MENTAL HEALTH NEEDS AMONG LATINA MIGRANT FARMWORKERS IN THE STATE OF WISCONSIN - A COLONIAL LEGACY

by

Maria del Carmen Graf

A Dissertation Submitted in
Partial Fulfillment of the
Requirements for the Degree of

Doctor of Philosophy
in Nursing

at

University of Wisconsin- Milwaukee
May 2022

ABSTRACT

MENTAL HEALTH NEEDS AMONG LATINA MIGRANT FARMWORKERS IN WISCONSIN – A COLONIAL LEGACY

by

Maria del Carmen Graf

The University of Wisconsin-Milwaukee, 2022
Under the Supervision of Professor Mkandawire-Valhmu

Latinos have an increased risk for mental health problems due to several factors, including immigration, socio-economic and cultural barriers (Espeleta et al., 2019). Besides mental health risk factors such as gender, lower education attainment, and poverty (Espeleta et al., 2019), Latina migrant farmworkers also face the demands of their domestic roles, which result in work-family conflicts and stress (Arcury et al., 2018). Furthermore, persistent stigma perpetuated primarily by poor health literacy and traditional cultural perceptions and beliefs about mental health hinders their decision to seek mental health treatment (Lopez et al., 2018). To date, there are no scholarly works published addressing the mental health needs and access to mental health care among Latina migrant farmworkers in the state of Wisconsin, nor accounts of the prevalence of mental illness within this population. Therefore, this qualitative descriptive study was conducted to understand Latina migrant farmworkers' mental health needs. Chicano, postcolonial, and Black feminist epistemologies undergirded this study. Semi-structured individual interviews collected data from thirty-four Latina migrant farm workers in Wisconsin. These data were analyzed using thematic analysis. This study revealed how uniquely mental health was conceptualized by Latina migrant farmworkers.

Additionally, findings reported women's development of protective factors in resilience and capacities facing their high risk for mental ill-health. These findings allow for a critical

analysis of the intersecting factors shaping Latina's mental health perceptions and healthcare-seeking behaviors. From our postcolonial feminist perspectives, Latina migrant farmworkers' mental health needs are rooted in the legacies of colonialism expressed in the intersection of race, class, and gender. Besides filling the literature gap, this study can contribute to developing context-specific and culturally informed policies and practices to support Latina migrant farmworkers' mental health needs.

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

To Mamita, I am here thanks to you.

ACKNOWLEDGEMENTS

I would like to thank God for his immense and merciful love. To my husband Bret, and my children, Pedro, Jessica, and Alexander, thank you for your love, your support, and for your patience. All I do is for you mis amores. To my major professor and mentor, Dr. Lucy Mkandawire-Valhmu, I cannot thank you enough for all of your support, guidance, and encouragement. Thank you for inspiring me to find the spark needed to follow your steps in feminist scholarship and activism. Desde el fondo de mi corazon muchas gracias!

To my friends and sisters in this journey, Erika Janssen, Mary McMahon-Bullis, and Cynthia Gonzalez, thank you for your endless emotional support and friendship. To my family in Peru, Cesitar y Charito muchas gracias por escucharme y por apoyarme en la distancia. Los quiero mucho. To my colleagues and students at UW Oshkosh, thank you for making me one of you. My deepest gratitude to my committee members, Drs. Snethen, Silvestre, and Anderson, thank you all for your support, guidance, and for sharing your wealth of knowledge. I wish to acknowledge the support and collaboration of La Clinica mobile hospital and Embrace, during my data collection. A special recognition to the memory of Dr. Aaron Buseh, who received me into this PhD program. It was him who believed I had the potential to make a contribution to nursing scholarship. Gracias.

Finally, I wish to express my gratitude to the Latinas who devoted their time to participating in my study. Gracias, mis hermanas por confiar en mí y contarme sus historias, sus voces serán oídas. This dissertation is dedicated to them and all the migrant farmworkers women who leave their homes and families in search of better opportunities. May your sacrifice receive the compensation it deserves.

CHAPTER I: INTRODUCTION

Statement of Problem

According to the World Health Organization (WHO) mental health is the of state of well-being which allows individuals to realize their own abilities, such as coping with life stressors, working productively, and contributing to their community (WHO, 2018). Furthermore, the absence of mental health may affect individuals' ability to grow both personally and socially. Mental illnesses are common in the United States with nearly one in five adults living with a mild, moderate, or even severe form of mental illnesses (National Institute of Mental Health, 2019). The Office of Minority Health (2020) reported that racial and ethnic minority groups have less access to mental health services than their White counterparts, relying on emergency departments for temporary relief of acute symptoms. The 2017 National Health Interview Survey showed that within the population with serious psychological distress among persons 18 years of age and over, 5.2 % self-identified as Latinas and 4.2 % as White only. While these percentages seemed comparable, the inequities are evident when considering that within the same sample population only 8.8 percent of adults age 18 and over who received mental health services in the past year, were Latinos and 18.6 were White only (Substance Abuse and Mental Health Services Administration, 2019).

Despite the evidence showing the prevalence of mental illness in the United States, limited resources are available for adequate diagnosis and treatment (National Institute of Mental Health, 2019). The problem caused by insufficient mental health services is amplified among vulnerable populations, including migrant farmworkers. Farm work is considered a stressful occupation, with an increased number of farmworkers experiencing high levels of anxiety, depression, alcohol misuse, and overall poor mental health (Quandt et al., 2015). The prevalence

of mental illness may be difficult to diagnose and treat among farmworkers, who face multiple challenges including poor access to health insurance, high rates of poverty and in some cases cultural and language barriers (National Center for Farmworker Health, 2020). According to the U.S. Department of Labor's National Agricultural Workers Survey (NAWS) sixty-nine percent of hired farmworkers during the fiscal years of 2015-2016 were born in Mexico, one percent were born in Puerto Rico, six percent in Central American countries, and among the U.S. born farmworkers, thirty-five per cent self-identified as Latinos. Thirty-two percent of farm work labor force were women (U. S. Department of Labor, 2018). Thirty-one percent of Latinas farmworkers experience significant mental health issues including depressive symptoms compared to nine percent of the United States female population (Pulgar et al., 2016).

The effects of poor mental health affect the well-being of women, and their ability to meet their employment and household responsibilities. Latina migrant farmworkers experience significant mental health problems, such as stress, anxiety, and depression (Arcury, et al., 2018). Certain risk factors are specific to this population, which are closely related to the nature of their employment. Lack of local working opportunities and low wages force farmworkers to seek employment far away from home. Work related relocation, distance Latina migrant farmworkers from their support systems and expose them to additional mental health risks such as discrimination and alienation (Zapata Roblyer, et al., 2016). The lack of a support system among individuals from a cultural group that values collectivity, affects their ability to cope with significant stressors related to farm work such as sporadic employment, long working hours in hazardous conditions and high rates of sexual harassment in the farm industry (Chaney & Torres, 2017).

Despite the evidence showing the higher prevalence of mental health care needs among Latinas, this group presents lower rates of access to mental health services when compared with non-immigrant women (Derr, 2016). Even though Latina women represent the group with the highest rates of postpartum depression, their hesitancy in seeking treatment for depression is caused by language barriers, which hinder their ability to disclose their feelings and lack of trust in the US health care system (Sampson, et al., 2018). These findings are significant considering the high rates of fertility among US and foreign-born Latinas (Lara-Cinisomo et al., 2018).

The prevalence of high rates of preventable diseases in the Latino community and their association with mental illness could become a public health concern. Latinos are showing high rates chronic health conditions associated with depression such as diabetes, coronary vascular disease (CVD) and arthritis. Lately, primary care settings have become the gateway for mental health screenings among Latina women who may attribute symptoms of underlying depression to their chronic illness. (Maurer et al, 2018)

The presence of Latina farmworkers has increased over the past two decades. Latina farmworkers face barriers for health care access related to their structurally vulnerable position. The term structural vulnerability refers to the condition of an individual or a group of being at risk of having negative health outcome due to poverty, low educational level, and lack of access to health care and resources (Bourgois et al.,2017). A high percentage of Latina migrant farmworkers are Mexican born or have Mexican ancestry (National Center for Farmworker Health, 2020). Mexican immigrants may be considered among the ethnic groups that experience the highest levels of health disparity, in part due to undocumented migratory status. For Latina farmworkers, being undocumented limits their eligibility for health care insurance (Cheney et al., 2018). Other factors hindering their access to health care include low levels of English

proficiency, lack of bilingual providers, low wages, and lack of workers' rights (Sangaramoorthy & Guevara, 2017).

The history of migrant farm work in Wisconsin dates to the early 1900s. The first migrant farmworkers were low-income and of European descent from large Midwestern cities hired to plant and harvest sugar beets and other vegetables. Eventually, many of them purchased their own farmlands and became settlers (Roberts, 2010). Later, farmworker demographics changed due to programs designed to alleviate America's farm labor shortages. One of them, the Bracero program allowed foreign-born workers to enter the United States without the need of a work permit from 1951-1964 (Mandeel, 2014). This resulted in an increase in Latino farm workers in states like Wisconsin. The advent of technology in the last century and improved herbicides resulted in a decreased need for farm labor. Currently, Wisconsin migrant farmworkers are employed in canning and food processing jobs, agriculture, and dairy farms. Most of them are uninsured. Wisconsin migrant farmworkers share similar barriers to health care access to other migrant farmworkers across the country. Their access to health care is affected by the elevated cost of health care, lack of transportation, fear of lost wages and unclear work policies (Keller et al, 2017).

Latinas have become essential members of the American agricultural workforce due to their role as farmworkers and as members of farmworker families. The number of Latina farmworkers has increased over the past two decades, making twenty five percent of the total farm working community. The physical and mental health of Latina farmworkers is affected by their socio-economic and cultural context. Latina farmworkers mental health risks differ from those experienced by men, mostly due to gender roles and due to sexual harassment in the agricultural industry. Similarly, agricultural health hazards, such as pesticide exposure present

risks for women's health differently from men, especially among women of childbearing age (Mrema et al., 2017). Research on Latina farmworkers' health is scarce, with only a few studies focusing on women. Marginalization and migratory status may become the main barriers to health care access. Health inequities and the social structures that perpetuate them, prevent Latina farmworkers from meeting their basic health care needs.

Purpose of the Study

The purpose of this qualitative dissertation study is to explore the impact of the current socio-political climate, anti-immigrant rhetoric and systemic racism on the mental health needs, and mental health care access of female migrant farmworkers of Latino origin, working in the state of Wisconsin. This qualitative study will address the gap in the literature regarding the phenomenon of mental health needs among Latina migrant farmworkers in Wisconsin. To date, there are no scholarly works published addressing the mental health needs and access to mental health care among Latina migrant farmworkers in the state of Wisconsin, nor accounts of the prevalence of mental illness within this population.

Voicing the experiences of mental illness among Latina migrant farmworkers offers the opportunity to understand the complexity of their realities as women and as immigrants as well as survivors of the long-lasting effects of colonialism. This understanding is essential to the development of mental health interventions that take into account the historical context and current systems of oppression. The findings of this study will contribute to our understanding of the conditions in which Latina migrant farmworkers live and work, while seeking to inform the need for policies ensuring equal and safe job conditions and adequate access to health care services. Furthermore, changing the narrative about ethnic minority labor will foster social justice.

Positionality

Researchers' social location influence their perceptions of their social world, which in turn affects their research approach and interpretation of findings (Jacobson & Mustafa, 2019). Having a clear understanding of the researcher position in relation to the participants' social position aids in the identification and resolution of power relations embedded in the research process (Muhammad, et al., 2015). Postcolonial feminist scholars have analyzed power dimensions within research relationships and the importance of closing the 'space-between' academics and the community (Sandoval, 1991). One strategy to deconstruct power relationships especially in research with diverse populations is the inclusion of researchers whose identities (i.e. gender, race/ethnicity, sexual orientation, and class) intersect with those of the participants.

My interest in conducting this study stems from personal and professional reasons. I identify as a middle aged, professional Latina immigrant and as an individual who was affected by mental health issues post immigration. At a professional level, this study will aid in the identification of mental health needs among Latina migrant farmworkers taking into account the intersection of gender, class, and race, within an oppressive system fueled by anti-immigration rhetoric. As a feminist scholar, this study signifies a professional commitment to advocacy for minority women's health care access. Findings from this study will enhance our understanding of the unique needs of this population, centering the participants own voices and their socio-cultural perspectives.

Despite several commonalities in the identities of researcher and participants, one cannot assume the absence of power relationships. Embrace a Wisconsin based non-profit organization specialized in counseling services for victims of violence will serve as a source for referrals. Information about their services were translated into Spanish and will be offered to participants.

My role as a volunteer translator for Embrace will be disclosed to participants. The current socio-political context in the United States, in which segregation, racism and discrimination persist, may generate distrust among ethnic minorities. While sharing gender and cultural background may help to anticipate the dynamics needed to establish initial contact and to build relationships with participants (recruitment), continuous reflection on positionality and social location would guide sensitive and respectful interactions during interviews while avoiding implicit bias and hidden power dynamics.

Research Aims

Specific aims of this study include:

1. To gain a deeper understanding of Latina migrant farmworkers mental health needs in the state of Wisconsin amid current anti-immigration rhetoric.

2. To compare mental health outcomes of Latina migrant farmworkers who have received mental health care.

3. To determine the implications of systemic racism on the mental health and wellbeing of Latina migrant farm workers.

4. To determine the impacts of mental illness on the health and well-being of Latina migrant farmworkers and their families

Research Questions

The following propositions will be used in this study:

1. How does the current socio-political climate, anti-immigrant rhetoric and systemic racism affect the mental health of Latina immigrants?

2. How do Latina migrant farmworkers meet their mental health needs when temporarily relocated to the Wisconsin for employment purposes?

3. What are the individual and system barriers and facilitators in health care access for female migrant farmworkers?

4. What are the main concerns related to mental health among Latina migrant farmworkers?

Theoretical Frameworks

Manuscript I: Application of Postcolonial Feminist Theory, Chicana Feminist Thought, and Black Feminist Thought in Analyzing the Mental Health Needs of Latina Migrant Farmworkers - A Shared Legacy

This manuscript discusses the application of Chicana, postcolonial, and Black feminist theoretical frameworks in the analysis of Latina migrant farmworkers mental health needs. In this manuscript I seek to center the voices of migrant Latina farmworkers in the generation of knowledge. Ethnic minority women have unique needs that are informed by their sociopolitical and historical location. The interaction of risk factors and social determinants of health affect the mental health needs of Latina migrant farmworkers. Health care policy should be informed by women's accounts of their experiences while living with mental health illness or seeking mental health care. This manuscript fulfilled the requirements of the non-traditional (manuscript) option for my dissertation's completion. This article was published in Advances in Nursing Science.

Application of Postcolonial Feminist Theory, Chicana Feminist Thought, and Black Feminist Thought in Analyzing the Mental Health Needs of Latina Migrant Farmworkers A Shared Legacy

Maria del Carmen Graf, MSN, RN, CTN-A; Ashley Ruiz, RN, BSN; Jeneile Luebke, PhD, RN; Oluwatoyin Olukotun, PhD, RN; Aisha Kendrick, MSN, APN, CNS, RNC-OB; Leslie Shaw, MSN, RN, ACNP-BC; Alexa A. Lopez, PhD; Julia Snethen, PhD, RN, FAAN; Eva Silvestre, PhD; Lucy Mkandawire-Valhmu, PhD, RN

Abstract

The purpose of this theoretical article is to analyze the utility of postcolonial, Black, and Chicana feminist frameworks to inform nursing research and practice specific to mental health needs of Latina women migrant farmworkers. Twentieth-century Western feminist narratives overlooked the intersecting systems of oppression experienced by women of color, including Latina women. Feminist epistemologies are useful in understanding the complex sociopolitical contexts that have impacted women's health outcomes and well-being. This analysis is critical to shaping nursing care that meets the unique health needs of migrant farmworker women while considering their sociopolitical realities.

Keywords: Black feminism, Chicana feminism, Latina health, Latina women, migrant farmworker, postcolonial feminism

Numerous factors intersect to increase women's risk of poor mental health, specifically their gender, adverse childhood experiences, lower educational attainment, unemployment, and resultant poverty.[1] Latina migrant farmworkers experience all or a combination of these risk factors and stressors that negatively impact their mental health and well-being. Risk factors related to farmwork, and the demands of Latinas' gendered domestic roles, result in work-family tensions that negatively impact women's mental health.[2] Furthermore, persistent stigma perpetuated by poor health literacy, perceptions, and beliefs about mental health impede female migrant farmworkers' decision to seek mental health care.[3]

Complex social and structural factors coalesce to increase Latina migrant farmworkers' vulnerability to adverse mental health outcomes. Latina migrant farmworkers' vulnerability necessitates health care providers have an enhanced understanding of mental health needs using critical epistemologies. To facilitate such an analysis, we outline the utility of feminist epistemologies including postcolonial feminist theory, Black and Chicana feminist thought in understanding the mental health needs of migrant farmworker women in the Midwest. Our goal is to gain a deeper understanding of the mental health needs of Latina migrant farmworker women in the state of Wisconsin, which the first author is addressing through her scholarship.

Nurse scholars must consider diverse perspectives with a goal of decolonizing nursing scholarship to develop more effective nursing practice and health policy.[4] This article is a culmination of the scholarship of a diverse group of authors who include Latina, immigrant women, indigenous (enrolled member of Bad River Band of Lake Superior Chippewa), women who identify as cisgender, Black, multiracial Pacific Islander as well as White women. As authors we acknowledge our positionality and social locations of privilege as academics. Our goal here is to use this location for advocacy and to create a space where the health needs of

migrant Latina farmworkers, who are often located on the margins of society, are centered. We also seek to help fill a gap in the literature about Latina migrant farmworkers health needs in Midwestern states like Wisconsin.

Research with Latino participants includes limited representation of non-Mexican Latinos. Traditional Latino migratory settlements, such as the East and West Coasts, are often the focus of research studies, limiting the translation of research findings to those areas. Recent migratory trends show that the Midwest is becoming a popular migratory settlement for Latinos, especially for migrants working in agriculture. Limited literature about Latina migrant farmworkers in the Midwest states is a knowledge gap, creating a barrier to developing and implementing mental health interventions in these geographic areas. No scholarly publications were found addressing the mental health concerns and access to care among Latina migrant farmworkers in Wisconsin, or the prevalence of mental illness within this population.

The purpose of this theoretical article is to provide an overview of Latina migrant farmworkers in the United States. Latina migrant farmworkers' unique location places them at risk for poor mental health outcomes. Therefore, we have analyzed the utility of postcolonial, Black, and Chicana feminist frameworks in informing nursing research and practice with Latina migrant farmworkers. Currently, the political system is characterized by blatant xenophobia and racism, which has a significant negative impact on immigrant health.[5]

Feminist epistemologies offer a valuable lens for deconstructing how the health and well-being of socially marginalized communities, like migrant women farmworkers, are influenced by structural factors. Feminist frameworks complement each other, which allows for a deeper understanding of the complexities faced by Latina migrant farmworkers. Additionally, feminist frameworks allow for the consideration of how the intersection of gender, class, and race affects

women's mental health. This analysis can inform nursing practice on vital information for tailoring migrant farmworker women's care to meet their unique needs. Research and practice grounded in women's voices serves as a vehicle for women's empowerment and emancipation from oppressive hegemonic discourse. The insight from this analysis enables the consideration of migrant farmworker women's historical and sociopolitical location and how it affects their health outcomes.

BACKGROUND

The history of migrant farmwork in Wisconsin dates back to the early 1900s. The first migrant farmworkers in Wisconsin were of European descent, with limited income, who were recruited from large Midwestern cities to plant and harvest sugar beets and other vegetables. Many of the migrant farmworkers eventually purchased their own farmlands and became settlers.[6] Farmworker demographics eventually changed due to programs designed to alleviate the US farm labor shortages. The Immigration and Naturalization Act of 1965 ended the quota system based on national origin, which enabled a significant increase in the number of immigrants. The law was influential in changing the US demographic profile.[7] Currently, Wisconsin migrant farmworkers are employed in canning and food processing jobs, agriculture, and dairy farms. Wisconsin migrant farmworkers share similar barriers to health care access like other migrant farmworkers across the country. Data from the 2011- 2012 National Agricultural Workers Survey showed that 68% of migrant farmworkers are uninsured.[8] Access to health care for migrant farmworkers is affected by the high cost of health care, lack of transportation, fear of lost wages, and unclear work policies.[9]

Structural vulnerability

Latina farmworkers face barriers to health care access related to their structurally vulnerable position. Structural vulnerability refers to the condition of an individual or a group of being at risk for poor health outcomes due to poverty, low educational level, and lack of access to health care and resources.[10] Most farmworkers are Latino, and about 50% of them hold undocumented migratory status.[2] A high percentage of Latina migrant farmworkers are Mexican born or have Mexican ancestry and are undocumented.[8] Being undocumented limits Latina farmworkers' eligibility for health care insurance. However, access to health care is further restricted by English proficiency limitations, inadequate availability of bilingual providers, low wages, and no workers' rights.[11]

Historical context

Globally, the United States has more recent immigrants than any other country. Over 44 million people in the United States are foreign born, accounting for nearly one-fifth of the world's migrant population.[12] Regulation of immigration was enacted by the Bracero program, which allowed foreign-born workers to enter the United States without a work permit from 1942 to 1964.[13] The Bracero program was the impetus for an increase in Latino farmworkers in Wisconsin. However, with the advent of technology, and the emergence of improved herbicides, fewer farmworkers were needed, and the Bracero program ended.

