_\_

Place of initial arrival \_\_\_\_\_

Do you return to Mexico?  Yes  No

If yes, how often? \_\_\_\_\_ How long do you stay? \_\_\_\_\_

Do you have extended family here?  Yes  No

If yes, who? \_\_\_\_\_ (specify)

**Female Informants**

Pregnancy History

Number of Pregnancies \_\_\_\_\_

Number of Therapeutic Abortions \_\_\_\_\_

Number of Spontaneous Abortions \_\_\_\_\_

Number of Stillbirths \_\_\_\_\_

Number of Children \_\_\_\_\_

Where were the children born?

Date of birth

- |     |       |       |
|-----|-------|-------|
| 1.  | _____ | _____ |
| 2.  | _____ | _____ |
| 3.  | _____ | _____ |
| 4.  | _____ | _____ |
| 5.  | _____ | _____ |
| 6.  | _____ | _____ |
| 7.  | _____ | _____ |
| 8.  | _____ | _____ |
| 9.  | _____ | _____ |
| 10. | _____ | _____ |

Others \_\_\_\_\_  
\_\_\_\_\_

Any children deceased?  Yes  No

If yes, how many? \_\_\_\_\_

Reason(s) for death	Age at death
_____	_____
_____	_____
_____	_____



**Appendix E**  
**Herberg Cultural Assessment Guide**

## Appendix E

Table 1.5 Guide for the assessment of cultural manifestations

- I. Brief history of the origins of the cultural group, including location
- II. Value orientations
  - A. World view
  - B. Code of ethics
  - C. Norms and standards of behavior (authority, responsibility, dependability, competition)
  - D. Attitudes toward:
    1. Time
    2. Work vs. play/leisure
    3. Money
    4. Education
    5. Physical standards of beauty, strength
    6. Change
- III. Interpersonal relationships
  - A. Family
    1. Courtship and marriage patterns
    2. Kinship function
    3. Child-rearing patterns
    4. Family function
      - a. Organization
      - b. Roles and activities (sex roles, division of labor)
      - c. Special traditions, customs, ceremonies
      - d. Authority and decision making
    5. Relationship to community
  - B. Demeanor
    1. Respect and courtesy
    2. Politeness, kindness
    3. Caring
    4. Assertiveness vs. submissiveness
    5. Independence vs. dependence
  - C. Roles and relationships
    1. Number and types
    2. Functions
- IV. Communication
  - A. Language patterns
    1. Verbal
    2. Nonverbal
    3. Use of time
    4. Use of space
    5. Special usage: titles and epithets, forms of courtesy in speech, formality of greetings, degree of volubility vs. reticence, proper subjects of conversation, impolite speech.
  - B. Arts and music
  - C. Literature
- V. Religion and magic
  - A. Type (modern vs. traditional)
  - B. Tenets and practices
  - C. Rituals and taboos (e.g., fertility, birth, death)

- VI. Social systems
  - A. Economics
    - 1. Occupational status and esteem
    - 2. Measures of success
    - 3. Value and use of material goods
  - B. Politics
    - 1. Type of system
    - 2. Degree of influence in daily lives of populace
    - 3. Level of individual/group participation
  - C. Education
    - 1. Structure
    - 2. Subjects
    - 3. Policies
- VII. Diet and food habits
  - A. Values (symbolism) and beliefs about foods
  - B. Rituals and practices
- VIII. Health and illness belief systems
  - A. Values, attitudes and beliefs
  - B. Use of health facilities (popular vs. folk vs. professional sectors)
  - C. Effects of illness on the family
  - D. Health/illness behaviors and decision making
  - E. Relationships with health practitioners
  - F. Biological variations

Included with the permission of the authors: Boyle, J., & Andrews, M. (1989). Transcultural concepts in nursing care. Boston: Scott, Foresman/Little, Brown College Division.

**Appendix F**  
**Activity Records**

Appendix F

Student Names \_\_\_\_\_  
\_\_\_\_\_

N4500

Date	Translator Used (specify name)	Activity (e.g., interviewed couple; attended community meeting)	Location	Mileage	Length of Time (e.g., 4 hrs)

**Appendix G**  
**Key Informant Consent Form**

**Appendix G**

**KANADIER MENNONITE NEEDS ASSESSMENT**

**Consent for Key Informants**

The School of Nursing at the University of Lethbridge is doing a needs assessment with Kanadier Mennonite people. This assessment is at the request of the Barons-Eureka-Warner Health Unit. If you agree to participate, you will be interviewed once for about 1-1½ hours. Registered Nurses who are students in Judith Kulig's Advanced Community Health class will ask you questions about your involvement and work with Kanadier Mennonite people. Your answers to these questions will provide more complete information about this group of people. Your real name will not be used on any forms or notes. All the information will be kept in a locked cupboard and destroyed within five years. Your participation is voluntary; you may refuse to answer certain questions or to stop the interview at any time. There are no known risks to you. The results of the assessment will be shared with you, the health unit, and any other agencies that care for Kanadier families.

If you have any questions, please call Dr. Judith Kulig at 382-7119 or Sharon Yanicki at 327-6507.

Signature \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

**Appendix H**  
**Household Informant Consent Form**



**Appendix H**

**KANADIER MENNONITE NEEDS ASSESSMENT**

**Consent for Household Informants**

The School of Nursing at the University of Lethbridge is doing a needs assessment with Kanadier Mennonite people for the Barons-Eureka-Warner Health Unit. If you agree, someone will come to your home to talk to you and your family. Registered Nurses who are students in Judith Kulig's Advanced Community Health class will ask you questions about your culture, your life in Canada and the needs you have. These questions will be asked so there is a better understanding of your life; it will also help the health unit provide better services for you and other Kanadier families. Your answers will be combined with other information in a report. Your real name will not be used on any forms or notes. All the information will be kept in a locked cupboard and destroyed within five years. You may choose to speak with the students; you may refuse to answer certain questions or to stop the interview at any time. There are no known risks to you. The results of the assessment will be shared with you, the health unit, and any other agencies that care for Kanadier families.

If you have any questions, please call Dr. Judith Kulig at 382-7119 or Sharon Yanicki at 327-6507.

Signature \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

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