Currently, Wisconsin migrant farmworkers are employed in food processing canning, agriculture, and dairy farms. Latinas are essential farmworkers, representing 32% of the agricultural workforce in the United States.[8]

Legal exclusions

Mexican immigration to the United States in the 19th century was not a governmental concern. The Treaty of Guadalupe Hidalgo allowed Mexican residents in the newly annexed United States territories to resettle in Mexican territories or become US citizens.[14] Refugees and asylum seekers increased their immigration to the United States during concern for White Americans when a rapidly expanding number of Southern European, Asian, and Middle Eastern immigrants entered the United States as there were significant cultural differences. White hegemonic ideologies were instrumental in propagating the fear of foreign influence, concerns about immigrants and immigration policy. The Emergency Quota Act of 1921 and the Immigration Act of 1924 were formulated to restrict immigration from countries with a predominantly non-White populace.[14] The establishment of a quota system restricted the number of immigrants per country allowed to enter the United States. Latin American countries were exempted from the quota system.[13]

The United States allowed Mexicans within its territories as temporary migrant labor workers, mainly in agriculture.[13] The onset of the Depression in 1929 marked a drastic change in the US economy, as industrial production and the need for immigrant labor declined. To sustain the economy, jobs for White Americans were preserved by forcefully deporting nearly 1.8 million persons of Mexican descent, most of whom were natural born citizens. Additionally, thousands of Mexican migrant farmworkers lost their jobs and returned to Mexico. Repatriation of Mexicans and Mexican Americans did not appear to improve the local employment during the depression, though the repatriation raids continued until the creation of the Bracero Program in 1942.[13]

Sexual harassment and violence

Latina farmworkers' physical and mental health is affected by their gender, socioeconomic and cultural context. Latina farmworkers' gendered status has resulted in abuse, including sexual harassment, within the agricultural industry.[15] Sexual harassment experienced by migrant farmworker women is not limited to the fields, but due to exposure to sexual violence prior to and during the migration process, and their vulnerability related to resettling. Latina women's ability to seek recourse following an experience of sexual violence, or even access health care, is often informed by their immigration status. Over 50% of Latina women informally report having experienced sexual violence and interpersonal victimization, yet few report the violation. Undocumented Latina migrant farmworkers who experience sexual violence are fearful of reporting the violence due to the unwanted repercussions established by the omnibus policies, which limit protections for undocumented immigrants.[16]

Issues of immigration status add an additional layer of vulnerability to a population that faces challenges associated with resettlement. Resettlement is a complex process that requires the migrant to learn new social and cultural systems, with potentially limited English proficiency. Traversing the challenges of their new community, migrants experience a multitude of complexities within the Unites States including limited transportation and no knowledge of the nuances of accessing health care.1[7] Furthermore, one's legal citizenship status is often used by abusers that inflict sexual violence as an additional method of control over immigrant women.[15] It is essential that nurses providing health care services to Latina migrant farmworkers understand the context of the vulnerability to the women experience, especially those who may be undocumented. Understanding the process and experiences of migrants who navigate the health care system positions the nurse to effectively collaborate with the women to remove

barriers that hinder their ability to fully access healthcare services regardless of their immigration status.

Environmental exposure

Agricultural health hazard exposure presents risks for women's health unlike what men experience, especially when women are of childbearing age.[18] Young women living in agricultural communities are vulnerable to the detrimental health effects of reproductive and developmental toxins from pesticides.[2] Parental occupational exposure to pesticides during the perinatal period increases the risk that their children will develop certain cancers such as acute lymphoblastic leukemia.[19] Knowledge of risk factors for developing health problems, or experiencing sexual violence, has implications for women's emotional and mental health and well-being. Research on Latina farmworkers' health is scarce, with only a few studies focused solely on women.

Combined burdens of paid and unpaid labor

Traditionally, women experience a split between their paid and unpaid labor. Work women perform outside their home within the labor market is paid, while the unpaid work refers to activities required to maintain a family and household. The value of work and its gendered nature is informed by traditional societal gender-specific notions of men going outside the home to work for a wage while women work within the home, caring for the children and the home. According to Collins,[20] the public and private split of labor and family is fundamental in explaining US gender ideologies. In addition to the risk factors related to farmwork, Latina migrant farmworkers thus face the demands of gendered domestic roles, which result in work-family tensions, which could negatively impact their mental health.

Access to health care

A few scholars have studied the mental health of Latina farmworkers or Latina members of farmworker families.[2,21,22] The findings from these studies indicated that Latina farmworkers experience stress and depressive symptoms.[2,23] Furthermore, Pulgar et al[23] highlighted that 31.3% of Latina farmworkers experienced depressive symptoms compared with only 9.3% of the general US female population. Rodriguez et al[24] highlighted the adverse effects of unsupportive work environments and demanding family obligations on Latina manual workers' mental health and their families' health. Latina farmworkers' increased risk for developing health issues and their limited access to mental health care are thus a significant public health concern.

Geographical location

Barriers to health care access differ for women living in rural areas versus women living in urban communities.[25] Health care services are scarcer in rural communities, partially due to the lack of infrastructure and health care professionals unwillingness to relocate to rural communities. Low-income levels and lack of public transportation systems in rural communities are also barriers that limit access to health care.[11] While technology and innovation such as telehealth and remote health care equipment have been used to overcome barriers to health care access in rural areas, not everyone living in rural communities benefits from the technology. One of the main barriers to health care access in rural areas is also the lack of insurance coverage and the increasing cost of health care services.

Immigration policies and health

Latinos living in the United States have increased rapidly during the past 50 years, going from 6.5% in 1980 to 17.6% of the total US population in 2015.[26] The fast-growing rate of the

Latino population in the United States and the unique health needs that are often unmet have significant public health implications.[23] For instance, immigrants often lack access to health care services and financial protection for health, especially when they lack permanent residency.[27] The World Health Organization noted that immigrants' access to essential health services is of paramount importance to rights-based health systems, global health security, and public efforts to reduce health inequities.[28]

Immigrants face further limitations to health care access due to external factors, including governmental immigration and health care policy reform,[28] that imposes strict immigration policies to curb the population of undocumented immigrants.[29] Economic crisis and financial instability in a climate of migratory policy tension stimulate political debates that target undocumented immigrants, which result in the development of restrictive immigration policies. Further restrictions on immigrants diminish their eligibility for public service access to health care.[30] The 2010 Affordable Care Act (ACA), though a venue for addressing health disparities in the United States, upholds federal restrictions excluding undocumented immigrants' access to public services.[22] Undocumented immigrants' restrictions from affordable health care services create subsequent adverse health outcomes, which continue to be a critical public health concern. Nurses and other health care providers need to be aware of the potential for adverse health outcomes, as they are often at the center of meeting the health care needs of immigrants including migrant farmworker women who may have undocumented status.[30]

In response to the challenges created by federal laws, some states have passed laws and allocated state funds to extend health care benefits to ineligible immigrants who would otherwise be ineligible to access health care services.[22] Sanctuary cities offer health care resources to ensure that undocumented immigrants may access primary care and enroll in preventative care.[31]

Overcoming the ACA's exclusion of undocumented immigrants, the Massachusetts health reform of 2006 allows income-eligible state residents of any documentation status to receive services through programs such as the Health Safety Net (HSN) and Commonwealth Care (CommCare).[22] These initiatives exemplify local efforts to promote health equity for undocumented immigrants. However, the solution to disparate health care access and resultant health inequities experienced specifically by undocumented immigrants may reside in extending the provisions of the ACA to consider the health needs of patients who may be undocumented.

Restricting undocumented Latino immigrants' access to health care services based on documentation status promotes discrimination.[22] The lack of inclusive health coverage for undocumented immigrants, and the subsequent limited access to preventative services, has implications for community health, including a dependence on the emergency department for primary care services.[30] Reliance on emergency department services limits undocumented immigrants continuity of care while also increasing costs and unreimbursed expenses for the health care system.[30]

Insurance status

The relationship between undocumented immigration status and negative health outcomes supports the need for health care policies focused on ensuring undocumented immigrants receive health care coverage to access health care.[30] The US economy and public health would benefit from reforms allowing undocumented immigrants equitable access to health care services.[31] Therefore, health care professionals, politicians, stakeholders, and advocacy groups, among others, must work together on policy solutions that foster human rights and uphold social justice.[29] The nursing code of ethics from the American Nurses Association and the International Council of Nurses mandates that one of roles of nurses is to advocate for social

justice.[32,33] Nurses hold a pivotal position for promoting social justice within the health care system, as they interact with immigrant patients at all levels of care. Collective nursing actions to contest disempowerment of undocumented immigrants, or loss of agency, and advance inclusive health policies would help reduce disparities and improve the health of immigrants across the country.[4] Inclusive health policies would also help close the social gap by acknowledging that undocumented immigrants deserve access to shared resources and benefits.[31]

Deficiencies in current health policies are reflected in the literature, including the ACA and the Personal Responsibility and Work Opportunity Reconciliation Act. Exclusionary policies jeopardize the progressive effort in the United States to encourage social solidarity and widen health outcomes between undocumented individuals and their native-born counterparts.[31,34] Immigration remains a complex subject, yet leveraging local resources in states willing to support undocumented immigrants; health is one temporary solution. Sanctuary cities and local government health care services, especially in a climate of continuous antimigratory rhetoric, serve to mitigate undocumented immigrants' health burden.[29]

Mental health

Evidence suggests that patient knowledge, beliefs, and attitudes toward mental health influence help-seeking behaviors and treatment adherence.[3] Therefore, assessing patients' perspectives about mental health and well-being becomes an essential step in developing effective interventions. A study analyzing Latina migrant farmworkers' conceptualization of mental illness found that mental illness is associated with stressful working conditions, social isolation, and fear of deportation.[34] Another study identified that Latina farmworkers related mental illness, specifically depression, with work instability and lack of income.[2] In both studies,

mental illness was associated with financial strain, undocumented status, deportation, and unemployment.

Zapata Roblyer et al[21] conducted a study to analyze Latina's mental health among farmworker families living in the US South Atlantic region. This setting was chosen because Latino immigrants are relatively recent arrivals to that geographical area. The authors defined immigrant Latinas as an understudied, underserved population for whom the psychosocial factors associated with mental illness and depression have not been adequately explored in current literature.[21] The authors discussed topics unique to this population, including the "immigrant paradox," which refers to the inverse association between Latino "acculturation" ∗ and mental illness. The "immigrant paradox" theorizes that Latino immigrants 'mental health tends to decline with longer duration of residency in the United States.[21] Data obtained from the studies[2,21,35] confirmed the relationship between immigration, social determinants of health, and inadequate[1] access to health care services with the development of mental illness among female migrant farmworkers.

Cultural influences on mental health

Evidence shows the influence of cultural and contextual factors in every aspect of mental health and illness.[3] Even though 2 women can share a similar diagnosis of mental health illness, their perception and response to this diagnosis would be influenced by several factors, among them their social determinants of health. Latino perceptions about mental illness and the fear of isolation and stigma require a culturally responsive approach. In response to the cultural role

[1] ∗The concept of acculturation refers to the adoption of cultural elements of a host or dominant society, including language, food choice, music, sports, among others. Evidence has suggested that higher acculturation levels increase the risk for the hosts' maladaptive physical and psychological outcomes.[21] A focus on acculturation as a driver of the immigrant health paradox obscures the adverse implications of sociopolitical and structural factors such as racism, sexism, and xenophobia on immigrant health.[21]

associated with mental health, the World Health Organization launched the Mental Health Action Plan 2013-2020.[36] This plan aimed to assist persons affected by mental health disorders in accessing high-quality, culturally appropriate health and social care while minimizing stigma and discrimination.

Feminist epistemologies

Common themes across postcolonial, Chicana and Black feminist thought

Postcolonial, Chicana, and Black feminist thought all emerged in response to mainstream feminism's lack of recognition of the intersecting identities of Black, Indigenous, and women of color. Scholars who embraced these feminisms argued against the sole emphasis on gender that did not account for other aspects of women's identity such as racial identity, ethnicity, and social class.[37] Postcolonial feminist thought specifically emerged as a critique of Western feminism's hegemonic representation of women in the global South,[38] and as a response to women's "double colonization" or the simultaneous oppression caused by both colonialism and patriarchy.[39] Central to postcolonial feminism is the rejection of Western feminism's hegemonic colonial discourse and tropes, which characterize women as homogenous and lacking in agency.[40]

Similarly, Black feminist thought as a theoretical framework was developed to not only center the interests of Black women†[2] but also as a form of activism. Black women in the United States experience oppression, but, like many women of color in the United States, have also historically engaged in resistance in the form of activism.[20] Black women's labor and the effects that the system has on Black families intersect with the oppressions of race, class, and gender.

[2] †In this manuscript we use the term "Black," to mostly speak of African American women whose ancestors were forcibly brought to the United States as enslaved peoples. This does not negate the experience of recent immigrant Black women to the Americas who also experience oppression based on their racial identity. But here, we want to emphasize the historical and generational oppression specifically of African American women that has gone on for 400 years.

During the era of slavery, women were given many of the same jobs as men. People who were enslaved were viewed as commodities and chattel, and thus did not benefit from their own labor.

The enslavement of Black women as the property of "the master" included the master's control of women's fertility. Black women's fertility and reproductive capacity were considered an opportunity to increase the master's wealth for generations and to further contribute to the US capitalist class creation. Chattel slavery thus served as the foundation for subjugating Black women's labor as well as for controlling reproductive rights for generations. After the abolition of slavery, where possible, Black women began to withdraw from field labor and domestic work. They did so to concentrate on their families and homes and to strengthen their family's economic positions, not to mimic White middle class women. This was highly criticized and found to be distasteful by Whites who saw this as further evidence that Black women did not meet the standard of the American woman who is middle class and White.[20] It is these ideologies and resultant intersecting oppressions that Black women sought to address through Black feminist thought.

Chicana feminism, on the other hand, is a sociopolitical movement that developed in response to Chicana experience of exclusion from not only Western feminist discourse but also the Chicano movement's inability to validate Mexican women's participation in their quests for social justice.[41] The Chicano movement emerged amid the sociopolitical conflicts affecting Mexican immigrants during the 1960s to repel structural racism. Even though Chicanas, which is first-generation Mexican women born in the United States, became active participants in this movement, their male counterparts overlooked their participation. Similar to Black feminist activism, Chicanas political activism was directed at reforming American societal inequalities, ultimately leading to a feminist journey that centered their unique identity as Chicana.[41] This

journey empowered Chicana to unite and emancipate from the intersecting lines of oppression within the Chicano movement.

Early Chicana Feminist writings and publications served as a mobilizing tool for Chicanas in which they recognized the existence and perpetuation of patriarchy as the source of women's oppression.[41] These writings were a call for action as more Chicanas joined this school of thought through widespread activism within the Chicano movement.[41] One of the utmost representations of Chicana empowerment is the work of labor leader and human right activist Dolores Huerta, co-founder of the National Farmworkers Association.[42] The colonial discourse that informed the ideologies of mainstream feminism historically did not consider women's unique and varied racial, social, and political contexts.[40] Chicana feminist thought thus specifically emerged as a response to classism, sexism, racism, and patriarchy[43] and to all the ways in which colonial legacies of oppression marked Chicanas' lives.

For White women, major concerns have centered on reproductive justice, the gender pay gap, and unpaid domestic labor[44] among other challenges related to gender inequality. These concerns, while valid, do not necessarily capture the complex realities and lived experiences of ethnic minority women who faced these patriarchy-related challenges while also having to contend with racism, colonialism, and genocide.[40] It is these intersecting realities that Postcolonial, Chicana, and Black feminist scholars seek to redress. Ethnic minority scholars particularly strive to ensure that proposed solutions to the issues faced by non-White women consider their sociocultural realities. Additionally, there are concerns about representation and the need to acknowledge women's capacities and strengths amid oppression. Mohanty, a postcolonial feminist scholar, pointed out the dichotomy in Western feminist texts regarding the

definition of third world women‡[3] or women in the global South.[37] She argued that third world women are often described as religious, family-oriented, legal minors, illiterate, and domesticated, while Western women represent themselves as sexually liberated, free-minded, and having control over their own lives.

This characterization is problematic considering that White women in the west are also not a monolith. Not all White women, for example, are middle class. In the United States, many White women also reside in rural communities where they experience unique health care needs and challenges specific to rural livelihoods such as transportation barriers, limited health care access, and poverty, previously mentioned.[39] While Western feminist literature perpetuates the classical notion of men as oppressors and women as oppressed, Mohanty deconstructs the idea of "first world woman as subject" and "third world woman as object," thus opening a theoretical space to contest the homogenization of third world women.[40]

Unique contributions of each theory

While postcolonial feminist theory focused on women in the global south or third world women, Chicana feminist thought, and Black feminist thought, was mostly centered on women in the Americas. Chicana feminist thought specifically critiques sexism within the Chicano movement and contest Chicana prescribed role within their culture.[41] Chicana experienced the intersectionality of class, and "mestizaje" or the mixture of European and indigenous cultures within American culture,[43] and they also experienced gender discrimination within their patriarchal culture through the core themes of work, family, sexual politics, motherhood, and

[3] ‡Postcolonial feminist scholars, such as Chandra Mohanty, use the term "third world women" in reference to women in middle and low-income countries, as well as women of color in Western countries. In addition to the influence of patriarchy, the experiences of third world women in their respective contexts are also impacted by other sociopolitical processes such as colonialism, racism, classism, amongst other structural factors.

political activism. In this context and raised within a patriarchal society, Chicana women were denied decision-making power and their role was limited to motherhood. The search for a "room of their own" emerged from their feminist consciousness.[41]

Black feminist thought is thus unique in that it emphasizes praxis that values the individual within collective consciousness.[20] Black feminist thought also focuses on intersecting oppressions on the basis of race, class, gender, sexuality, and nation experienced specifically by Black women with theorizing focused on the matrices of power domination. These spheres of power domination include structural, disciplinary, hegemonic, and interpersonal domains of power. Reflected among these core themes are the unique and complex oppressive realities experienced by Black women. These core themes also have historical meaning that is uniquely rooted in chattel slavery in the Americas, which permeates every aspect of the US culture and society, impacting Black women's lived experiences today. As long as Black women remain oppressed, there will be a need to continue to develop knowledge that centers the interests of Black women.[20]

At the time when White feminist activist fought for their right to paid maternity and demanded equal pay,[36] leaving the labor market was not a benefit afforded to many Black women and families due to the limited jobs and acceptable wages available to Black men, which kept many Black women in the labor market.[20] Black women received low pay as domestic workers caring for White families. Because Black women had to work outside the home, they were not viewed as feminine, nor did they fit the mold of the patriarchal ideal of women's work because the work in which they were involved took them away from their households, families, and children. Race, class, gender, sexuality, and nation are the unique features of Black feminist thought that frame the oppression and struggles experienced by Black women within US

matrices of domination.[20] Although Latina migrant farmworkers may not necessarily have a history of slavery, they experience similar gender dynamics within the US labor market, being underpaid and experiencing oppression due to their gender, racial identity, and class status.

Application of feminist epistemologies to nursing research and practice

Research with Latina migrant farmworkers that is grounded in women's voices and informs policy on the basis of women's input helps us move away from hegemonic representations. The utility of feminist epistemologies lies in their ability to inform nursing research that would lead to culturally relevant diagnostic and treatment guidelines and interventions.

Despite Latinas' growing participation within the US workforce, there is limited literature about migrant farmworker women in states like Wisconsin. Regardless of the long hours of strenuous work, Latina migrant farmworkers must fulfill all gendered obligations assigned to them in their role as a wife and mother. Even though Latina migrant farmworkers' income supports their families' economy and contributes to overall community growth, they are not free from gendered discrimination. Latina migrant farmworkers are subject to gender pay differences and receive lower wages than White workers.[2] Language and cultural barriers, lack of support, isolation, work-family conflict, and inadequate wages are among the many stressors affecting Latina migrant farmworkers. Chicana and Black feminist thought both hold great utility in analyzing these complex realities that account for women's intersecting identities and how these inform mental health outcomes.

Feminist epistemologies also allow us to analyze the ideologies that have historically informed White hegemonic masculinity, which refers to the enforcement of patriarchal gender

hierarchies through constructions of masculinity cast as normative. Through Black feminist thought specifically, for example, we are able to analyze how these White hegemonic masculinities affect the mental health outcomes of Latina migrant farmworkers. History shows us how these same ideologies led to the control and regulation of enslaved Black women's fertility through the use of sexual violence at the hands of White masters to benefit White patriarchal structures. Although the times have changed, the legacy of the ideologies informing White hegemonic masculinity continues to impact modern-day decisions and interactions. Ruiz et al[45] explain how hegemonic masculinities lead to the establishment of societal expectations and standards that govern how people ought to interact. These social standards inform responses to sexual violence throughout history and within present-day society. For Black women, it is the depiction of them as lascivious and thus deserving of violence and unworthy of health care and support following a sexual assault.[46] For Latina migrant farmworkers, it is often their undocumented status as well as their low-income status that situates them as undeserving from a White hegemonic masculine lens.

Nurses need to recognize how the social standards set by White hegemonic masculinity and the history behind these ideologies mold the way in which women experience sexual violence today, and their willingness to access or not access health care following experiences of sexual violence. Analysis of these ideologies from the viewpoint of Black, Chicana, and postcolonial feminist thought is useful to informing our approach, as nurses, to the needs of Latina migrant farmworkers especially in relation to their experiences of sexual violence and how this ultimately impacts their mental health.

DISCUSSION

The application of feminist methodologies to understanding the experiences of Latina migrant farmworkers that inform their mental health allows for an in-depth analysis of the complex realities affecting them. As immigrants, Latinas face discrimination amid an anti-immigrant political environment, both well-known precursors of depression.[29] The existence of undocumented Latino immigrants requires that health care providers and policymakers address health care access and coverage for this population. While compliance with migratory policies is not the subject of debate, policies restricting undocumented immigrants' access to health care should not be used to curb "illegal immigration."[29] Laws such as the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 remain a mechanism for restricting immigrants from receiving health care through Medicaid and other publicly funded services.[30] Lack of comprehensive federal immigration reforms since the 1996 Illegal Immigration Reform and Immigration Responsibility Act impedes undocumented Latino immigrants' ability to regularize their status, excluding them from health care coverage eligibility.[22]

Latina migrant farmworkers face added stressors, including financial strain, lack of social support, and policies limiting access to health care services. Using these feminist epistemologies in analyzing the needs of this population creates a space where migrant farmworker women's voices can be heard. These feminisms seek to promote a social justice agenda while avoiding the revictimization of women. Through all 3 theoretical frameworks, scholars can determine how gender and class influence sociocultural, political, and economic realities and ultimately impact migrant farmworker women's health and well-being. Analysis of Latinas' inability to meet their mental health care needs should focus on the structures hindering their access to care. Providing an analysis of Latina mental health needs at the macro level also offers insight into health care policy gaps.

The application of Chicana feminist thought in analyzing the mental health needs of Latino migrant farmworkers provides context for the issues experienced explicitly by Mexican/Chicana women in the United States. Chicana feminist thought is embedded in the history of Chicana struggle in their fight for identity and recognition. The intersectionality of gender, race, and class affecting Latina mental health requires a critical analysis. Religious and cultural values influence Latina migrant farmworkers' perceptions of mental health and attitudes toward health seeking. Analysis of socially proscribed gender roles needs to be incorporated into culturally relevant mental health interventions. The works of Chicana feminist scholars are centered on policy, social justice, education, and gender identity. While studies of Latina mental health using the philosophical underpinnings of Chicana feminist thought are limited, the intersections of sexism, racism, and classism profoundly affect Latina's mental health. Within the US context, racism, rooted in White supremacist ideology, results in differential access to material resources and power. Issues related to immigration and Chicanas' experiences on the US-Mexico border, for example, can be analyzed from the viewpoint of oppression and ethnic identity using Chicana feminist thought.[43]

Black feminist thought is similar to Chicana feminist thought in that it is centered on examining the relationship between knowledge and power. Applying Black feminist thought to our understanding of the mental health needs of women who experience oppression helps emphasize the way in which responses and processes of healing from experiences of oppression are diverse and individualized but within a collective consciousness. Black feminist thought also emphasizes the importance of reclaiming the power to define oneself. Applying Black feminist thought to our understanding of migrant farmworker women's mental health needs calls for us to recognize the way in which racialized power dynamics perpetuate serious health consequences

for women at the center of racialized oppression. In other words, effectively meeting the mental health needs of migrant farmworker women requires nurses to understand the historical processes that we have articulated here, how these have led to women's intersecting gendered and racialized oppressions and the realities that affect women's health outcomes today.

It is important to note that the work of non-Western feminists expanded and influenced the work of Western feminist scholars such that feminist epistemologies, more broadly, have naturally evolved. For instance, some scholars in nursing have attempted to counter the colonial narrative. Louise Racine applied concepts drawn from feminist and postcolonial theories to nursing research and practice. Her work includes the analysis of the effects of racialization in the delivery of nursing and health care among Chinese immigrant populations in English-speaking Western countries and the socioeconomic vulnerability of immigrant women.[47]

CONCLUSION

In applying all 3 feminist frameworks, we can analyze the complex experiences of Latina migrant farmworker women, not as servile individuals who lack their own voice or need rescue. Conversely, Latina migrant farmworkers are seen as individuals who do not conform to the role assigned to them by virtue of their gender and race. Latina migrant farmworkers are part of the US agricultural workforce, taking ownership of their family finances as providers.[21] Dolores Huerta, activist, and feminist, highlighted the role of education for Latina farmworkers as the cornerstone to the promotion of leadership and empowerment for migrant farmworker women.[42] The application of an ethnocentric feminist approach invalidates their social and financial emancipatory efforts.[30] Alternatively, the use of postcolonial feminist, Chicana feminist, and Black feminist thought allows for the creation of a space where Latinas' voices emerge from the

margins to be recognized and used as a foundation for health care policy and culturally competent mental health care.

References

1. Espeleta HC, Beasley L, Bohora S, Ridings LE, Silovsky JF. Depression in Latina mothers: examining the roles of acculturation, enculturation, social support, and family resources. *Cultur Divers Ethnic Minor Psychol.* 2019;25(4):527-538. doi:10.1037/cdp0000259
2. Arcury TA, Sandberg JC, Talton JW, Laurienti PJ, Daniel SS, Quandt SA. Mental health among Latina farmworkers and other employed Latinas in North Carolina. *Rural Ment Health.* 2018;42(2): 89-101.doi:10.1037/rmh0000091
3. Lopez V, Sanchez K, Killian MO, Eghaneyan BH. Depression screening and education: an examination of mental health literacy and stigma in a sample of Hispanic women. *BMC Public Health.* 2018;18(646): 1-8. doi:10.1186/s12889-018-5516-4
4. Weitzel J, Luebke J, Wesp L, et al. The role of nurses as allies against racism and discrimination: an analysis of key resistance movements of our time. *ANS Adv Nurs Sci.* 2020;43(2):102-113. doi:10.1097/ANS.0000000000000290
5. Fleming PJ, Lopez WD, Mesa H, et al. A qualitative study on the impact of the 2016 US election on the health of immigrant families in Southeast Michigan. *BMC Public Health.* 2019;19(1):947. doi:10.1186/s12889-019-7290-3
6. Roberts R. Wisconsin's migrant and immigrant agricultural labor force. Center for Land Use Education. Published 2010. Accessed January 13, 2021. https://www.uwsp.edu/cnr-ap/clue/Documents/megatrends/Wisconsin_Land_Use_Megatrends_Agriculture_Labor_Force.pdf
7. Chishti M, Hipsman F, Ball I. Fifty years on, the 1965 Immigration and Nationality Act continues to reshape the United States. Migration Policy Institute. Published October 15,

2015. Accessed January 13, 2021. https://www.migrationpolicy.org/article/fiftyyears-1965-immigration-and-nationality-actcontinues-reshape-united-states

8. National Center for Farmworker Health, Inc. Facts about agricultural workers. Updated December 2020. Accessed January 13, 2021. http://www.ncfh.org/facts-about-agricultural-workers.html
9. Keller JC, Gray M, Harrison JL. Milking workers, breaking bodies: health inequality in the dairy industry. N Labor Forum. 2017;26(1):36-44. doi:10.1177/1095796016681763
10. Bourgois P, Holmes SM, Sue K, Quesada J. Structural vulnerability: operationalizing the concept to address health disparities in clinical care. Acad Med. 2017;92(3):299-307. doi:10.1097/ACM.0000000000001294
11. Cheney AM, Newkirk C, Rodriguez K, Montez A. Inequality and health among foreign-born Latinos in rural borderland communities. Soc Sci Med. 2018; 215:115-122. doi:10.1016/j.socscimed.2018.09.011
12. Budiman A. Key findings about U.S. immigrants. Pew Research. https://www.pewresearch.org/fact-tank/2020/08/20/key-findings-about-u-s-immigrants/
13. Mandeel EW. The Bracero Program 1942-1964. Am Int J Contemp Res. 2014;4(1):171-184. Accessed January 13, 2021. https://www.aijcrnet.com/journals/Vol_4_No_1_January_2014/17.pdf
14. De Genova N. The legal production of Mexican/migrant "illegality." Lat Stud. 2004;2:160-185. doi:10.1057/palgrave.lst.8600085
15. Zadnik E, Sabina C, Cuevas CA. Violence against Latinas: the effects of undocumented status on rates of victimization and help-seeking. J Interpers Violence. 2016;31(6):1141-1153. doi:10.1177/0886260514564062

16. Doshi M, Lopez WD, Mesa H, et al. Barriers & facilitators to healthcare and social services among undocumented Latino(a)/Latinx immigrant clients: perspectives from frontline service providers in Southeast Michigan. PLoS One, 2020;15(6): e0233839. doi:10.1371/journal.pone.0233839
17. Olukotun O, Mkandawire-Valhmu L, Kako P. Navigating complex realities: barriers to health care access for undocumented African immigrant women in the United States. Health Care Women Int. 2021;42(2): 145-164. doi:10.1080/07399332.2019.1640703
18. Mrema EJ, Ngowi AV, Kishinhi SS, Mamuya SH. Pesticide exposure and health problems among female horticulture workers in Tanzania. Environ Health Insights. 2017;11:1178630217715237. doi:10.1177/1178630217715237
19. Gunier RB, Kang A, Hammond SK, et al. A task-based assessment of parental occupational exposure to pesticides and childhood acute lymphoblastic leukemia. Environ Res. 017;156(1):57-62. doi:10.1016/j.envres.2017.03.001
20. Collins PH. Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment.2nd ed. Routledge; 2002.
21. Zapata Roblyer MI, Grzywacz JG, Suerken CK, et al. Interpersonal and social correlates of depressive symptoms among Latinas in farmworker families living in North Carolina. Women Health. 2016;56(2): 177-193. doi:10.1080/03630242.2015.1086464
22. Joseph TD. Falling through the coverage cracks: how documentation status minimizes immigrants' access to health care. J Health Polit Policy Law. 2017;42(5): 961-984. doi:10.1215/03616878-3940495

23. Pulgar CA, Trejo G, Suerken C, Ip EH, Arcury TA, Quandt SA. Economic hardship and depression among women in Latino farmworker families. J Immigr Minor Health. 2016;18(3):497-504. doi:10.1007/s10903-015-0229-6
24. Rodriguez G, Trejo G, Schiemann E, et al.Latina workers in North Carolina: work organization, domestic responsibilities, health, and familylife. J Immigr Minor Health. 2016;18(3);687-696.doi:10.1007/s10903-015-0314-x
25. Pruitt LR. The women feminism forgot: rural and working-class white women in the era of Trump. Univ Toledo Law Rev. 2018;49:537-601. Accessed January 13, 2021. ttps://ssrn.com/abstract=3197273
26. Noe-Bustamante L, Flores A. Facts on Latinos in the U.S. Published September 16, 2019. Accessed January 13, 2021. https://www.pewresearch.org/hispanic/fact-sheet/latinos-in-the-u-s-fact-sheet/
27. Harbut RF. AMA policies and code of medical ethics' opinions related to health care for patients who are immigrants, refugees, or asylees. AMA J Ethics. 2019; 21(1):E73-E77. doi:10.1001/amajethics.2019.73
28. World Health Organization. Refugee and migrant health. Accessed January 13, 2021. https://www.who.int/migrants/about/en/
29. Martinez O, Wu E, Sandfort T, et al. Evaluating the impact of immigration policies on health status among undocumented immigrants: a systematic review.J Immigr Minor Health. 2015;17(3);947-970.doi:10.1007/s10903-013-9968-4
30. Edward J. Undocumented immigrants and access to health care: making a case for policy reform. Policy Polit Nurs Pract. 2014;15(1/2):5-14.doi:10.1177/1527154414532694

31. Aboii SM. Undocumented immigrants and the inclusive health policies of sanctuary cities. Harv Pub Health Rev. 2016;9:1-10. Accessed January 13, 2021. http://harvardpublichealthreview.org/undocumented-immigrants-and-the-inclusivehealth-policies-of-sanctuary-cities/
32. American Nurses Association. Code of Ethics for Nurses With Interpretive Statements. American Nurses Association; 2015. Accessed January 13, 2021. https://www.nursingworld.org/practicepolicy/nursing-excellence/ethics/code-of-ethics-fornurses/coe-view-only/
33. International Council of Nurses. The ICN code of ethics for nurses. Published 2012. Accessed January 13, 2021. https://www.icn.ch/sites/default/files/inline-files/2012_ICN_Codeofethicsfornurses_%20eng.pdf
34. Makhlouf MD. Health justice for immigrants. Univ Pa J Law Pub Aff. 2019;4(2):236-304. Accessed January 13, 2021. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3253210
35. Griffin GM, Floyd EG, Dali SS, Dunaway CM, Genereaux SH, Olson AL. Assessing mental health concerns of Spanish-speaking dairy farm workers. J Agromedicine. 2020;25(1):115-121. doi:10.1080/1059924X.2019.1656130
36. World Health Organization. Mental health action plan 2013–2020. Published January 6, 2013. Accessed January 13, 2021. https://www.who.int/mental_health/publications/action_plan/en/
37. Mohanty C. Under Western eyes: feminist scholarship and colonial discourses. In: Ashcroft B, Griffths G, Tiffin H, eds. The Post-Colonial Studies Reader. Routledge; 1995:259-263.

38. Mills S. Post-colonial feminist theory. In: Jackson S, Jones J, eds. Contemporary Feminist Theories. Edinburgh University Press; 1998:98-112.
39. Petersen KH, Rutherford A. A Double Colonization: Colonial and Post-Colonial Women's Writing. Dangaroo Press; 1986.
40. Tyagi R. Understanding postcolonial feminism in relation with postcolonial and feminist theories. Int J Lang Linguist. 2014;1(2):45-50. Accessed January 13, 2021. https://ijllnet.com/journals/Vol_1_No_2_December_2014/7.pdf
41. García AM. Introduction. In: AM Garcia, ed. Chicana Feminist Thought: The Basic Historical Writings.Taylor & Francis Group; 1997:1-16.
42. Huerta D, Rosenbloom R. Ask a feminist: Dolores Huerta and Rachel Rosenbloom discuss gender and immigrant rights. JWomen Cult Soc. 2019;44(2):515-525. doi:10.1086/699486
43. Andalzua G. Borderlands: The New Mestiza. Aunt Lute Press; 1987.
44. Brabeck M, Brown L. Feminist theory and psychological practice. In: Worell J, Johnson N, eds. Shaping the Future of Feminist Psychology: Education, Research, and Practice. American Psychological Association; 1997:15-35.
45. Ruiz A, Luebke J, Hawkins M, Klein K, Mkandawire-Valhmu L. A historical analysis of hegemonic masculinities on sexual assault in the lives of ethnic minority women. ANS Adv Nurs Sci. 2021;44(1):66-88. doi:10.1097/ANS.0000000000000333
46. Freedman EB. Patriarchy revisited: gender, race, and sexual violence. J Womens Hist. 2007;19(4):154-162. doi:10.1353/jowh.2007.0071

47. Lu Y, Racine L. Reviewing Chinese immigrant women's health experiences in English-speaking Western countries: a postcolonial feminist analysis. Health Sociol Rev. 2015;24(1):15-28. doi:10.1080/14461242.2015.1006656

Significance of the Study to Knowledge Development, Nursing Practice, and Policy

Findings from this qualitative study could inform the design of culturally relevant guidelines to promote mental health promotion, prevention, diagnosis, and treatment within the Latino population. Early identification of individuals at risk for mental illness and timely diagnosis and treatment are essential steps in preventing deconditioning effects of untreated mental disease and therefore preserving or improving the quality of life among Latina migrant farmworkers.

Furthermore, the findings of this qualitative research study will inform policy makers about the need to develop mental health policies considering ethnically diverse minorities' socio-economic and cultural contexts. Additionally, this study will reveal the gaps in current immigration and labor policies, which hinder Latinos' access to health care access and fair wages. Nursing practice will benefit from the development of guidelines for culturally congruent mental health assessment and the promotion of mental health screenings in collaboration with Latino organizations involved in advocacy and rights protection of Latino migrant farmworkers. Finally, using a feminist approach as a guide, this study will center the voices of Latina participants regarding their mental health needs with a Latina immigrant nurse researcher driving the analysis. In so doing, I will create a space where Latinas can participate in democratic governance in contributing to health care equality, social justice, and inclusivity.

This study is timely considering the mental health effects of Covid-19 especially among vulnerable populations. Findings from this study have the potential implications to improve the care offered to Latina migrant farmworkers with mental illness and reduce the barriers to access mental health care among Latinas. In addition, studies that critically analyze the experiences of vulnerable populations, such as Latina migrant farmworkers seeking for mental health care,

inform the approaches needed by nurses and other providers to foster healthcare environments where Latinas feel welcomed and respected.

Organization of Dissertation

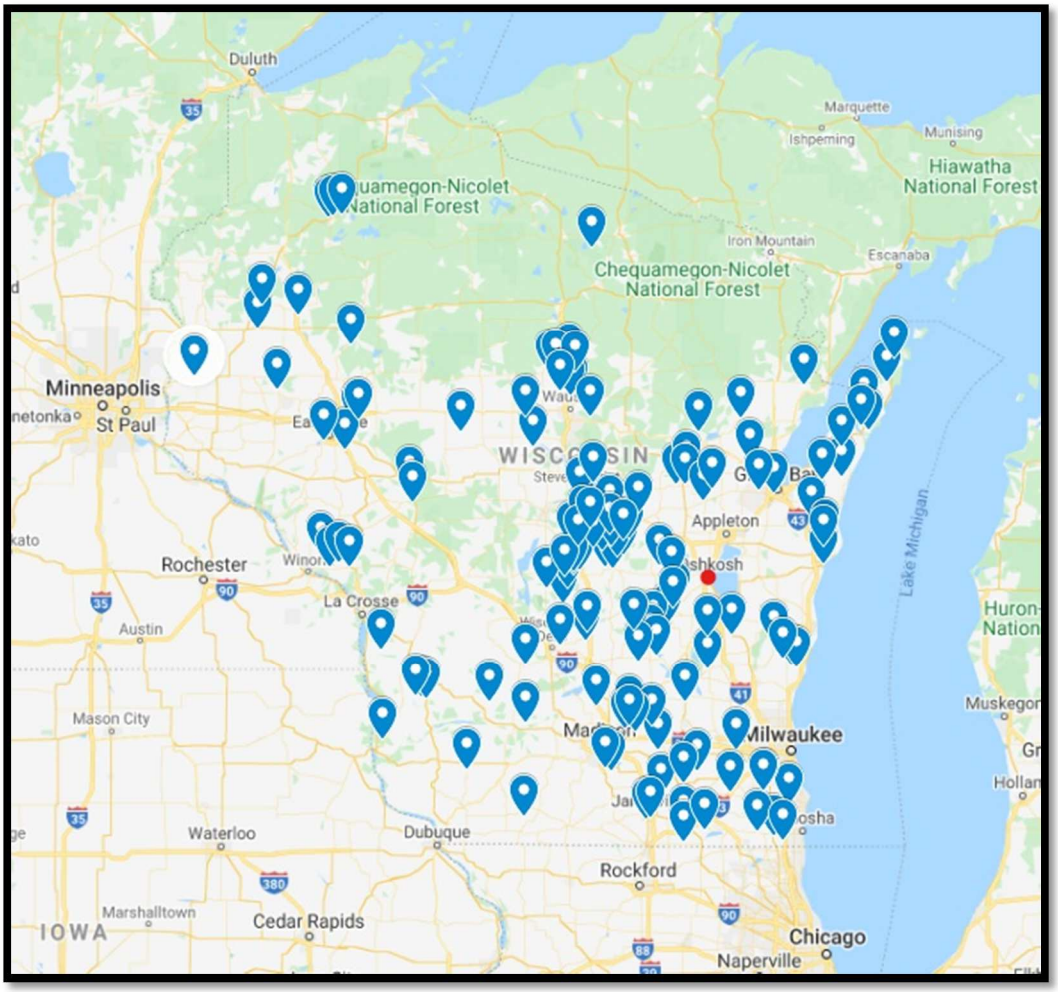
This introductory chapter describes the characteristics of Latina migrant farmworkers in the American upper Midwest and the challenges they faced when seeking mental health care. In addition, this chapter also outlines the statement of the problem, purpose of the study, research propositions, aims of this study, and a discussion of the theoretical frameworks that undergirded this study through manuscript 1, which focuses on the application of Chicana, postcolonial, and Black feminist frameworks in the analysis of Latina migrant farmworkers mental health experiences. The second chapter will provide a literature review on the Latina migrant farmworkers perceptions of mental health, the prevalence of mental health among this population, their mental health needs, mental health care access barriers and mental health care seeking behaviors. The historical and sociopolitical context affecting Latina migrant farmworkers mental health and well-being are discussed in this chapter. Chapter four outlines the findings of this study which will be disseminated in two manuscripts. The first manuscript reports the analysis of Latina migrant farmworkers conceptualizations and understanding of mental health. The second manuscript discussed Latina migrant farmworkers, strengths, capacities, and mental health protective factors, and how they can inform healthcare policy and practice. The content of the three manuscripts are detailed in Table 1.

Lastly, chapter 5 will synthetize findings included in the two manuscripts and highlight the findings implications for policy, practice, and research.

Table 1. Manuscripts and Target Journals

Manuscript	Title	Aim	Target Journal
1.	Application of Postcolonial Feminist Theory, Chicana Feminist Thought, and Black Feminist Thought in Analyzing the Mental Health Needs of Latina Migrant Farmworkers-A Colonial Legacy	Analysis of the application of postcolonial, Chicana, and Black feminist frameworks in informing nursing research and practice about the impact of mental health on the lives of Latina migrant farmworkers in the upper Midwest	Advances in Nursing Science
2.	Qualitative Analysis of Latina Migrant Farmworkers' Perception of Mental Health: Voices from the Upper Midwest	Reports findings on the conceptualization of mental health among Latina migrant farmworkers	Journal of Transcultural Nursing
3.	Soy una luchona (I am a fighter): Latina Migrant Farmworkers reclaiming resilience and capacity to support mental health and wellbeing	Reports findings on Latina migrant farmworkers strengths and capacities to face high risk for poor mental health	Social Science and Medicine

Figure 1. *Wisconsin Distribution of Migrant and Seasonal Farmworkers*



Key

Oshkosh, WI

CHAPTER 2: REVIEW OF THE LITERATURE

A thorough literature review offers a better indication of the evidence existing in the literature regarding the mental health needs of Latina migrant farm workers. In this chapter the existing literature addressing mental health needs of Latina migrant farmworkers in the US Midwest, specifically in the state of Wisconsin with emphasis on the prevalence of mental illness, risk factors and the impact of mental illness in the lives of migrant farmworkers within the historical and contemporary context will be provided.

Overview of Latina Migrant Farmworkers Mental Health Needs

Poor mental health affect individuals' well-being, and their ability to fulfil family and employment responsibilities. The lack of adequate mental health care resources is amplified among ethnic and racial minorities, including among women and immigrants. Furthermore, the presence of additional barriers, the lack of insurance coverage, low wages, and high rates of poverty, added to cultural and language barriers, hinder Latino migrant workers screening, diagnosis, and treatment of mental illness. (National Center for Farmworker Health, 2020).

Cultural influences in the perception of mental health

Cultural practices, beliefs, and language influence health-care-seeking behaviors and health outcomes (Sampson et al., 2018). For instance, within the Latino culture exists sociocultural scripts for male and female gender roles referred to as "machismo" and "marianismo" (Nuñez et al., 2016). Latino males have a strong sense of "machismo", which may not align with their cultural perception of mental illness. The construct of machismo refers to sociocultural expectations regarding the role of men including a set of values, attitudes, and beliefs about masculinity (Nunez et al., 2016). The stigma associated with mental illness, loss of

self-worth and vulnerability conflicts with Latinos' idea of their role as protector and provider. This could become a barrier to accepting mental illness diagnosis and treatment. Conversely, Latina women have a motherly, nurturing role which prescribes respect to patriarchal values, known as "marianismo" (Nunez et al., 2016). Based on these gender expectations, some Latina women may attribute their mental illness symptoms to their gender role within their culture. Additionally, other issues including fear of stigma, limited access to health care, and lack of English proficiency, childcare issues, and work schedule conflicts prevent Latina women from seeking mental health services (Sampson et al., 2018).

Chan and Corvin (2016), found that fear of becoming addicted, misinformation and lack of trust in pharmacological treatments were common reasons to avoid the use of antidepressants for the Latino community, who prefer the use of traditional or folk medicine to treat the symptoms of their mental illnesses. It is well known that Latino migrant farmworkers rely on their community for different aspects of their lives, including childcare, transportation, employment, among others. Disclosing a mental health diagnosis in their community would thus be avoided due to shame and fear of public stigma (Martinez, Arriola & Corvin, 2016). Public stigma refers to those negative attitudes and beliefs that motivate individuals to fear, reject, avoid, and discriminate against people with mental illness (Stark et al, 2018). In summary, the role of cultural perspectives about mental health within Latino culture, the fear of isolation and addiction, rejection and stigma, present significant barriers for timely diagnosis and treatment.

Individual perspective of mental health

Evidence suggests that patient knowledge, beliefs and attitudes towards mental health and depression influence help-seeking behaviors and treatment adherence (Stark et al., 2018). Patients' perceptions of mental health could become treatment barriers; however, they could also

become opportunities for disease management and education. Therefore, assessment of patients' perspectives about mental health illness becomes an essential step in developing adequate interventions. Latinos' perceptions of mental health and mental illness are influenced by their cultural beliefs, associating mental illness with weakness and vulnerability (Nunez et al., 2016).

A study analyzing Latina migrant farmworkers conceptualization of mental illness found that it is associated with stressful working conditions, social isolation, and fear of deportation (Griffin et al., 2020). Another study identified that Latina farmworkers associated mental illness and depression with work instability and lack of income (Arcury et al., 2018). In both studies, mental illness was associated with financial strain, undocumented status, and its consequences, and unemployment.

Other studies illustrated Latinas common misconceptions about mental illness. For instance, Pulgar et al., (2016) noted that Latino women have higher risk factors for depression due to specific gender roles such as child and elder care, job inequality, economic discrimination, and stress from role conflict between concurrent employment and household responsibilities. A second study identified that Latinas are considered the main family caretakers, a perception that is consistent with the Latino cultural belief of "Marianismo" which is a Christianity based practice imposed during colonization (Nunez et al., 2016). The practice of "Marianismo" implies that Latinas must emulate the virtues of Virgin Mary as selfless, and caring women, eager to sacrifice themselves for their children and their community in general. In this context, Latino women avoid the topics of mental illness and depression for fear of affecting their children's wellbeing and interrupting family dynamics (Pulgar et al., 2016).

Religious beliefs and mental health

Latinos share the characteristic of external locus of control. According to Timmins and Martin (2019), individuals with external locus of control believe that outside forces such as fate, luck, powerful people, and divine influences control their life circumstances and outcomes. Most of the Latino population profess the Christian faith, specifically Roman Catholicism. From this perspective, depression and mental health are associated with religious punishment and sin. Evidence suggests that Latino immigrants depend on their religious beliefs to cope with stressors faced in the Unites States such as immigration and acculturation (Sanchez et al., 2015). Religious institutions such as churches are sources for community support and spiritual counseling. Undocumented Latino immigrants find refuge and hope in their churches, where they receive support for challenges such as social isolation, language barriers and intense mental and emotional stress (Timmins & Martin, 2019). Latino immigrants consider religious institutions as safe places where they can receive health care, through free clinics sponsored by churches, especially in lower socioeconomic neighborhoods and among uninsured immigrants.

Nursing Research and Mental Health

The study of mental health and depression are topics of interest for several health care disciplines, such as medicine, psychology, and nursing. In the area of nursing, mental health has been analyzed by different sub-specialties including community and public health nursing, mental health, and psychiatric nursing. Studies including diverse populations are limited, having most studies conducted within White populations, mainly from the Western world. Consequently, the data available about mental illness is limited to a single population and geographical area, ignoring the experiences of diverse populations in relation to mental illness and mental health care access. Furthermore, lower rates of diversity among researchers affect

how studies are conducted and how data is analyzed. The following is a review of some of the mental health studies specifically involving Latina migrant farmworkers.

Quantitative Research: Quantitative researchers follow a structured method to collect and analyze data. This blueprint has three distinct elements: a plan, a structure, and a strategy (Burns et al, 2015). Quantitative research is a formal, objective, and systematic approach to describe variables, test the relationships between them and to examine cause and effect associations. Quantitative research generates numerical data. With the use of this method, researchers seek to find answers by testing hypotheses using objective and impartial scientific methods (Davies & Fisher, 2018). The use of mental health screening tools allows quantitative researchers to obtain numerical data for the analysis of incidence, prevalence, percentages, and trends. These assessment tools could be translated into Spanish. Once translated the tools must undergo a validation process to ensure their accuracy. Quantitative studies of mental health in Latina migrant farmworkers offer significant data about the main types of mental illness observed in this population.

A study conducted by Cobb et al., (2016), analyzed the stress levels and coping mechanisms observed by Latinos with irregular migratory status. Through the application of two one-way multivariate analyses of variance (MANOVA), the authors examined items such as the associations between demographic variables and depression, as well as coping styles and depression. Pulgar et al. (2016) explored the relationship between farm-work related stressors and depressive symptoms among the women of Latino farmworker families. The authors used multivariable logistic regression models to identify predictors of maternal depression. In this study, findings suggested that greater economic hardship, independent of the type of job, was a main factor for depression in women of Latino farmworker families (Pulgar, et al., 2016).

Zapata Roblyer, et al. (2016), conducted a study to analyze the mental health of Latina women in farmworker families living in the U.S. South Atlantic region. This setting was chosen because Latino immigrants are relatively recent arrivals to that geographical area. The authors defined immigrant Latinas, as an understudied underserved population for whom the psychosocial factors associated with mental illness and depression lack evidence in current literature (Zapata Roblyer, et al., 2016). The authors' discussed topics unique to this population including the "immigrant paradox" which refers to the inverse association between Latino acculturation and mental illness. The "immigrant paradox" theorizes that Latino immigrants' mental health tends to decline with longer duration of residency in the United States and English-language acquisition (Zapata Roblyer et al., 2016). Data obtained in the aforementioned studies confirmed the relationship between immigration, social determinants of health and inadequate access to health care services with the development of mental illness among female migrant farmworkers.

Qualitative Research: qualitative inquiry is a broad term that includes a wide range of methods, and approaches from different disciplines. Qualitative researchers follow a naturalistic and interpretative approach, while exploring phenomena from the participants' perspectives (Ormston et al., 2014). Qualitative approaches seek to explore and analyze the "why" and "how" of the phenomena of study. Data is generated from words, images, and observations, not merely from numbers. The study of mental health and depression among Latina migrant farm workers has benefited from qualitative research approaches. Cheney, et al. (2018), analyzed the inequalities faced by foreign-born Latina migrant farmworkers, across multiple social systems. Focus group and individual interviews were the data collection techniques used to obtain participants' perspectives about mental health in a low-income foreign immigrant community.

Other study findings confirmed the association between social status, lack of employment, housing instability, and limited access to healthcare services with declined mental health (Mora et al., 2016)

Griffin et al. (2020), studied mental health concerns among non-English speaking migrant farmworkers. Through focus group interviews, researchers identified sources of stress including working conditions, language barriers, fear of deportation, and distance from family. These findings align with cultural characteristics of the Latino culture in which family plays an important role. Finally, Martinez Tyson et al., (2016), compare and contrast the intracultural differences in the perceptions of mental illness and depression and access to mental health care among four of the largest Latino immigrant subgroups in Florida (Puerto Rican, Cuban, Mexican, and Colombian). The use of focus group interviews, open-ended questions and individual interviews offered a great opportunity to obtain individual culturally driven perceptions and beliefs about depression and mental health. This type of data from such a complex population would present significant challenges if sought using a quantitative approach.

Gap in the Literature

The main gap in the evidence regarding the study of mental health among Latina migrant farmworkers consists in the limited studies including this population. The literature shows studies about mental illness, including depression screening, use, translation and validation of diagnostic tools, risks factors, the relationship between migratory status and mental health and the effectiveness of treatment of mental illness in the Latino community. The study of Latina migrant farmworkers' perspectives about mental health care needs from a cultural and gender perspective is less common. Latinas' gender role informs their perspectives about depression

and mental health. Most of the available literature includes studies with male and female participants. Findings do not exclusively represent women's experiences and perceptions.

Migratory status also presents a gap in the literature, as lack of insurance and fear of deportation hinders undocumented immigrants' participation. Limited evidence regarding vulnerable groups within the Latino population including undocumented and /or uninsured immigrants' also presents a gap in the literature. The current anti-immigrant rhetoric, the emergence of policies favoring racial profiling and the fear of deportation affects the mental health of Latinos, increases the rates of depression and mental health, and hinders diagnosis of mental illness and treatment. Historically, White researchers targeting mostly White participants conducted research. Therefore, research findings may be inappropriately translated to ethnic minority populations (George et al., 2014).

Gaps in the literature based on quantitative methods are related to the use of diagnosis tools, such as the depression-screening tools that were developed in English for English speaking populations. Some of these depression tools have been translated and validated in Spanish. Some of the screening tools include the Beck Depression Inventory (BDI-II), the Centers for Epidemiological Studies-Depression Scale (CES-D10), the Patient Health Questionnaire (PHQ-9), the Geriatric Depression Scale (GDS), the Edinburgh Postnatal Depression Scale (EPDS), and the Post-partum Depression Screening Scale (PDSS) (Limon et al., 2016). Finally, research with Latino participants includes minimum representation of non-Mexican Latinos. Traditional Latino migratory settlements such as the East and West coasts, are the main focus of research studies, limiting the translation of research findings to those areas. Recent migratory trends show that the Midwest is becoming a popular migratory settlement for Latinos, especially those working in agriculture. The limited literature about this population in these new geographic areas

becomes a gap in knowledge and a barrier for the development and implementation of appropriate mental health interventions.

Historical Context of Latina Migrant Farmworkers and Mental Health

The United States of America has more immigrants than any other country worldwide. More than 44 million people living in the U.S. are foreign born, accounting for about one-fifth of the world's migrant population (Radford, 2019). Since the passing of the Immigration and Naturalization Act of 1965, which ended the quota system based on national origin, the number of immigrants was significantly increased. This law was influential in the changing of the US demographic profile (Chishti et al., 2015). This widely diverse immigrant population brought with them the unique characteristics of their culture, which in turn became part of US culture. The history of America is closely tied to immigration. To regulate immigration, several laws have been enacted, amended, or repealed. The livelihood and the health of immigrants are affected by the complex immigration policy of the US.

Influence of Colonization and Immigration in the US Agriculture

Immigration had played a significant role in the history of the United States of America. The first immigrants came from Europe, mainly for business and trade purposes. In the early 1600s, the English established a colony called Jamestown in the Chesapeake Bay, Virginia (Library of Congress, n.d.). Aware of the immense possibilities for business, trade and farming several groups of European colonizers migrated to North America. These initial settlements were farming communities located along the East Coast. Soon after, young low-income British indentured servants were brought to work in the Southern farms (Salinger, 2000). Religious freedom was an important motive for European immigration. The colonization of North America

by the first European immigrants was strongly rejected by the original settlers of this land, the Native Americans. Despite several efforts to deal with the newcomers, European diseases and weaponry subdued Native Americans (Library of Congress, n.d.)

The second group of immigrants who came to North America were Africans who were subject to involuntarily immigration forced by slavery. The population of Africans rapidly increased throughout the different colonies. Many them were sent to the South to work on tobacco, cotton, and sugar cane plantations (Timmons, 2019). The growing financial economy of the earlier Southern colonies was built on the work of unpaid, abused, and enslaved African farmworkers. After the passing of the 13th Amendment which Abolished Slavery in the United States, Africans became permanent settlers and some of them became sharecroppers. Spanish immigrants also colonized some areas of North America, mainly Florida and the South East territories. Spanish immigrants forced Native Americans to embrace Catholicism and enslaved them to work in farming and mining (Pauls, 2020).

Immigration continued during the nineteen century. The invention of the steamboat aided the increase of European immigrants. In the mid 1800's German immigrants in Wisconsin were primarily farmers (Wisconsin Historical Society, n.d.). Later, that century, the Treaty of Guadalupe Hidalgo of 1848 ended the Mexican War. With this treaty, Mexico ceded the northern territories of Alta California and Santa Fe de Nuevo México to the United States. In return, the United States granted citizenship to Mexican residents of the New Mexico Territory and California. Soon after, the California Gold Rush in 1849 attracted thousands of immigrants from Latin America, China, Australia, and Europe to work in mining. The fast-growing economy of the United States and the declining economies of several European countries increased the number of immigrants. Socio –economic and cultural friction emerged among white American

born and new incoming European immigrants. The Federal government superseded states control over immigration and passed the first restrictive immigration law, the Immigration Act of 1875, also known as the Asian Exclusion Act. This law prohibited East Asian immigration to the U.S, especially Chinese laborers, and women.

Effects of Immigration Laws in Agriculture: Contemporary times

In the nineteen century, Mexican immigration to the U.S. was not considered a concern for the US government. As part of the Treaty of Guadalupe Hidalgo Mexicans, residents in the newly annexed U.S. territories had the choice to resettle in Mexican territories or to stay and become U.S citizens. During the early twentieth century and due to the Mexican Revolution (1910-1920) refugees and asylum seekers increased immigration rates. The fast-growing number of Southern European, Asian, and Middle Eastern immigrants became a concern for White Americans, mainly due to significant cultural differences. Fear of foreign influence on US culture created great concern about immigration and immigration policy. The Emergency Quota Act of 1921 and the Immigration Act of 1924 were formulated to restrict immigration from countries considered “undesirables”. This quota system established the number of immigrants per country allowed to enter the US. Latin American countries were exempted from the quota system.

Mexicans were allowed within US territory as temporary migrants’ labor workers mainly in agriculture (Garcia, 1989). The onset of the Depression of 1929 marked a drastic change in the US economy. Industrial production declined and the need for immigrant labor also declined. Thousands of Mexican migrant farmworkers lost their jobs and returned to Mexico. During this time up to 1.8 million people of Mexican descent, mostly US-born, were forcefully deported to preserve jobs for white Americans (Little, 2019) and to sustain the economy. Nevertheless,

recent studies suggest that Mexican and Mexican American repatriation did not improve US employment during the depression (Lee, Peri & Yasenov, 2017). The repatriation raids continued until the creation of Bracero Program in 1942.

The Bracero Program was the result of a temporary intergovernmental agreement between the U.S. and Mexico to employ Mexican farmworkers during the labor shortage of farm workers caused by World War II. The Bracero Program lasted for twenty-years, until 1964. During this period, millions of Mexican males held temporary legal employment in the United States (Mandeel, 2014). After the culmination of the Bracero Program U.S.-born workers were not interested in the jobs formerly held by braceros and employment of Latino unauthorized farmworkers increased. The Immigration and Nationality Act of 1965 was passed to repeal the quota system and to implement a preference system based on immigrants' family relationships with U.S. citizens and professional skills (Chishti et al., 2015). This law is considered responsible for the United States demographic changes. The number of foreign-born citizens and lawful permanent residents increased dramatically from 9.6 million in 1965 to 45 million by 2015 (Radford, 2019). Favored by this law, well-educated immigrants from Asia and Latin American immigrated to the United States (Chishti et al., 2015).

In 1986, the Immigration Reform and Control Act (IRCA) was passed to provide amnesty to unauthorized immigrants who could then apply for permanent residency if they either lived in the United States continuously prior to January 1, 1982, or worked in agriculture for at least 90 days in the year prior to May 1986 (Freedman, Owens & Bohn,2018). This law also penalized recruitment and employment of unauthorized immigrants. Newly gained citizenship of former undocumented Mexican immigrants qualified them to apply for family naturalization. Intended to decrease irregular immigration, this law had an opposite effect. Formerly undocumented

Mexican farmworkers left low-wage farm work seeking better employment opportunities. This shift of occupation left a void in the agricultural workforce, which was filled by a new and larger wave of undocumented Mexican farmworkers (Freedman, Owens & Bohn, 2018). Ineligible to receive benefits and under the fear of deportation, the healthcare of this population became a national concern. To address this problem the Emergency Medical Treatment and Active Labor Act (EMTALA) was passed, which forbade denial of emergency care services based on migratory status.

Finally, the Illegal Immigration Reform and Immigration Responsibility Act of 1996 (IIRIRA) empowered federal authorities to enforce immigration restrictions, increased border policing and verification of employment credentials. This law imposes criminal charges for alien smuggling and the use or creation of false immigration documents (Kerwin, 2018). Offenses leading to the removal/deportation of immigrants were revised and extended. One of the sections of IIRIRA authorizes the U.S. Immigration and Customs Enforcement (ICE) program to coordinate with state and local law enforcement agencies in the training of designated officers to identify and remove undocumented persons who are amenable for removal from the United States (US Immigration and Customs Enforcement, 2020). Latinos both documented and undocumented are at risk for ICE interventions and detention. Several farms and factories known for having Latino employees were subject of ICE raids. Fear of deportation and family separation increases the stress and anxiety of Latino farmworkers (Lopez et al., 2018).

US Health Policy and Latino Migrant Farmworkers

Health policy includes decisions, plans, and actions followed to achieve specific health care goals at individual or community levels (World Health Organization, n.d.). A well-defined health policy contributes to the achievement of several items: it defines a vision for the future,

which helps to establish objectives and points of reference for short and long-term goals (World Health Organization, n.d.). Policy also outlines priorities and the expected roles of participants; while building consensus and informing people (Kieslich et al., 2016.). Along with a clear definition of a policy, it is important to identify issues not included or outside of the policy scope. Adequate care of undocumented immigrants' needs must be addressed using inclusive health policies, yet initiatives have been met with resistance from local and federal levels of government.

Inclusive health policies, such as those implemented in Sanctuary cities, will not replace other federally funded options within the Affordable Care Act (ACA). The implementation of the ACA aided the improvement of health insurance coverage (Beck et al., 2017). The US population, accessing options within the ACA, received better access to health care. Recent studies examining the ACA found that disparities persisted despite improved insurance coverage and access to care for many racial and ethnic populations (Bustamante, Chen, McKenna & Ortega, 2018). The creation of inclusive health policies can counteract the effects of pre-existing legal barriers which further limit immigrants' access to health care services (Joseph, 2017).

The 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PROWRA) prohibited undocumented immigrants from accessing most federally funded insurance programs (e.g. Medicaid, Medicare, and Children's Health Insurance Program (CHIP). PRWORA excluded most authorized immigrants (except refugees) from benefiting from federally funded programs for five years after obtaining legal status (Parmet, 2018). The ACA opened the opportunity for health care access for many immigrants. However, the ACA did not supersede PROWRA and hence, it limited the enrolment of lawfully present immigrants, such as the young

adults participating in the Deferred Action for Childhood Arrivals (DACA) program (Joseph, 2017).

Stakeholders include people and entities involved in the healthcare system and who experience the effects of reforms applied to the system. Major stakeholders with relation to inclusive health systems include patients, physicians, employers, insurance companies, pharmaceutical companies, and the government (Martinez et al., 2015). Policymakers in immigration reform should address access to health care for low-income immigrants, including undocumented immigrants, in the details of reform proposals (Berlinger & Gusmano, 2013). Patients, especially undocumented and uninsured immigrants would be the main beneficiaries. However, family members would also benefit from this policy, as there would be less healthcare related expenses (Artiga & Diaz, 2019). Additionally, patients and families would have access to healthcare services, including prevention, diagnosis, and treatment (Edward, 2014).

Insurance companies that sell health coverage plans directly to patients or indirectly through employer or governmental intermediaries may be the main opponent to this policy (Joseph & Marrow, 2017) as they would not receive any type of benefit from this form of inclusive health service. Major opponents for inclusive health care reforms include state and local political groups that support current anti-migratory rhetoric (Joseph & Marrow, 2015). Communication and consensus would become important elements in the relationship with stakeholders as they play an important role in supporting or opposing any proposed policy (Edward, 2014). However, the main stakeholders for this specific policy is the local government. Local governments support and collaboration plays the most significant role in the approval and implementation of inclusive health services (Aboii, 2014; Joseph, 2017).

Immigration Policies and Health

Hispanic/Latinos living in America have increased rapidly during the past fifty years going from 6.5% in 1980 to 17.6% of the total U.S. population in 2015 (Flores et al., 2017). According to the Department of Homeland Security (2018), approximately 12% of this population hold undocumented migratory status. The fast-growing rate of this population and the issues associated with their immigration create a public health impact (Joseph, 2017). Immigrants often lack access to health services and financial protection for health, especially when they lack lawful permanent residency (Harbut, 2019). The World Health Organization (WHO) noted that immigrants' access to essential health services is of paramount importance to rights-based health systems, global health security and to public efforts aimed at reducing health inequities (WHO, n.d.).

Immigrants face further limitations to access health care due to external factors including immigration and health care policy reform (Edward, 2014). Economic crisis and financial instability lead governments to install strict immigration policies aimed to curb the rates of undocumented immigrants (Martinez et al., 2015). In a climate of migratory policy tension, undocumented immigrants become the focus of many political debates that further restrict their eligibility for public services, limiting their access to health care (Edward, 2014). The 2010 Affordable Care Act (ACA) thought as a venue to address health disparities in America, upholds federal restrictions on public services excluding access to undocumented immigrants (Joseph, 2017). Undocumented immigrants' restrictions to affordable healthcare services and subsequent negative health outcomes heightened the concerns of US healthcare providers, stakeholders, and policymakers'.

The problems faced by undocumented immigrants' in terms of lacking access to healthcare services started several decades ago and has been the subject of study for many researchers. The influence of migratory reforms was found as a constant in undocumented immigrants exclusion and limited health care access (Berk & Schur, 2001; Hagan et al, 2003; Lauderdale et al., 2006; Moya & Shedlin, 2008; Dettlaff et al., 2009; Hacker et al., 2010; Aponte-Rivera & Dunlop, 2011; Celone, 2012; Hardy et al., 2012; Viruell-Fuentes et al., 2012). In these articles, the authors analyzed and discussed barriers faced by undocumented immigrants in accessing basic services, including fear of retaliation or deportation as a barrier to emergency care (Lauderdale et al., 2006; Hacker et al., 2010). Some authors expanded on undocumented immigrants state of fear associated with policy reforms with limited health care service utilization (Berk & Schur, 2001).

The continuous growth of undocumented Latino immigrants requires that health care providers and policy makers address the issues of health care access and coverage among this population. While compliance with migratory policies is not the subject of debate, policies restricting undocumented immigrants' access to health care should not be used as a mean to curb "illegal immigration" (Martinez et al., 2015). Laws such as the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 remains a mechanism for restricting immigrants from receiving health care through Medicaid and other publicly funded services (Edward, 2014). Lack of comprehensive federal immigration reforms since the 1996 Illegal Immigration Reform and Immigration Responsibility Act (IIRIRA), impede undocumented Latino immigrants ability to regularize their status and hence exclude them from health care coverage eligibility (Joseph, 2017; Berlinger & Zacharias, 2019).

In response to the issues created by federal laws, some states have allocated state funds and have passed laws to extend health care benefits to ineligible immigrants (Joseph, 2014). Sanctuary cities offer healthcare resources to undocumented immigrants ensuring that this vulnerable population may seek out primary care providers and enroll in preventative care (Aboii, 2014). Overcoming the ACA's exclusion of undocumented Latino immigrants, the Massachusetts health reform of 2006 allows income-eligible state residents of any documentation status to receive services through programs such as the Health Safety Net (HSN) and Commonwealth Care (CommCare) (Joseph, 2014). While these initiatives exemplify local attempts to promote health equity, the solution to health inequity for undocumented immigrants may reside in a suitable ACA replacement.

In the meantime, the issues restricting Latino undocumented immigrants' access to health care services increase the legal distinction between individuals based on documentation status and promotes discrimination (Joseph, 2014). Limited access to preventative services affects community health and increases health care expenditures (Edward, 2014). Lack of inclusive health coverage for immigrants also prevent them from seeking care due to cultural and language barriers (Beck et al., 2017). Local health care systems face economic, legal, regulatory, and clinical challenges associated with caring for undocumented immigrants (Hacker et al., 2015). In the absence of any other suitable option, Latino undocumented immigrants rely on emergency room services, lacking continuity of care and increasing overall costs and unreimbursed expenses for hospitals (Edward, 2014).

A new approach is necessary to address the issues generated by undocumented immigration. The relationship between immigration and health care policies indicates the need for comprehensive policies focused on health care access and coverage to undocumented

immigrants (Edward, 2014). Health care professionals, politicians, stakeholders, and advocacy groups among others should work together on policy solutions based on human rights and social justice (Martinez et al., 2015). The US health economy and public health would benefit from reforms allowing Latino undocumented immigrants' equitable access to health care services (Edward, 2014). Furthermore, inclusive health policies aid to close social gaps, by recognizing undocumented immigrants as community members deserving access to shared resources and benefits (Aboii, 2014). State policymakers should support safety net funding for organizations serving undocumented immigrants, other low-income immigrants, and mixed-status families (Berlinger & Gusmano, 2013).

The literature illustrates deficiencies in current health policies in place such as the Affordable Care Act (ACA) and the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). These exclusionary policies jeopardize the US progressive effort to encourage social solidarity and widens health outcomes between undocumented individuals and their native-born or authorized counterparts (Aboii, 2014; Makhlouf, 2019). While undocumented immigration remains a complex subject, leveraging local resources in states willing to support the health of undocumented immigrants seems a suitable temporary solution. Sanctuary cities and local government health care services would mitigate undocumented immigrants' health burden, especially in a climate of continuous anti-migratory rhetoric (Martinez et al., 2015). Health policy analysts should study and share findings on local-level innovations aimed at improving the health, welfare, and safety of undocumented immigrants (Berlinger & Gusmano, 2013). The health of our immigrant populations is at risk, and it is imperative that health care providers, stakeholders and policy makers remain informed

about issues affecting immigrant populations and team up to act as effective advocates for policy reform and inclusive health care access for all.

Latina Migrant Farmworker Healthcare Access Barriers

Latina have become essential members of the American agricultural workforce due to their role as farmworkers themselves and as members of farmworker families. The number of Latina farmworkers has increased over the past two decades, making twenty five percent of the total farm working community. The physical and mental health of Latina farmworkers is affected by their socio-economic and cultural context. Latina farmworkers' mental health risks differ from those experienced by men, mostly due to gender roles and the growing agricultural sexual harassment. Similarly, agricultural health hazards, such as pesticide exposure present risks for women's health differently from men, especially among women of childbearing age (Mrema et al, 2017). Research on Latina farmworkers' health is scarce, with only a few studies focusing on women. Marginalization and migratory status limit access to care. Health inequities and the social structures that perpetuate them, prevent Latina farmworkers from meeting their basic health care needs.

Some researchers have studied the mental health of Latina farmworkers or Latina members of farmworker families (Arcury et al., 2015; Pulgar et al., 2016; Zapata Roblyer et al., 2016). These studies showed that Latina farmworkers experienced high levels of stress and depressive symptoms (Arcury et al., 2015; Pulgar et al., 2016). Furthermore, Pulgar et al. (2016) highlighted that 31.3% of Latino farmworkers experienced depressive symptoms compared to 9.3% of the general U.S. female population. Studying the effects of manual and farm labor in Latina's mental health, Arcury et al., (2014) identified the relationship between depressive symptoms and job demands, lack of decision-making power and inadequate supervisor support.

Similarly, Rodriguez et al. (2016) highlighted the negative effects of unsupportive work environments and demanding family obligations on Latina manual workers mental health and the health of their families. Latina farmworkers' elevated risk factors and their lack of access to mental health care has become an important public health concern.

Barriers to health care access differ for those living in rural areas versus those living in urban communities (Loftus et al., 2018). Health care services are often limited in rural communities partially due to the lack of infrastructure and health care professionals willing to relocate to rural communities. Rural community's low-income levels, lack of public transportation and their own cultural beliefs and stigma become barriers that limit health care access (Cheney et al, 2018). While technology and innovation such as Telehealth and remote health care equipment are used to overcome these barriers for rural healthcare access, not all individuals living in rural areas benefit from them. One of the main barriers for health care access in rural areas is the lack of insurance coverage and the increasing cost of health care services.

The presence of Latina farmworkers has increased over the past two decades. Latina farmworkers face barriers to health care access related to their structurally vulnerable position. The term structural vulnerability refers to the condition of an individual or a group of being at risk of having negative health outcomes due to poverty, low educational level, and lack of access to health care and resources (Bourgois et al, 2017). A high percentage of Latina migrant farmworkers are Mexican born or have Mexican ancestry (National Center for Farmworker Health, 2020). Mexican immigrants are among the ethnic groups that experience the highest levels of health disparity. Being undocumented limits women's eligibility for health care insurance (Cheney et al., 2018). Other factors hindering access to health care include low levels

of English proficiency, lack of bilingual providers, low wages, and lack of workers' rights (Sangaramoorthy & Guevara, 2017).

CHAPTER III: METHODS

Research design

A qualitative cross-sectional study design was used to explore the impact of the current socio-political climate, anti-immigrant rhetoric and systemic racism on the mental health needs, and mental health care access of Latina migrant farmworkers in Wisconsin. The growing anti-immigration rhetoric, xenophobia and incidents of police brutality affecting ethnic minorities in the US increase the risks for stress, anxiety, and depression among Latina farmworkers. Current literature on the mental health needs of female farmworkers in the Midwest is scarce. Most mental health studies with farmworker are focused on the male population and were conducted in traditional Latino settlement such as California or Florida (Kim & Dee, 2018). The lack of evidence about Latina immigrant mental health hinders the development of culturally appropriate mental health interventions.

A qualitative approach was used to deepen our understanding of this phenomenon through data based on participants' perspectives and experiences (Ormston et al., 2014). Chicana, postcolonial, and Black feminist theories served as the theoretical frameworks for the design, data collection and analysis of findings. The tenets of these feminist frameworks informed the analysis of the role of race, gender, ethnicity, and socio-economic status on female migrant farmworkers' mental health. The knowledge generated from this study will inform policy makers about the need to develop mental health policies considering ethnically diverse minorities' socio-economic and cultural contexts. Increasing the visibility and participation of ethnically diverse women could be the first step towards social justice, health care equality and emancipation.

Description of Research Sample

This study included participants who were purposively selected. The inclusion criteria for the participants included (a) adult female (18 years of age or older) (b) self-identified as being Latina (c) working as a migrant farmworker at the time of the interview.

Recruitment

The quality of a purposive sample depends in part on the effectiveness of the recruitment process (Ritchie et al., 2014). For this study, purposive criterion-based sampling was initially used. Screening script were available in English (Appendix B) and in Spanish (Appendix C). With the assistance of the staff members from Family Health La Clinica mobile hospital and Embrace Services, women were recruited from five migrant camps throughout rural Wisconsin (Fond Du Lac County, Green Lake County, Columbia County, St. Croix County, and Baron County). Family Health La Clinica is located in Wautoma, WI and has a long history of health care services for seasonal and migrant farmworkers. The origins of La Clinica date back to the 1960's in response to the health care needs of the growing population of Latino migrant and seasonal workers in Waushara County. Initially named "La Clinica de los Campesinos" (The Farmworkers' Clinic), La Clinica has received federal funding since 1972 under the guidelines of the Migrant Health Program (Family Health La Clinica, n.d.). La Clinica currently offers bilingual services (Spanish/English) and has an outreach program through a Mobile Health Center, which visits the local farms and factories facilitating accessibility to health care services. Embrace Services is located in Rice Lake, Barron County WI. The origins of Embrace date back thirty years, providing safe shelter and services to survivors of domestic abuse and sexual assault in the four-county service area of Rusk, Washburn, Barron, and Price Counties. Other services offered by Embrace include community outreach and awareness efforts, preventative education,

safe shelter, 24/7 crisis support, and a variety of comprehensive and direct services to help survivors navigate the systems and to ultimately inspire social change and eradicate violence.

In addition, snowball sampling was also used as a recruitment strategy. Participants who engaged in the study were asked to connect other women who meet the inclusion criteria with the researcher. This strategy is known as "snowball sampling" and consists in sample recruitment through the identification of an initial subject who can then recruit other participants (Ritchie et al., 2014). Over fifty percent of the participants were referred by another participant. This recruitment approach is beneficial in cases where sample inclusion criteria involve sensitive topics and among communities in which gaining trust is challenging (Ritchie et al., 2014).

Fliers were also used during the recruitment process and were distributed at the migrant camps and at Family Health La Clinica and Embrace Services. The flyer included a brief overview of the study, goals, inclusion criteria, and were available in Spanish and English (Appendixes J and K). The flyer also included researchers contact information and were approved by UW Milwaukee (UWM) Institutional Review Board (IRB).

Ethical Considerations

Conducting research with vulnerable populations requires the implementation of measures to protect and safeguard their physical and emotional wellbeing and dignity. This study proposal was submitted to the University of Wisconsin Milwaukee Institutional Review Board (IRB). Recruitment started upon IRB approval (Appendix A). Additionally, I implemented the following steps to protect the women' integrity.

Informed Consent

Each women received detailed information about the study including full disclosure of the study aims and purpose, the name of the researcher and contact information. Consent form was designed in English and translated into Spanish. Due to participants vulnerability and safety concerns, verbal informed consent was approved for this study. During the interviews participants were reassured about the voluntary nature of their participation and the option to withdrawn at any time.

Confidentiality

Confidentiality refers to the protection of the identity or any features that could identify a research participant. Current anti-immigration policies and the risk for deportation present a risk for some participants. To protect the women's safety, they were offered to avoid using their names and use a pseudonym instead. Furthermore, a coded ID was assigned to each women. The location of the interviews was also critical to ensure confidentiality. A private area was facilitated by La Clinical mobile hospital. Additionally, phone interviews were conducted to ensure further confidentiality.

Data protection

Data was protected by following a set of legal and regulatory standards that informed their collection, storage, and transfer (Webster et al., 2014). For instance, all documents pertinent to this study such as consents forms, interview guides and transcripts, and handwritten field notes were stored in a locked cabinet at Maria Graf's work office. Graf's office is located in a secured building. Audio recordings collected during the interviews were transferred from the portable device (tape recorder, cell phone, iPad) to a password protected desktop for analysis and coding. After thematic analysis was completed the recorded audio files were destroyed.

Protection of human subjects

According to the United States Department of Agriculture (2020), the US agricultural workforce has close to three million workers. Among them twenty-five percent are women, and sixty four percent are Latinos of Mexican Origin (United States Census Bureau, 2019). Almost fifty percent of the farmworker population are undocumented immigrants, have low to non-English proficiency, receive low wages, and have limited access to health care (Hu et al., 2016). Migrant farmworker women, especially those of Hispanic or Latino origin are considered a vulnerable population. Special considerations should be included to conduct the study in an ethical manner.

The long history of unethical research with and utilizing ethnic minorities and vulnerable populations deemed necessary the creation of an international statement of ethical requirements for biomedical research called the Nuremberg Code and statements of ethical treatment of human participants in research such as the Belmont Report. The ethical and moral considerations needed for the study of migrant farmworker women would be addressed following the fundamental ethical principles stated in the Belmont Report, which are autonomy, beneficence, nonmaleficence and justice (U.S. Department of Health and Human Services [HHS], 1979).

Autonomy refers to the individuals' ability to make a decision about their participation in the study (HHS, 1979). I ensured participants' autonomy by applying the process of informed consent. The consent form included information related to the purpose and aims of the study, any funding sources, name of the researcher, methods and length of the study, strategies to ensure confidentiality and anonymity, the voluntary nature of their participation and the option to withdraw at any time (Webster et al., 2014). To ensure that the women fully understood the content of the informed consent, it was offered in English or Spanish. Additionally, the women

choose to read the consent themselves or having it be read for them. While financial compensation may influence the autonomous choice of participation, I thoroughly explained that women's time and collaboration deserved a compensated and withdrawing from the study would not influence the compensation.

Beneficence refers to the maximization of research benefits while minimizing risk (HHS, 1979). Beneficence in this study was observed by providing in-depth information and analysis of the social determinates of health affecting the mental health of female migrant farmworkers while ensuring that findings and conclusions do not perpetuate stigma and marginalization. This study addressed a sensitive topic such as mental health which could cause emotional or psychological distress. The researcher was prepared to minimize the women's risk for emotional distress by offering adequate referrals. At the end of the interview, all the women received pamphlets with referral information and local resources in English or Spanish. Finally, the ethical principle of Justice refers to the equal distribution of burdens and benefits of the research (HHS, 1979). I met the demands for Justice by ensuring research trustworthiness and bringing attention to the problems identified and reported through the women's voices.

Data Collection

The use of qualitative research methods facilitated deeper understanding of the participants' perspectives and experiences related to mental health. Qualitative data is rich, holistic, and nuanced (Barrett & Twycross, 2018). For this study, data was collected using a semi-structured interview. Demographic data was collected to conceptualize the lives of Latina migrant farmworkers. Demographic questionnaire was offered in English (Appendix D) and in Spanish (Appendix E). This data will provide contextual information about the participants' background details, including mental health risk factors. It will be made clear to participants that

they do not have to respond to any question that they are uncomfortable answering, including questions on the demographic questionnaire.

Semi-structured Interviews

The main goal of using in-depth interviews is to gain information rich in breadth and depth (Yeo at al., 2014). In other words, in-depth interviews allow extensive coverage of a topic of study. Semi-structured interviews are organized around a set of open-ended questions included in an interview guide. The interview questions were offered in English (Appendix F) and Spanish (Appendix G). Data were collected through individual interviews with Latina migrant farmworkers from July to November 2021. Twenty-three interviews were conducted in person and eleven were conducted by phone due to participants geographical location and schedule availability(N=34). To ensure participants' privacy and to maintain confidentiality, the interviews took place in a private area facilitated by La Clinical mobile hospital. All participants received a Walmart gift card for US$ 25.00 for their time and willingness to participate in this study.

The use of an interview guide guarantees that the researcher asks the same questions to all the participants, while maintaining flexibility to change the order of the questions according to the participant's responses (Holloway & Wheeler, 2013). During the interview, I was open to the answers given and carefully asked follow-up questions or prompts to facilitate the emergence of the participants' emic view or perception (Gray, 2017). The women's English proficiency level and the use of their preferred language were an additional consideration during the study. To address this issue, the flyers, the informed consent, the demographic, and the interview guide were translated into Spanish.

All the interviews were audio recorded, to facilitate the interaction and relationship with the participant during the interview. The recordings were transcribed following the interviews. The recordings were destroyed after thematic analysis was completed. In addition to the voice recordings, the researcher wrote field notes during and after the interviews regarding the content, context, metacommunication, and researcher's initial reactions and responses (Gray, 2017). The field notes were added to the women's transcriptions and aided the researcher to further reflect on the interview process, such as issues that arose during the interview, potential follow up questions, emerging themes, among others.

Data Analysis

During the process of data analysis, the researcher becomes the instrument of the analysis responsible for coding, theming, decontextualizing, and recontextualizing the data (Nowell at el., 2017). There are several approaches for data analysis including narrative analysis, content analysis and thematic analysis (Gray, 2017). Data obtained from the semi-structured interviews was transcribed and translated to English as needed, and then analyzed using thematic analysis. Thematic analysis is the process of discovering, interpreting, and reporting patterns and clusters included in data set (Spenser at al., 2014). This process is complex and involves the interpretation of data in a meaningful way (Maguire & Delahunt, 2017). The process of data analysis would help to identify similarities and differences in the responses and to discover patterns, known as themes within the data set. Braun and Clarke (2006) developed a six-step framework for thematic analysis. The six steps are as follows a) becoming familiar with the data, b) generate initial codes, c) search for themes, d) review themes, e) define themes, f) write-up. This framework allows researchers to move forward and back between these steps, especially when analyzing complex data (Maguire & Delahunt, 2017).

Becoming familiar with the data was achieved by listening the recoded interviews, reading the interview transcripts several times, and making notes about early impressions. An early coding process started with the interviews transcriptions. The transcriptions were analyzed line by line and organized into initial codes. Then the codes were organized into broader themes. Each theme was then reviewed to confirm that data support each of them and check for overlapping themes. The following step consisted of defining the themes and identifying sub-themes. Finally, two manuscripts were produced to exemplify the findings of this thematic analysis. The process of thematic analysis was done manually.

Scientific Rigor

Scientific rigor is associated with the worth or value of research findings (Gray, 2017). While quantitative researchers use tools such as internal validity, reliability, objectivity, and external validity to establish rigor, qualitative researchers achieve rigor by the establishment of trustworthiness. To be considered as trustworthy, qualitative researchers must conduct data analysis in a precise, consistent, and exhaustive manner (Nowell, Norris, White & Moules, 2017). Lincoln and Guba (1985) developed a criterion for trustworthiness in qualitative research, known as credibility, dependability, confirmability, and transferability.

Credibility

Credibility refers to confidence in the truth of the data and interpretations of them (Polit and Beck, 2012). Through credibility, researchers ensure the accurate representation of participants' answers in the study findings. Lincoln and Guba (1985) suggested several techniques available to establish credibility including persistent observation, prolonged engagement, data triangulation and research triangulation. Credibility in the study of mental

health needs among Latina migrant farmworkers in Wisconsin was achieved through field notes and audio recording, including a detailed record keeping and decision trail to ensure that the interpretations of data are clear and concise. To ensure the data collected was clear I provided the women with a summary of their answers to confirm the accuracy of their responses. In addition, the researchers acknowledged biases and engage in ongoing critical methods' reflection to ensure adequate depth and relevance of data collection and analysis (Noble & Smith, 2015).

Transferability

Transferability refers to the applicability of the findings to another population or phenomenon (Gray & Grove, 2017). Lincoln and Guba (1985) noted that transferability is established by providing potential appliers with evidence showing that the research study's findings could be applicable to other contexts or populations. Transferability was achieved by organizing and presenting robust and detailed accounts of the research process, including a thorough description of the context and setting, sample size and recruiting strategies, participants demographic characteristics, data collection process, and the interview guide used to collect data.

Dependability

Dependability refers to the stability or reliability of data over time and conditions (Polit & Beck, 2012). In other words, dependability establishes that other researcher if using the same research process could potentially repeat the findings. Dependability could be established with an inquiry audit in which an external reviewer would examine the processes of data collection, data analysis, and the results of the study to confirm the accuracy of the findings (Polit & Beck, 2012). For this study, I asked my major professor to confirm the accuracy of my findings and to ensure that the analyses are supported by the data collected. After the initial interviews, my

major professor started the auditing process. She reviewed my interviews, and her feedback was applied to improve data collection technique. Additionally, weekly meetings were scheduled to discuss the study progress and ensure the application of the theoretical frameworks throughout the research process. Furthermore, after initial themes were obtained a meeting was scheduled with an additional committee member to confirm the findings aligned with previous evidence and seeking for their expert advice related to the research process.

Confirmability

Confirmability refers to the confidence that the data represents the information provided by the participants and that researcher biases, motivations or perspectives do not affect findings (Polit & Beck, 2012). Lincoln and Guba (1985) noted that credibility, transferability, and dependability must be achieved first in order to establish confirmability. Confirmability can be achieved with an audit trail and through reflexivity. An audit trail consists of a thorough description of the steps taken from the start of a research project to the development and reporting of findings (Polit & Beck, 2012). For this study I kept an audit trail containing a detailed account of the research process including rationale for decisions made, personal reflections, and any other occurrence which could influence any aspect of the study.

Reflexivity

Reflexivity refers to the continuous scrutiny and self-analysis of the researcher's role and the influence of their beliefs and behaviors on the research process (Ormston et al., 2014). The failure to engage in reflexivity can negatively impact the research outcomes. For instance, failing to account for the power dynamics between participant and interviewer can hinder participants' full disclosure of their experiences or make them feel pressure to talk about sensitive topics

(Olmos-Vega et al., 2022). Hence the main goal of reflexivity is the awareness of researcher biases and their influence on the study's outcome. Lincoln and Guba (1985) suggested the use of a reflexive journal in which the researcher documents the daily logistics of the research and also their personal reflections and thoughts. To ensure reflexivity, I engaged in personal reflexivity by keeping a journal in which I recorded my personal reflections throughout the research process. I discussed my journal entries with my major professor during our weekly meetings and sought for her support in the form of debriefings. Through the practice of reflexivity, I achieved an enhanced awareness of my values, philosophies, experiences, beliefs, political and social identities and reflected on how those shaped my research but also how the research touched and affected me as an individual and as a professional.

Positionality

Engaging in reflexivity requires considering how one's background, personal values, and experiences affect observation and analysis (D'Silva et al., 2016). Furthermore, the process of reflexivity requires the inclusion of the researcher positionality, as it impacts the way how data is interpreted and analyzed. As a first-generation Peruvian immigrant, I have shared the experiences lived by most Latino immigrants during the migratory process. In addition, to being Latina and immigrant, I am also a middle age, middle class educated nurse educator and scholar. However, despite the several commonalities in the identities of researcher and participants, one cannot assume the absence of power relationships.

I have to critically approach the racial concordance or observed in this study. Racial concordance occurs when two individuals share the same race or ethnicity and evolved from research on relationships between physicians and patients, in which racially matched relationships were associated with increased patient satisfaction, trust, and compliance (Alegria et al., 2013).

While racial concordance may serve as positive point of connection and identification to minority community members, additional differences in social class, including education and income could potentially undermine trust building and increase social distance (Fryer et al., 2016). Therefore it is essential to engage in continuous reflection on positionality and social location to ensure sensitive and respectful interactions during interviews and avoid the influence of implicit bias and hidden power dynamics.

CHAPTER IV: RESULTS

This chapter, offers a compilation of the women's voices reported in two finding manuscripts. Manuscripts, 2 and 3 focus on the findings from the interviews with women. Consistent with Chicana, postcolonial, and Black feminist frameworks the main goal of these manuscripts is to inform policy, practice, and future research about women perspectives regarding mental health and to generate new knowledge about this topic from the women's narratives.

Manuscript 2: A Qualitative Analysis of Latina Migrant Farmworkers' Perception of Mental Health: Voices from the Upper Midwest

This first manuscript reports the women narratives on mental health and their accounts regarding mental ill health. This manuscript is formatted following the authors' guidelines for the Journal of Transcultural Nursing, which is the journal target for submission. The manuscript includes a summary of current literature on the factors influencing Latina perceptions of mental health. It also includes an overview of Chicana, postcolonial, and Black feminist epistemologies, which were used for this study design, data collection, and analysis of findings. Finally, policies and practices based on women voices were recommended.

A Qualitative Analysis of Latina Migrant Farmworkers' Perception of Mental Health: Voices from the Upper Midwest

Abstract

Introduction: Despite evidence showing Latinos' high prevalence of mental health, little is known about Latina migrant farmworkers' mental health experiences, especially those working in the upper Midwest. Considering the multiple vulnerabilities observed among Latina migrant farmworkers, it is necessary to gain insight from own accounts and perceptions of mental health and mental health-seeking experiences. Methodology: A qualitative descriptive approach using in-depth semi-structured interviews with open-ended questions served to retrieve data from 34 Latina migrant farmworkers. This study was informed by Chicana, postcolonial, and Black feminist epistemologies. Results: Thematic analysis identified themes within the data. These findings pertained to the conceptualization of mental health within the contexts of family, capacities, stigma, denial, and faith. Discussion: Our results demonstrate the need for healthcare providers to consider Latina migrant farmworkers' perceptions about mental health and apply those in the design and implementation of culturally informed policy and practice.

Keywords

Health disparities, Latino women/Latinas, migrant farmworker women, women’s health, health equity

Introduction

According to the World Health Organization (WHO), mental health is the state of well-being that allows individuals to realize their abilities, such as coping with life stressors, working productively, and contributing to their community (WHO, 2018). Ill mental health affects individuals' ability to grow both personally and socially. In the United States, nearly one in five adults live with a mild, moderate, or severe form of mental illness (National Institute of Mental Health, 2019). The Agency for Healthcare Research and Quality (AHRQ) reported disparities in mental health access among racial and ethnic minority groups (Swinson Evans et al., 2016)

Background

Latina immigrants living in the United States access lower rates of mental health services compared with non-immigrant women even though they have urgent mental health needs (Derr, 2016). For example, Latino women have the highest rates of postpartum depression; however, undocumented status, language, and cultural barriers, and chronic financial pressures increase their risk for poor mental health and limit their access to mental health care (Casas, et al., 2020; Sampson, et al., 2021). Poor mental health affects women's well-being and their ability to meet their employment and household responsibilities. In addition, mental illness may be difficult to diagnose and treat specifically among Latina migrant farmworkers, who face multiple challenges, including poor access to health insurance, high rates of poverty, and in some cases, cultural and language barriers (National Center for Farmworker Health, 2020).

Latina Migrant Farmworker Mental Health

Latina migrant farmworkers experience significant mental health problems, such as stress, anxiety, and depression (Arcury, et al., 2018). Certain risk factors are associated with

farmwork. For example, lack of local working opportunities and low wages forces farmworkers to seek employment far from home. Work-related relocation distances Latina migrant farmworkers from their support systems and expose them to additional mental health risks such as discrimination and alienation (Zapata Roblyer, et al.2016). The lack of a support system among individuals from a culture that values collectivity affects their ability to cope with significant stressors related to farm work, such as sporadic employment, long working hours in hazardous conditions, and high rates of sexual harassment in the farm industry (Chaney & Thomas, 2017).

Conceptualization of Mental Health

Based on a study by Griffin et al. (2020), Latina migrant farmworkers are conceptualized as being affected by stressful working conditions, social isolation, and fear of deportation. Arcury et al. (2018) also noted that Latina farmworkers associated mental illness and depression with work instability and lack of income. In both studies, mental illness is related to financial strain, undocumented status, and unemployment. Other studies identified common misconceptions about depression among Latinas. For instance, Pulgar et al. (2016) noted that Latinas have higher risk factors for depression due to gendered work and its related challenges such as child and elder care, job inequality, economic discrimination, and stress from role conflict between concurrent employment and household responsibilities.

Fear and Stigma

A study including three focus groups of 15 Latinos conducted by Chan and Corvin (2016) in West Florida showed that the fear of becoming addicted, misinformation, and lack of trust in pharmacological treatments were common reasons to avoid using antidepressants. Instead, they

were more open to trying traditional or folk medicine to treat the symptoms of their mental illnesses. Latinos' cultural perspectives about mental health and the fear of isolation, rejection, and stigma are significant barriers to diagnosis and treatment. Latino migrant farmworkers rely on their community for different aspects of their lives, including childcare, transportation, and employment among others., Disclosing a mental illness diagnosis may cause shame and public stigma (Martinez Tyson et al., 2016). Public stigma refers to those negative attitudes and beliefs that motivate individuals to fear, reject, avoid, and discriminate against people with mental illness (Stark et al., 2018).

Gender Role, Faith, and Mental Health

Culture has a significant influence on one's health. Cultural practices, beliefs, and language affect health-care-seeking behaviors and health outcomes (Sampson, et al., 2018). In the Latino culture "Marianismo", is a value wherein women are expected to emulate the Virgin Mary in selflessness, caring, and sacrifice for their children and for the family (Sanchez et al., 2015). Latino women may thus avoid the topic of mental illness, for example, depression, for fear of affecting their children's wellbeing and interrupting their family dynamic (Pulgar et al., 2016). Fear of losing their family and children may restrain Latinas from seeking mental health care (Chan & Corvin, 2016).

Latinos share the characteristic of external locus of control. According to Timmins and Martin (2019), individuals with an external locus of control believe that outside forces such as fate, luck, and divine influences control their life circumstances and outcomes. Evidence shows that a high percentage of the Latino population profess Christianity as part of their faith value and belief system (Caplan, 2019). From this perspective, depression and mental illness are sometimes seen as manifestations of sin and religious punishment. Latino immigrants thus

depend on their religious beliefs to cope with stressors faced in the United States, such as immigration and acculturation (Sanchez, Dillon, & De La Rosa, 2015). In addition, religious institutions such as churches are sources for community support and spiritual counseling (Timmins & Martin, 2019).

There is limited literature specifically about the mental health needs and the mental wellbeing of Latina migrant farmworkers. The literature shows studies about mental illness, including depression screening, use, translation, and validation of diagnostic tools, risks factors, the relationship between migratory status and mental health, and the effectiveness of treatment of mental illness in the Latino community (Arcury et al., 2014; Casa et al., 2020; Cobb et al., 2016; Pulgar et al., 2016); however, an understanding of Latina migrant farmworkers' perspectives about mental health care needs from a cultural and gender perspective is less frequent.

Method

Theoretical Framework

This study was informed by Chicana Feminist Thought, Postcolonial Feminist Theory, and Black Feminist thought. The exclusion of the female descendants of Mexicans born in the US, also known as Chicana, from Western Feminism and The Chicano movement led to the emergence of Chicana Feminist Thought (Garcia, 1989). The utility of Chicana Feminist Thought in the analysis of Latina migrant farmworkers' perception of mental health seeks to address the intersection of race, class, and gender amidst the current socio-political environment and anti-migratory rhetoric. Postcolonial feminism contests hegemonic Western discourse that homogenizes and often vilifies women in the global south (Garcia, 1989; Mohanty, 1995; Tyagi, 2014). Instead, postcolonial feminist theory also considers the intersection of race, class, gender,

and the effects of colonialism in analyzing the experiences of women of color (Mills, 1988). Postcolonial Feminist theory is useful to the analysis of Latina migrant farmworkers, as an underserved and often misunderstood population, providing a historical lens to highlight the effects of colonialism on their mental health and wellbeing.

Black Feminist Thought emerged as a theoretical framework and a form of activism to address the unique needs and intersecting needs of Black women in the United States. Collins (2000) noted how oppression resulting from chattel slavery affected Black women's realities and their relationships with Black men, their communities, and all aspects of White, mainstream society. Black Feminist Thought is useful to our analysis of Latina migrant farmworkers' mental health perceptions because of the shared experiences of discrimination, racism, and segregation between Latinas and Black women in the Americas (Graf et al., 2022). The use of a feminist approach also allows for a reflective, interactive, and non-hierarchical interaction between researchers and participants who become collaborators and are not merely "subjects" of study (Ritchie et al., 2014).

Positionality

The authors of this manuscript self-identify as Latina, Black and White scholars from different locations of privilege (middle class, higher education, and heterosexual), and locations of marginalization (immigrants and women of color). Our scholarship informed by feminist theory requires acknowledging our social location as it guides our research design, the methodology of our study, the analysis of data, and our writing.

Design

This study followed a qualitative descriptive design using in-depth semi-structured interviews with open ended questions. To enhance the communication and accuracy of the data gathered, the interviews were offered in the women' language of preference (English or Spanish). All the women chose Spanish as the language for their interviews. Building a trusting and respectful relationship with the women in the study allowed them to express their perceptions, thoughts, and feelings using their own words and allowed us to gain a deeper understanding of the phenomenon of study.

Sample and Setting

Purposive sampling was used to recruit the women participants in this study. Family Health La Clinica mobile hospital and Embrace Services facilitated the recruitment process. The first, is a healthcare institution that offers federally funded services to migrant farmworkers and the latter a domestic violence and sexual assault agency with which we have previously collaborated. The first author joined the mobile hospital at the migrant camps throughout the rural areas of a Midwestern state that provides healthcare to migrant farmworkers. Informative flyers were posted at the camp's cafeteria and offices. After the first few interviews, snowball sampling followed. The inclusion criteria included women who self-identified as Latina, were 18 years of age or older, and working as a migrant farmworker at the time of the interview. Face-to-face individual interviews took place next to the mobile hospital in an area where safety and privacy were ensured.

Data Collection

The semi-structured interviews were conducted over a period of four months (between August and November) in 2021. After inclusion criteria were established, oral informed consent

was obtained. The women were informed in their language of preference the details of the study, including the use of a tape recorder during the interview and the voluntary nature of their participation. The semi-structured interviews were audio-recorded as a measure to capture in detail the information provided by the women without losing data. Twenty-three interviews were conducted face to face and eleven by phone. Demographic data were obtained at the beginning of the interviews. The interviews lasted between 60 to 90 minutes. Besides the audio recordings, the interviewer took notes of the women body language and other non-verbal information during the interview. To ensure confidentiality each participant was assigned a number and any potential identifiers captured in the audio-recording were not included in the transcription. At the end of the interview, each participant received a US$ 25.00 Walmart gift card as a token of appreciation for their time and willingness to participate in the study. Additionally, information regarding services offered by local institutions serving the Latino community were provided. A total of 34 adult Latina migrant farmworkers participated in the study. The women age ranged between 21 and 75 years of age and the average length working as migrant farmworkers was 10 years. All the women in this study were Mexican or had Mexican ancestry. (See further demographic data of women interviewed in table 1).

Data Analysis

The audio-recorded interviews were manually transcribed and translated from Spanish to English by the first author, who is bilingual in English and Spanish. Back translation was used to confirm the accuracy of the transcriptions. Line by line thematic analysis followed. The use of thematic analysis allowed for the discovery, interpretation, and report of patterns and clusters of meaning found in the data (Ritchie et al., 2014). The interviews were read and listened to in Spanish several times to confirm the accuracy of the findings once translated into English.

Trustworthiness was ensured by observing the criteria outlined by Lincoln and Guba (1985), which consists of credibility, confirmability, dependability, and transferability. Iterative analysis of the data and reflective journaling were used to enhance credibility. Credibility was also established through random audits of the transcripts by the senior co-author. Confirmability was achieved through discussions with the co-authors to minimize biases in the data analysis. Dependability was maintained through an audit trail and through discussions of research activities with the co-authors. Finally, transferability was enhanced by providing a detailed and rich description of the context and location of the study.

Ethical Considerations

The study received approval from the Institutional Review Board at the University of Wisconsin-Milwaukee. Before beginning the interviews, the women received detailed information regarding the study details, risks, benefits, and voluntary nature of the study. Additionally, the women learned about their right to withdraw from the study at any time of the study without penalty. Once all their questions were answered; ensure confidentiality and anonymity, verbal consent was obtained from participants.

Results

This manuscript focuses on the participants' perceptions and conceptualizations of mental health. After thematic analysis five themes were identified: 1) Family relationships and work productivity, which we labeled "mental health is everything", 2) Emotional state and capacities, which we labeled "Mental health is in tu mente (your mind)"; 3) Stigma and locura, which we labeled "It is when you are like medio loca (crazy)", 4) Denial and Shame, which we labeled "it was a problem that I had to sufrir sola (suffer alone)", and 5) Faith and spirituality, which we labeled "praying helped my mental health" (Fig 1)

Mental health is everything

Women's conceptualization of mental health was associated mainly with family relationships and financial income In other words, family relationships, work productivity and mental health were all interrelated. One affected the others. For example, one woman said: "Mental health, well, I think it has to do with everything with the family, how you are with your family, how you are at your job, all of this affects your mental health, if you are not comfortable in your job, if you have family problems, it affects your mental health" (Participant 1). Other woman explained the effects of mental health on family dynamics and work performance, noticing the difference between physical and mental health, she said "if you are physically well but emotionally or mentally you are not then you do not perform well at work or at home and you affect others". She also added "You can be fine physically but, but mentally you are sad and if it affects your family because they see you like that… And you have to be careful at work because you cannot be pensando asi (thinking like that) because if you are behind, the others also get behind" (Participant 3). These statements demonstrated women understanding of mental health and how it affects their priorities, which in this case are family and income. Furthermore, women conceptualization of mental health was related with their ability to provide for their families by maintaining an adequate work performance, as many women's income is the sole source of family income. For instance, one woman explained that mental health "...is an important part of life if you are physically well but emotionally or mentally you are not then you do not perform well at work…. when you come to work, then you cannot do your job, as you want it, or you are sufriendo (struggling) to finish" (Participant 3)

The women also defined mental health based on positive and negative impact on family dynamics. A woman compared mental health with being alive and having a positive

intergenerational family relationship. She said:" Mental health means life…. I want to be mentally well so I can enjoy my grandchildren take care of them, talk to them, play with them, and continue working. It means mantenerse viva (staying alive)" (Participant 25). Additionally, this woman also conceptualized mental health from the perspective of self-esteem and self-worth, productivity, and socialization, she said "As long as we have 100% mental health we can continue working and we can continue to have our social life" (Participant 25). Conversely, negative behaviors impacted mental health and altered the family dynamic. This is described by one of the women in the following statement: "Mental health affects the family because when there are many fights and when there is violence, well, one is not mentally well". (Participant 19). The disruption of family dynamic caused by mental health issues was incentive enough for women to consider the importance of adequate mental health care. The same woman added " … it is important to take care of mental health so that one can live well with your husband with your children, and you can be tranquila (at ease), yes, and con tu mente en paz (mentally at ease) (Participant 19).

Mental health is in *tu mente* (your mind)

Some women operationalized the concept of mental health as a physical ailment located in the individual's *cabeza* (head) and expressed by changes in mood and emotional state. A woman said, "Mental health is your nervios (nerves), it's inside your cabeza (head), like when one is worried about something. Like when you do not have money, or your family, or like when something bad is going to happen to you, or to your family… one keeps thinking about that, like I wanted to stop thinking, but I could not stop" (Participant 23). Women's perception of mental health was explained as a state of continuous anxiety called "los nervios" in which

psychosomatic symptoms were reported. A woman shared her perception of mental health as a collective health issue that can be passed from one individual to the others. This perception could be related to Latinos community-oriented nature, she said: "If you hear that someone has a disease, soon after you have the same disease. I have seen people who hear that someone has certain pains and soon after they complain of the same pains. Or they hear that someone is sick and then they are already sick too. It's like you *llamas a la enfermedad* (call the disease); because you live with los nervios (nerves) and you can't stop thinking about it (Participant 9).

Some women offered a definition of mental health related to intellectual capacities, cognition, and decision making. In these cases, women conceptualized mental health as *la mente* (the mind)in which positive behaviors included being focused, rational and cuerdo (coherent) to make good decisions, "Mental health is what you think…like your thoughts. It is when you are thinking right. It is in your head, in tu mente (your mind)" (Participant 5). Conversely, the absence of mental health leads to distress and even fatal consequences, "if your mind is well, you will do fine, but if let's suppose you are not mentally well, you do not think well, nothing works well, like you are walking thinking on nothing, and a car can run over you and that is it…. "(Participant 21).

It is when you are like *medio loca* (crazy)

Some women's perceptions were informed by a negative association of mental health with the stigmatized concept of "loco" (crazy) or "locura" (craziness).. The concept of loco was described with examples of individuals experiencing auditive and visual hallucinations and behaviors indicative of poor health. One woman said, "..is when you are nor well in your head…

like wandering in the street and talking to yourself, like you see things, like you are lost in your head, like loco (crazy)" (Participant 15). Other women further described mental health using the figure of "loco" highlighting inadequate behaviors including violent outburst, "…is when you go all dirty, you do not bathe, yelling at the people and eating garbage, like loco (crazy) ….no, you cannot help them, if you get closer, they can hit you (Participant 27). This example further evidence the stigma and fear associated with mental ill health. Women demonstrated awareness of the relationship of substance abuse and mental health. Furthermore, they provided examples of the effects of drugs on individuals mental health leading to the stigmatized characteristics of "el loco". A woman said, "…. I knew a man from my rancho (village) who went loco (crazy) because of using drugs. He had a good job, but the bad influences got him into drugs. He lost all his money in the vice, smoking, you know. He ended walking naked down the street, skinny, he did not care he was naked" (Participant 21).

It was a problem that I had to *sufrir sola* (suffer alone)

Some women's definitions of mental health including statements of shame. Women avoided using terms such as depression, anxiety or stress and instead they explained their symptoms using terms such as *cansancio* (tiredness), *nervios* (nervousness), or *tristeza* (sadness). One woman defined mental health in the context of her grieving experience after the death of her adopted baby who was born with a congenital disease and the passing of her mother due to a chronic illness, "When my baby daughter died everyone thought I was going loca (crazy)…. My doctor asked me if I was deprimida (depressed) and I told him that it was not depression, but cansancio (tiredness). Because I took care of my mom for seven years and taking care of an ill person te cansa (makes you tired). I took care of my mom until the day she died. I was close to

my mom…And then my baby died…. I was very triste (sad), and I am still sad, but I am not depressed, I do not need to take medications" (Participant 12)

The previous quote showed how the woman avoided any indication that she could be depressed. Instead, she reported to be tired, and sad but not depressed. Similarly, another woman described her concept of mental health from the perspective of sadness. Despite receiving a diagnosis of depression, the woman related her symptoms of depression to sadness She said:" Once a doctor told me I had depression. But I was not sad or thinking about quitarme la vida (taking my own life), nothing like that. Well, sometimes one could sentir tristeza (feeling sadness); that happens. I do not like to be alone, because then I feel tristeza (sadness) and soledad (loneliness). I do not want to get up of bed, not even to eat, I could be in bed all day long. It's not that I am depressed, but sad instead" (Participant 22).

While women throughout the interview expressed their closeness to family and community, they chose to keep issues related to mental health private. Some women considered that mental health problems should be endured privately to avoid shame and distress to their families. For example, a woman shared that she kept her daughter's mental illness a secret . While this episode happened several years ago, she still asking for confidentiality about her daughter's health condition, "One of my daughters was diagnosed when she was 13…. these are things nobody should know, please……. she was bipolar… I have never talked about this problem to anyone. Only my mom knew and the doctor who saw my daughter. Her illness was a problem that I had to sufrir sola (suffer alone)" (Participant 17).

Praying helped my mental health

Women also offered a description of mental health through the lens of their faith and spirituality. A number of women spoke about a strong relationship between their faith and good mental health. Divine intervention was reported as a source of "protection" against mental ill health. A woman said, "I trust in God to keep me healthy. …. Thanks God, I have never been told I have depression or anxiety or anything like that" (Participant 4). Furthermore, divine intervention and faith were cited as the sources of comfort and hope against emotional distress, " …when I was younger, I had some problems. I was in a bad relationship. Todo el dia era de llorar y nada mas (All I did was crying all day long). I was consumida (consumed) by la tristeza (sadness), you know, eso que le dicen depresión (what is called depression). My mom told me we had to pray and go to the church. I was praying so much… doing that help my mental health" (Participant 33).

Mental ill health treatment and recovery was also associated with divine intervention. Prayer was associated with therapeutic effects and less side effects, "I was taking Citalopram and Clonazepam, but I stopped taking them like 8 months ago. I was afraid that I was getting addicted to them. My friend told me that I had to get closer to God, to talk to God. So, I focused on God, and I prayed God help me" (Participant 21). Finally, some women's definition of mental health was associated with penance and reflection. This concepts are explained from a cause - effect perspective. One woman said, "well, for some people mental health is something you do to yourself. Because if you deserve sufrir (suffer) from mental health, you have to think what you did to deserve it and suffer the penance" (Participant 29).

Discussion

As we discuss the implications of our study with a sample of Latina migrant farmworkers in the upper Midwest, it is important to point out that we believe our findings are transferable to other locations within and even outside of the U.S. Our qualitative inquiry informed by feminist epistemologies centered women's voices, eliciting their conceptualization of mental health based on their own worldviews and life experiences. Most women in our study defined mental health as a determining factor in their family relationships and family functioning. This finding is similar to previous studies that have identified a relationship between Latina mental health and family dynamics. Lorenzo-Blanco et al. (2017) identified a relationship between Latino parents' stress and depressive symptoms and lower parent-reported family functioning, which in turn is a mediator to youth alcohol and cigarette use (Lorenzo-Blanco et al., 2017). Similarly, another study found that Latinas identified the negative effects of being away from their families, among others risk factors, with depression and psychological stress (De Olivera et al., 2017). Women in our study were aware of the relationship between intrafamilial violence and mental health. Intrafamilial violence and other forms of violence are a health challenge identified in other studies with Latinas which have significant implications for their mental health (Basile et al., 2015; Gonzales et al., 2018; Reyes at al., 2021).

Women's perceptions of mental health in relation to mood and emotional state is consistent with previous studies. For instance, Zvolensky et al., (2016) conducted a study in Texas in which the interaction between depression and anxiety was significantly related to suicidal, social anxiety, mood/anxiety diagnoses and disability among a sample of 390 Latinos. The role of external locus of control in Latinas' anxiety and stress has been linked to increased emotional distress and decreased help seeking behaviors (Anastasia & Bridges, 2015: Rosales &

Calvo, 2017). Additionally, Barrera and Longoria (2018) explained Latinos' use of some idioms such as *nervios* or *miedo* to describe emotional distress and suggest the importance of cultural competence in understanding the meaning of such terms.

The women in our study related mental health with fear and stigma. Stigma was associated with loco or locura, which also involved isolation and fear of ostracism. These findings concur with previous studies in which poor mental health among Latinas was associated with stigma (Lopez et al., 2018). Lopez et al., argued that these perspectives had to do with low health literacy levels and that lack of knowledge about mental health had an inverse relationship with stigma. In other studies, mental health related stigma was also associated with Latinas underutilization of mental health services and hence poor mental health outcomes (DeFreitas et al., 2018). Additionally, stigma related to substance and alcohol misuse was associated with both financial and emotional family distress, which in turn discourages help seeking treatments (Flores et al., 2015). Evidence suggests the need for mental health care that takes into account the presence of stigma and how it informs mental health seeking behaviors (Sickel et al., 2016). Culturally congruent policies and interventions therefore need to be developed (Gopalkrishnan, 2019).

Women also reported the need to maintain aspects related to mental health private. Mendoza et al., (2015) found that Latinas tend to conceal ill mental health and to protect their family's honor or to avoid bringing social disgrace to themselves or their families. Women's decision to conceal their or a close family member's mental illness is consistent with the idea of Marianismo, in which Latinas should be open to personal sacrifice for the benefit of their children and family (Da Silva et al., 2021).

The relationship between faith and spirituality with mental health as reported by the women in this study is also consistent with previous evidence. A study by Caplan (2019) found that lack of faith, not praying, demonic intervention, and sinful behaviors of parents were considered risk factors for depression among Latinos. Women's narratives about faith as a mental health protective factor concurs with previous studies that support a religious coping framework, in which faith and religiosity offer unique methods and strategies to manage negative experiences and emotions and therefore protect against poor mental health (Caplan, 2019; Haney & Rollock, 2020; Turner &Llamas, 2017). In addition, Barrera and Longoria (2018) observed that Latinos who believe prayers could cure a physical or mental illness favor help from a priest, spiritual healer, or curandero (folk healer) than using Western mental health care. Spirituality and faith are protective factors among Latinos' mental health and could serve as complementary therapies to improve mental health care outcomes and destigmatize mental illness.

Implications for Nursing

Our findings support the importance of mental health nurses' involvement in developing mental health policy and practice that informs culturally relevant care. Nurses are in a strategic position to advance mental health knowledge based on the narratives of populations most at risk for poor mental health outcomes including Latina migrant farmworkers. The development and implementation of mental health care interventions designed for Latina migrant farmworkers must be informed by their cultural values. (Maurer et al, 2018). We can build upon the narratives of women to address the gaps in service utilization and to promote mental health. Considering the strengths observed in the narratives of Latina migrant farmworkers regarding mental health, healthcare providers could center these as protective mechanisms and include them in culturally congruent plans of care. From a feminist perspective, systems and processes developed must

capitalize on cultural empowerment, moving away from a deficit approach and instead facilitating new avenues for an integrated mental health care approaches (Gopalkrishnan, 2019).

Limitations

This study has limitations. Women who participated in this study were Mexican or were of Mexican ancestry. Findings could have been different for Latinas with different nationalities or cultural ancestry. While most interviews were conducted face-to-face, 11 interviews were done by phone, thus limiting the collection of non-verbal data; however, the first author was able to obtain non-verbal data by making note of the tone and inflections of the participants' voices and nevertheless, themes consistency was identified across the interviews conducted in person and those conducted via telephone.

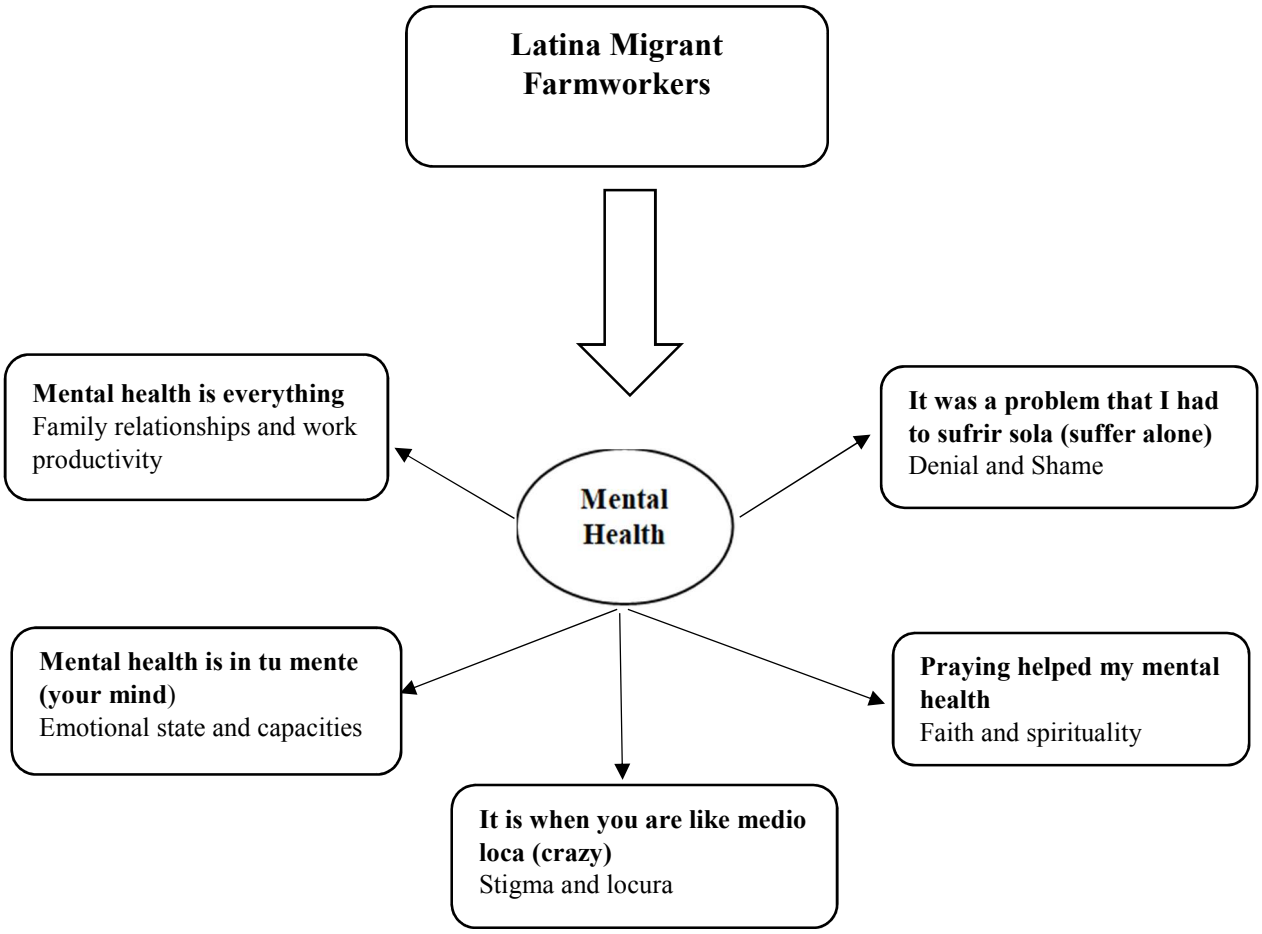
Conclusions

Latina migrant farmworkers face challenges that increase their risk for mental ill health. The lack of current literature addressing Latina migrant farmworkers mental health perspectives and mental health care needs in the upper Midwest hinders the implementation of adequate interventions. Therefore, the utility of this qualitative study, informed by Chicana, postcolonial, and Black feminist epistemologies, to bridge the gap by offering a deeper understanding of mental health from the voices of Latina migrant farmworkers. Including the narratives of their mental health and mental health care seeking experiences allows the design of culturally informed policy and practice.

Table 1. Demographic data for women interviewed (n=34)

Variable	Mean
Age (21-75 years)	51.58
Length in agricultural migrant farm work	10.29
Marital status	%
Single	17.6%
Married	50%
Cohabitating with partner	8.8%
Separated	8.8%
Widowed	14.7%
Children	
Yes	82.35%
No	17.6%
Permanent residence	
USA (Texas)	79.41%
Mexico	20.58%
Highest level of education	
Incomplete elementary school	5.8%
Elementary school (6th grade)	14.7%
Incomplete high school	2.9%
High school (11th grade)	47%
GED (USA)	2.9%
Technical college	8.8%
University degree	11.76%
Incomplete University degree	5.88%
Annual household income	
Less than 10,000	29.41%
10,000-20,000	52.94
20,000-25,000	17.64%

Figure 2. Thematic diagram to illustrate women's conceptualizations of mental health



References

Anastasia, E. A., & Bridges, A. J. (2015). Understanding service utilization disparities and depression in Latinos: The role of fatalismo. Journal of Immigrant and Minority Health, 17(6), 1758-1764.

Arcury, T. A., Grzywacz, J. G., Chen, H., Mora, D. C., & Quandt, S. A. (2014). Work organization and health among immigrant women: Latina manual workers in North Carolina. American Journal of Public Health, 104(12), 2445–2452

Arcury, T. A., Sandberg, J. C., Talton, J. W., Laurienti, P. J., Daniel, S. S., & Quandt, S. A. (2018). Mental health among Latina farmworkers and other employed Latinas in North Carolina. *Journal of Rural Mental Health, 42*(2), 89–101.

Barrera, I., & Longoria, D. (2018). Examining cultural mental health care barriers among Latinos. *Journal for Leadership, Equity, and Research, 4*(1). https://journals.sfu.ca/cvj/index.php/cvj/article/view/35/34

Basile, K. C., Smith, S. G., Walters, M. L., Fowler, D. N., Hawk, K., Hamburger, M. E. (2015). Sexual violence victimization and associations with health in a community sample of Hispanic women. Journal of Ethnic & Cultural Diversity in Social Work, 24, 1-17. doi:10.1080/15313204.2014.964441

Caplan, S. (2019). Intersection of cultural and religious beliefs about mental health: Latinos in the faith-based setting. Hispanic Health Care International, 17(1), 4-10.

Casas, F. R., Ryan, D., Perez, G., Maurer, S., Tran, A. N., Rao, D., & Ornelas, I. J. (2020). “Se vale llorar y se vale reír”: Latina immigrants’ coping strategies for maintaining mental

health in the face of immigration-related stressors. *Journal of Racial and Ethnic Health Disparities,* 1-12.

Chan, I., & Corvin, J. A. (2016). Chronic disease and depression among Hispanic Americans: Reconceptualizing the masculine self. *American Journal of Men's Health*, NP11–NP21.

Chaney, B. H. & Torres, E. (2017). Covariates of identified stress and depression among seasonal farmworkers. *International Journal of Environmental Research and Public Health, 14*(7), 711. https://doi.org/10.3390/ijerph14070711

Cobb, C. L., Xie, D., & Sanders, G. L. (2016). Coping styles and depression among undocumented Hispanic immigrants. Journal of immigrant and minority health, 18(4), 864-870.

Collins, P. H. (2002). *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. 2nd ed. Routledge.

Da Silva, N., Verdejo, T. R., Dillon, F. R., Ertl, M. M., & De La Rosa, M. (2021). Marianismo beliefs, intimate partner violence, and psychological distress among recently immigrated, young adult Latinas. *Journal of interpersonal violence, 36*(7-8), 3755-3777.

DeFreitas, S. C., Crone, T., DeLeon, M., & Ajayi, A. (2018). Perceived and personal mental health stigma in Latino and African American college students. *Frontiers in public health, 6,* 49.

De Oliveira, G., Cianelli, R., Gattamorta, K., Kowalski, N., & Peragallo, N. (2017). Social Determinants of Depression Among Hispanic Women. Journal of the American

Psychiatric Nurses Association, 23(1), 28–36. https://doi.org/10.1177/1078390316669230

Derr, A. (2016). Mental health service use among immigrants in the United States: A systematic review. Psychiatric Services, 67, 265-274

Flórez, K. R., Derose, K. P., Breslau, J., Griffin, B. A., Haas, A. C., Kanouse, D. E., Stucky, B. D., & Williams, M. V. (2015). Acculturation and Drug Use Stigma Among Latinos and African Americans: An Examination of a Church-Based Sample. Journal of immigrant and minority health, 17(6), 1607–1614. https://doi.org/10.1007/s10903-015-0161-9

Garcia, A. M. (1989). The development of Chicana feminist discourse, 1970-1980. Gender & Society, 3(2), 217-238.

Gonzalez, F. R., Benuto, L. T., & Casas, J. B. (2020). Prevalence of Interpersonal Violence Among Latinas: A Systematic Review. Trauma, Violence, & Abuse, 21(5), 977–990. https://doi.org/10.1177/1524838018806507

Gopalkrishnan, N. (2018). Cultural diversity and mental health: Considerations for policy and practice. Frontiers in public health, 6, 179.

Graf, M. D. C., Ruiz, A., Luebke, J., Olukotun, O., Kendrick, A., Shaw, L., Lopez, A. A., Snethen, J., Silvestre, E., & Mkandawire-Valhmu, L. (2022). Application of postcolonial Feminist Theory, Chicana Feminist Thought, and Black Feminist Thought in analyzing the mental health needs of Latina migrant farmworkers: A shared legacy. *Advances in Nursing Science, 45*(1), 38-52.

Griffin, G. M., Floyd, E. G., Dali, S. S., Dunaway, C. M., Genereaux, S. H. & Olson, A.L. (2020). Assessing mental health concerns of Spanish-speaking dairy farm workers. *Journal of Agromedicine, 25*(1), 115-121.

Haney, A. M., & Rollock, D. (2020). A matter of faith: The role of religion, doubt, and personality in emerging adult mental health. *Psychology of Religion and Spirituality, 12*(2), 247.

Lincoln, Y.S., & Guba, E.G. (1985). Naturalistic inquiry. Newbury Park, CA: Sage Publications.

Lopez, V., Sanchez, K., Killian, M. O., Eghaneyan, B. H. (2018). Depression screening and education: an examination of mental health literacy and stigma in a sample of Hispanic women. *BMC Public Health 18*, 646. https://doi.org/10.1186/s12889-018-5516-4

Lorenzo□Blanco, E. I., Meca, A., Unger, J. B., Romero, A., Szapocznik, J., Piña□Watson, B., Cano, M. Á., Zamboanga, B. L., Baezconde□Garbanati, L., Des Rosiers, S. E., Soto, D. W., Villamar, J. A., Lizzi, K. M., Pattarroyo, M., & Schwartz, S. J. (2017). Longitudinal Effects of Latino Parent Cultural Stress, Depressive Symptoms, and Family Functioning on Youth Emotional Well□Being and Health Risk Behaviors. Family Process, 56(4), 981–996. https://doi.org/10.1111/famp.12258

Martinez Tyson, D., Arriola, N.B. & Corvin, J. (2016). Perceptions of depression and access to mental health care among Latino immigrants: Looking beyond one size fits all. *Qualitative Health Research, 26,* 1289-1302. Doi:10.1177/1049732315588499

Maurer, D. M., Raymond, T. J., & Davis, B. N. (2018). Depression: screening and diagnosis. American family physician, 98(8), 508-515.

Mendoza, H., Masuda, A. & Swartout, K.M. (2015). Mental health stigma and self-concealment as predictors of help-seeking attitudes among Latina/o college students in the United States. *International Journal for the Advancement of Counselling ,37*, 207–222 https://doi-org.www.remote.uwosh.edu/10.1007/s10447-015-9237-4

Mills, S. (1998). Post-colonial feminist theory. In S. Jackson & J. Jones (Eds.). Contemporary Feminist Theories. Edinburgh, England: Edinburgh University Press

Mohanty, C. (1995). Under Western Eyes: Feminist Scholarship and Colonial Discourses. In B. Ashcroft, G. Griffths & H. Tiffin (Eds.), The Post-Colonial Studies Reader. London: Routledge.

National Center for Farmworker Health (2020). Agricultural Workers & Mental Health. Retrieved from: http://www.ncfh.org/mental-health.html

National Institute of Mental Health (2019). *Mental Illness.* Retrieved from: https://www.nimh.nih.gov/health/statistics/mental-illness.shtml

Pulgar, C. A., Trejo, G., Suerken, C., Ip, E. H., Arcury, T. A., & Quandt, S. A. (2016). Economic hardship and depression among women in Latino farmworker families. Journal of immigrant and minority health, 18(3), 497-504.

Reyes, M. E., Simpson, L., Sullivan, T. P., Contractor, A. A., & Weiss, N. H. (2021). Intimate partner violence and mental health outcomes among Hispanic women in the United States: A scoping review. *Trauma, Violence, & Abuse.* https://doi.org/10.1177/15248380211043815

Ritchie, J., Lewis, J., Elam, G., Tennant, R. & Rahim, N. (2014). Designing and Selecting Samples. In J. Ritchie, J. Lewis, N. C. McNaughton, & R. Ormston (Eds.). Qualitative research practice: A guide for social science students and researchers (2nd ed. pp.111-142), Thousand Oaks, CA: Sage

Rosales, R., & Calvo, R. (2017). "Si Dios Quiere": Fatalismo and use of mental health services among Latinos with a history of depression. Social Work in Health Care, 56(8), 748-764, DOI: 10.1080/00981389.2017.1339760

Sampson, M., Yu, M., Mauldin, R., Mayorga, A., & Gonzalez, L. G. (2021). 'You withhold what you are feeling so you can have a family': Latinas' perceptions on community values and postpartum depression. Family medicine and community health, 9(3), e000504. https://doi.org/10.1136/fmch-2020-000504

Sanchez, M., Dillon, F., Ruffin, B., & De La Rosa, M. (2012) The influence of religious coping on the acculturative stress of recent Latino immigrants. *Journal of Ethnic & Cultural Diversity in Social Work, 21*(3), 171-194. DOI: 10.1080/15313204.2012.700443

Sanchez, D., Smith, L. V., & Adams, W. (2018). The relationships among perceived discrimination, marianismo gender role attitudes, racial-ethnic socialization, coping styles, and mental health outcomes in Latina college students. *Journal of Latina/o Psychology, 6*(1), 1–15. https://doi.org/10.1037/lat0000077

Sickel, A. E., Seacat, J. D., & Nabors, N. A. (2019). Mental health stigma: Impact on mental health treatment attitudes and physical health. Journal of Health Psychology, 24(5), 586–599. https://doi.org/10.1177/1359105316681430

Stark, A., Kaduszkiewicz, H., Stein, J., Maier, W., Heser, K., Weyerer, S. Werle, J., Wiese, B., Mamone, S., Konig, H. ; Bock, J. ; Riedel - Heller, S.G. & Scherer, Martin. (2018). A qualitative study on older primary care patients' perspectives on depression and its treatments - potential barriers to and opportunities for managing depression. BMC Family Practice, 19(1), 2.

Swinson Evans T, Berkman N, Brown C, Gaynes B, & Palmieri Weber R. (2016). *Disparities within serious mental illness*. Agency for Healthcare Research and Quality. https://effectivehealthcare.ahrq.gov/sites/default/files/pdf/mental-illness-disparities_technical-brief.pdf

Timmins, F., & Martin, C. (2019). Spirituality and locus of control—a rapid literature review. *Spirituality in Clinical Practice, 6*(2), 83–99

Turner, E. A., & Llamas, J. D. (2017). The role of therapy fears, ethnic identity, and spirituality on access to mental health treatment among Latino college students. Psychological Services, 14(4), 524–530. https://doi.org/10.1037/ser0000146

Tyagi, R. (2014). Understanding Postcolonial Feminism in relation with Postcolonial and Feminist Theories. International Journal of Language and Linguistics, 1(2), 45-50

World Health Organization (2020). *Mental health: strengthening our response*. Retrieved from: https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

Zapata Roblyer, M. I., Grzywacz, J. G., Suerken, C. K., Trejo, G., Ip, E. H., Arcury, T. A., & Quandt, S. A. (2016). Interpersonal and social correlates of depressive symptoms among

Latinas in farmworker families living in North Carolina. *Women & Health, 56*(2), 177–193

Zvolensky, M. J., Paulus, D. J., Bakhshaie, J., Garza, M., Ochoa-Perez, M., Medvedeva, A., Bogiaizian, D., Robles, Z., Manning, K., Schmidt, N. B. (2016). Interactive effect of negative affectivity and anxiety sensitivity in terms of mental health among Latinos in primary care. Psychiatry Research, 243, 35-42

Manuscript 3: Soy una luchona (I am a fighter): Latina Migrant Farmworkers reclaiming resilience and capacity to support mental health and wellbeing

This third manuscript reports women development of protective factors such as resilience and capacity. It is formatted based on the author's guidelines for Social Science and Medicine, which is the target journal for this publication. The manuscript provides a summary of the literature existing regarding Latina's stereotypes, as well as the effects of these stereotypes on women's mental health. In addition, the manuscript covers the use of Chicana, postcolonial, and Black feminist epistemologies in the data collection and data analysis followed by a description of findings. The findings were analyzed, and the voices of the women interviewed served as the basis for policy and practice recommendations.

Soy una luchona (I am a fighter): Latina Migrant Farmworkers reclaiming resilience and capacity to support mental health and wellbeing

Abstract

Informed by Chicana, Postcolonial, and Black Feminist Thought, this study explored Latina migrant farmworkers' perceptions of self and their role within the US workforce. We conducted semi-structured in-person and phone interviews in Spanish using a cross-sectional qualitative study design. In addition, interview recordings were transcribed and translated into English. Based on the data collected with Latina migrant farmworkers (n=34), we identified four themes: a) resilience, b) empowerment and self-esteem, c) welcomed into a space, and d) peer support. Our findings suggest that women developed strengths and resilience amidst challenges, embracing their identity as fighters and contesting existing traditional stereotypes of low-income, Latina migrant farmworkers. Furthermore, the inclusion of women's voices in policy design and practice guidelines aids in disrupting the perpetuation of discriminatory stereotypes across healthcare.

Keywords

Mental health, Latino women/Latinas, migrant farmworker women, women’s health,

The National Center for Farmworker Health (NCFH) reported that there are approximately 2.5 to 3 million agricultural workers in the United States, 83% of whom self-identify as Latinos, 20% as migrant farmworkers, and 32% as female (NCFH, 2020). The law in the state in which this study was conducted defines a migrant farm worker as an individual who leaves their primary state of residency and temporarily relocates to this state for no more than 10 months in a year to work in industries that involve the planting, cultivating, harvesting, handling, drying, packing, packaging, processing, freezing, grading, or storing of any unmanufactured agricultural or horticultural products (Wis. Stat. § 103.90, 1977/1999).

Latina migrant farmworkers are at risk for poor mental health influenced by intersecting oppressions based on gender, racial identity, low-income status, and work-related stressors (Graf et al., 2022) that inform their health and wellbeing. While risk factors for poor mental health in the lives of Latinas are noted in the literature, further evidence is needed describing coping mechanisms Latina migrant farmworkers develop to protect and promote their mental health and wellbeing.

The media and television continue depicting Black and Indigenous women of color, including Latinas, as lazy, unintelligent, oversexualized and lacking in agency (Mastro & Behm-Morawitz, 2005; McLaughlin et al., 2018; Ruiz et al., 2021). The common narrative that sustains draconian policies toward migrant farmworker women specifically is based on a deficit perspective that see migrants as a liability, threat, cost, and risk to the United States (Lusk, 2021). This deficit perspective impacts how women are perceived, how they are treated, and how they access healthcare to support their mental health. The findings of our study about the mental health of Latina migrant farmworkers in the Upper Midwest, informed by feminist epistemologies, challenges these racist depictions. In this manuscript, we highlight the capacity

of Latina migrant farmworkers to develop protective factors and overcome challenges inherent to their socioeconomic and political contexts in protecting and promoting their own mental health and wellbeing.

Background

According to the U.S. Office of Management and Budget (OMB) the term "Latino or Hispanic" refers to a person of Cuban, Mexican, Puerto Rican, South, or Central American origin regardless of racial identity (United States Census Bureau, 2021). Latino farmworkers fill jobs across the food chain despite receiving pay often below a living wage. The work is not only in fields and dairy farms but also in food packaging plants that have one of the highest risks of injury in the country (Lee, 2021). The US upper Midwest has been the destination for Latino migrant farmworkers for decades. Many of the farmworkers spend one third to half of a calendar year away from home. In the past couple of decades, the number of Latinas engaged in migrant farm work has continued to grow (NCFH, 2020).

According to the U.S. Census Bureau, the US population included approximately 62.1 million Latinos in 2020 (Krogstad & Noe-Bustamante, 2021). Similar to the rest of the US population, Latinos also have high rates of mental illness. In terms of gender identity, various factors intersect to increase women's risk for poor mental health, including female gender, unemployment, lower educational attainment, adverse childhood experiences, and poverty (Espeleta et al., 2019). Latina migrant farmworkers face stressors related to farm work, but also the demands of their domestic roles, such as cooking, cleaning, and raising children, which result in work family conflicts that negatively affect their mental health (Arcury, et al., 2018).

The stereotyping or stigma of mental health is also often a barrier to individuals more broadly in their ability to seek care (Vogel et al., 2013). Stigma-related concerns are most common among women of color and immigrants to the United States and may account for the underutilization of mental health care services (Nadeem et al., 2007). Stigma can be delineated into two categories: Public stigma and self-stigma. Within the general population, stereotyping related to public stigma includes ideas that individuals who seek care for depression, for example, are emotionally unstable or socially unacceptable. The presence of public stigma may influence self-stigma or an individual's feeling of self-worth. The resulting impact on self-esteem may affect the individual's self-acceptance of mental health, exacerbating symptoms and limiting the desire to seek treatment (Vogel et al., 2013). For Latinos, increased stigma is often associated with a decrease in disclosure of mental health concerns to family, friends, or healthcare providers resulting in a decrease in the quality of care (Vega eta al., 2010).

Despite having elevated risk factors for poor mental health, Latinas living in the United States access mental health services at lower rates compared with non-immigrant women (Derr, 2016). For example, even though Latinas represent the group with the highest rate of postpartum depression, they are hesitant to seek treatment for it. Factors which contribute to the hesitancy to include language barriers, and a lack of trust in healthcare providers and the healthcare system (Sampson et al., 2021). Undocumented status, cultural barriers and chronic financial pressures also place Latinas at continuous risk for poor mental health (Casas et al.2020). Any analyses of the mental healthcare needs of Latinas needs to take into account the sociopolitical issues that they face as well as the intersecting barriers they experience on account of their gender, racial identity, and social class status.

While the literature shows evidence of risk factors and high rates of mental illnesses among Latinas more broadly there is a lack of analysis that includes their strengths, capacities, and agency to overcome these challenges. The capacities of women of color have rarely been analyzed and are often not acknowledged.

Theoretical Frameworks

This study was informed by the tenets of Chicana Feminist Thought, Postcolonial Feminist Theory, and Black Feminist thought. Chicana Feminist Thought emerged as a framework to contest the exclusion of Chicana's experiences and participation in White Feminist dominated movements and the Chicano movement (Garcia, 1989). Chicanas are the descendants of Mexicans born in the United States who live in the duality of Mexican and US cultures. The search for a "room of their own" emerged from their feminist consciousness to address the intersecting effects of race, class, and gender on women's everyday lives (Garcia, 1989). Chicana feminist thought is pertinent to a study about mental health among Latina migrant farmworkers because their lives are affected by the socio-political system in which they exist.

Postcolonial Feminism challenges the analysis of women of color's experiences through the lens of Western hegemonic discourse (Mohanty, 1995; Tyagi, 2014). The intersection of race, class, and gender along with the remnants of colonialism, also inform the experiences of women of color. Postcolonial Feminist Theory also challenges the assumption of universality by considering the socio-political and historical contexts of women's experiences while arguing against the misrepresentation and the assigning of victimhood when it comes to women in the global south (Mills, 1988). The application of Postcolonial Feminist theory in the analysis of Latina migrant farmworkers provides a space for women's voices to be heard with regards to their perceptions about mental health within their own socio-political and historical contexts.

Black Feminist Thought is both a theoretical framework and a form of activism. The history of Black women in the United States traces back to the Trans-Atlantic Slave Trade. While slavery was abolished, the intersection of race, class, and gender oppressions predominant in chattel slavery shaped the lives of women of African descent within their families and communities, as well as in their interactions with all aspects of White, mainstream society (Collins, 2002). Black Feminist Thought applies to the analysis of Latina migrant farmworkers mental health perceptions from both a political context and an activist context and helps us analyze the intersections of race, class, and gender as it affects the health of women.

Methods

Recruitment

Recruitment for this descriptive qualitative study involved purposive sampling, in collaboration with Family Health La Clinica mobile clinic which serves migrant farmworkers in Wisconsin. Additionally, we also collaborated with Embrace, an agency with which we have ongoing relations, that offers services specific to survivors of domestic violence and sexual assault. Information flyers were placed in the common areas and offices of the migrant farmworkers' camps. After the first round of interviews, snowball sampling ensued. Eligibility for the study included: (1) self-identification as Latina; (2) 18 years of age or older; (3) having permanent residence in a state other than the one in which recruitment was taking place; and (4) working as a migrant farmworker. Thirty-four women were recruited for the study.

Data Collection

Data were collected through semi-structured interviews that took place in a private area facilitated by the mobile clinic. After obtaining consent, the interview started with collecting of

demographic data. Participants had the option to choose the language of their preference for the interview (English or Spanish). All the participants chose to be interviewed in Spanish. The interviews were audio recorded with participants consent. Field notes were taken during the interviews. The interviews lasted between 60 to 90 minutes. The participants received a US$ 25.00 Walmart gift card as compensation for their time. Additionally, all participants received contact information in Spanish for counseling and other services offered in the community in which the study took place.

Ethical Consideration

This study received approval from the University of Wisconsin Milwaukee's Institutional Review Board. Verbal consent was obtained for this study to ensure participants' anonymity. After the inclusion criteria was deemed to be met, the researcher read the informed consent in the women's language of preference. The study's objectives, procedures, risks involved, and their right to withdraw from the study at any time were thoroughly explained. Women had time to ask questions about the study. Participants' rights were reiterated throughout the data collection process.

Sample

A total of 34 adult Latina migrant farmworkers participated in the study. The participants age ranged between 21 and 75 years of age (median=48). The average length working as migrant farmworkers was 10 years. 17% of the participants said they were US citizens by birth and the remaining 83% were born in Mexico. The majority of the participants (80%) lived on the Southwest border of the US, in Texas. The other women interviewed lived in Mexico. All the participants were Mexican or had Mexican ancestry.

Data Analysis

During the process of data analysis, the researcher becomes the instrument of the analysis responsible for coding, identifying themes, decontextualizing, and recontextualizing the data (Nowell et al., 2017). The data obtained from the semi-structured interviews were transcribed and translated to English. The transcriptions were then analyzed using thematic analysis. Thematic analysis is the process of discovering, interpreting, and reporting patterns and clusters in a data set (Ritchie, et al. 2014). Line by line iterative thematic analysis helped to identify similarities and differences in the participants' responses and to discover patterns or themes within the data set.

Trustworthiness

The criteria developed by Lincoln and Cuba (1985) guided the process of trustworthiness. Confirmability and dependability were achieved by maintaining an audit trail. The audit trail contained detailed field notes and information about decisions made throughout the research process. Journaling was implemented to ensure reflexivity. Journal entries included accounts of the daily occurrences but also personal reflections and thoughts. Engaging in this type of reflexive journaling enhanced the first author's continuous awareness, scrutiny, and self-analysis of their role and how their own beliefs and behaviors affected the research process (Ritchie, et al. 2014). Finally, transferability was achieved through the collection of detailed demographic data from study participants and a detailed record of the setting and data collection process.

Findings

Thematic analysis led to the identification of four recurring themes, demonstrating Latina migrant farmworkers strengths, and contesting the existent stereotypes about them. The first

theme speaks of resilience, which we have labeled “Hay que ser positivos” (We must be positive). The second theme pertains to empowerment and self-esteem, which we labeled “soy una luchona” (I am a fighter). The third theme relates to being welcomed into a space, which we labeled “que bueno que ya regresaron” (It is good that you are back). The fourth theme applies to peer support, which we labeled “tus companeras the ayudan y te animan” (your peers help you and cheer you up) (See figure 1).

Hay que ser positivos (We must be positive)

Women spoke about their experience leaving their lives, homes, and family behind to relocate for several months to another state. They spoke of feelings of sadness every time the date to leave their homes was approaching. Some women talked about how their sadness was related to leaving their children or older adult parents behind. Women, however, also spoke of how they learned to cope with these feelings by looking at the positive side of migrant work. One woman said:

> “It's sad because you have to leave everything behind to make this sacrifice, right? In order to meet your goals, you have to leave your friends, your family, your home. I call my home every day and I talk with my children. Now with the video call it is not that hard because you can see them. I still miss them; but I want to finish my house, and I know I am doing this for my children. Every time I have those thoughts, I said to myself, you can do this. And when the “fecha” (date) comes, I sign up for the job. But you know that it is not for a long time that you will be here. You come to work for a while and then you go back home.” (Participant 5)

Prioritizing their family needs inspired women to be resilient. Aware of the financial gains afforded by work on Midwestern farms compared to the wages offered through employment opportunities near their homes, women developed resilience strategies in order to care for their mental health and wellbeing. One woman said:

> “At first it was very hard. I came because I needed the money for me and my partner. When you're new and you don't know the job and you don't know anyone, it’s hard. But

> then year after year it becomes a routine. It is like before coming I began to prepare myself mentally. I concentrate that this is a good opportunity, and it should not be missed.... Yes, here they pay more than in the valley. I have been coming for 16 years and well, little by little coming here is getting a bit easier. I'm not going to lie to you, you still miss your house and your family, but you get used to it... you become stronger." (Participant 6)

Receiving support from a network of family and friends back home also helped women cope and deal with the issues faced while they were away, to find solutions to problems and to express their emotions. Knowing that their families were well taken care of eased women's anxieties and allowed them to focus on their job, their goals, and to maintain good mental health. One woman said:

> "I like to keep busy, with so much work that there is here. We don't have time to think about the family we left back home or getting sad because you have to sleep and then get up later that day and run to the shower and again in the afternoon to work the night shift. I have to be very focused in my job, so I have to be rested, because I have to complete my night shift. If I am tired, then I can have an accident. So, before going to work I call home and I talk to my children and my mother. And she told me that she is doing fine, that my children are taking good care of her, and when I hear that she is fine, I feel relieved and I can work *in paz* (at ease), because I know my mother is fine." (Participant 10)

Apart from their worries about their families' wellbeing, there were other issues with which women had to contend that called for resilience in the environment that they worked. Women talked about their experiences with racism and discrimination. One woman reflected on these experiences, highlighting the racism that they faced as Latinas but also on the racism experienced by people who identified as Black, she said:

> "Well, many times it is difficult, because there is a lot of discrimination against us for being Latina, for the color of our skin. The discrimination is not only with the Latinos but also with the *morenos* (Black people), yes, there is so much discrimination against them, they suffer the same or more than the Latinos; because people say that Latinos are illegal; but black people were born here, and they still do receive a lot of mistreatment, a lot of discrimination. Yes, that's racism against Mexicans, Latinos, and Blacks. But one has to learn to live with that, and do not let that affect you. One just comes to work, and do not let racism affect you." (Participant 26)

Another woman shared about her experience when she started coming to the state as a migrant farmworker and how she learned to overcome negative experiences with resilience, perseverance, and a positive attitude.

"The first times when I went to the store, the people looked at us with a weird look, the cashier did not want to help us, because we did not speak English… they all were *Americano*[4]*s (white)* , and we were the only Mexicans. But that was before when we came here for the first couple of years. All that has already been left in the past because then they saw that we came here to the camp, and bought from them, and after some months we left. And that was the end of it. Right? That was so many years ago and we still coming to work, and nobody says anything bad to us. You cannot let these things get to you. We must be positive." (Participant 2).

Soy una luchona (I am a fighter)

Women in our study demonstrated self-esteem and empowerment. They were aware of the importance of their role within the agricultural workforce. Far from feelings of inferiority the participants expressed a sense of pride and accomplishment with their job. Unanimously women perceived themselves as contributing members not only for their families, but for their communities and in general for all who benefitted from their work. One woman said:

> "I feel good of being a migrant farmworker, as I told you before, we feel proud of coming to work here because the work we do is necessary, like what they tell us during the orientation if it was not for us, for our work, they could not get the product ready. De *eso comen la familia de ellos* (it is the source of income to feed their families). Yes, that was what the manager said, the owner, when he spoke at the orientation, he said: all our families can eat because of you. Yes, because if we do not work the product gets spoiled. Yes, *uno suda, trabaja y produce* (one sweats, works, and produces). It feels nice that the day you get paid, it is clean money that you are earning with the sweat of your forehead. I do not feel less because of my job. I do it with great pride because it's honest work." (Participant 10).

[4] In this study participants used the term *Americano* when referring to White individuals. Notably, the participants used the term *gavacho* when referring to White individuals informally, for example, after the interview ended. Gavacho, similar to gringo, is a Mexican-Spanish signifier for "White man" and speaks specifically to a White patriarchal postcolonial context (DeSouza, 2021)

Women conceptualized their pride through their children and family success, but also through the achievement of financial independence and empowerment. While some talked about the ability to purchase their own goods, others expressed their pride of being independent. One woman said:

> "Working here in the *elote* (corn) is not easy, leaving my family make me sad, but on the other hand it motivates me because I am making the money I need to survive and to get ahead in life in an honest way. Of course, it implies an effort because nothing is for free. But *vale la pena* (it's worth it) because I do not need to ask anything from my family or relatives. That is why I work, so I can take care of myself and buy what I need. I feel very proud of my job because I am independent, and I do not need to ask permission to buy something for me or my children." (Participant 24)

Women's self-esteem and empowerment were reinforced through recognition of their contributions and work performance by peers and leadership. For instance, one woman said about being a migrant farmworker:

> "Se *siente bonito* (it feels nice), and it makes you feel proud. I feel proud to come and work here. And more so when the American people and the others in the office see your work, that your work is well done. Then they are happy to have you here. That makes you feel good and makes you feel proud of yourself because you are performing your job well. It does not matter how big or small is your job. When your work is *reconocido* (acknowledged) you feel that you are worthy. Then you work more at ease and relaxed, and your work gets even better." (Participant 15)

Aware of their capacity and inspired by the migrant farmworkers who paved the way to create these working opportunities, women redefined themselves as fighters as opposed to victims. Rather than dwelling on their circumstances, women claimed their contributions to the US workforce, one woman said:

> "I feel like many other who came before me to work here, to open doors and to earn a *centavito mas* (money). I feel that I am hard worker. I feel that *soy una luchona* (I am a fighter) and I don't give up. I am always doing my assigned job and more if it is possible.

> Of course, I feel proud of myself because of my job and because my earnings are made with the sweat from my hands." (Participant 17)

Que bueno que ya regresaron (It is good that you are back)

The women talked about their experiences with people in the communities where they relocated during the farming season. They narrated how they went from being seen as foreigners to familiar faces that were expected every year. For example, one participant shared her experience interacting with the migrant camp neighbors:

> "The people in this town are *Americanos* (white), you do not see Mexicans or people of color. In the houses around the camp's entrance, I have seen older people, and also families, and all are Americanos. Since I have been here, we have never been treated badly. I think maybe it is because they are used to see us coming and going every year and that we never cause trouble, we came to work and that is it. When we walk to the store in the gas station if we cross with them, they say hi and that is it. And when we go to the restaurant, they treat as well, they are nice to us". (Participant 3).

According to the women, some of the owners of the local businesses made accommodations to their services to meet the unique needs of migrant farmworkers. One woman shared that the owner of the grocery store next to the canning factory started to learn Spanish so she could then communicate with them. Another participant noted that the growing number of Latinos made Latino culture more accessible to Americans. She shared her experience of intercultural exchange:

> "I feel that Latinos are predominating wherever we go. I can give you an example that happened to the younger girls when they went to the bar. First it was only for the *Americanos*, now when they arrive, they play Mexican music and you know since the American youth seems to like the music, the girls taught them how to dance. Now they have Mexican day and they put on the sombreros, and dance. More people will come to that bar because is something new and the people likes it." (Participant 14).

Earning the trust of the people in the community played a crucial role in strengthening the women's self-esteem, reinforced their self-worth, and promoted resilience. One of the

women shared an experience in which people in the community helped her during a time of need. She said:

> "One day I was in the dollar store and my debit card did not work. I had found many things that were on sale, and I grabbed them for my mom. When my card did not work, I got scared and I started looking for my friend, who works here with me too, so that she would pay for me. I did not speak English, but I tried to tell the cashier to wait a little bit so I can go and find my friend, but she didn't understand me. Behind me there was *un senor Americano* (an American gentleman) with his wife and suddenly the gentleman used his card to pay the bill for me. I was surprised, because they did not know me, and I wanted to tell him to wait a little bit because my friend was going to pay him, but he told a lady who arrived that he spoke Spanish and she said to me not to worry, that he wanted to pay the bill for me and that he was fine. I started crying and I told him *Dios lo bendiga* (May the Lord bless you)." (Participant 19).

Another example that demonstrates that women were welcomed in the community was shared by one participant who said:

> "Here in this town, I have not heard any racist comments or seen any gestures. On the contrary when I am walking to the store, the people said hi or *hola.* Even last year when they saw me carrying many groceries bags, some of the people that live around here stopped and offered me a ride. They were Americanos and they offered to give me a ride to the camp. And this year when we went to the store the clerk greets us and he said, hello how are you? *que bueno que ya regresaron* (It is good that you are back). Here they treat us well, they make us feel well. (Participant 12).

Tus companeras the ayudan y te animan (your peers help you and cheer you up)

While working away from home, the women developed a community of support. They experienced encouragement and motivation from peers and members of staff. One of the women shared her experience of support and friendship:

> "Since I started working here in the migrant camps in Wisconsin, I met a co-worker who became my friend. Our personalities are very similar, we both like to cook, and we take turns cooking our meals. Sometimes I ask her why don't we make a cake or a dessert? We buy what we need and then we prepare the dessert. Well, that is a way to pass the time, because sometimes there's nothing to do when we get home from the factory. Some days if I am worried, or sad, or if something happened at work, I could talk with my friend. She understands me and listens to me, we can talk. In the same way if she is not

well, I listen and I do my best to help her. We were roommates last year, so for this year we had already agreed to be roommates again". (Participant 25)

Some of the women had spent several years working as migrant farm workers. Women shared experiences in which the support of their peers helped them to cope throughout their years in the camp. One of the participants said:

> "Some of the senoras (ladies) working here have been coming to work for many years. We have shared our stories, and we have seen our children growing up. Some of them even come back the next year and bring their children to work. I remember some ladies who shared that their husbands were sick. The husband of one of them passed away. It was last year with the Covid that her husband's condition worsened. The husband of another lady got very sick a couple of weeks after we came here, the season was just beginning. She had to go back to Texas to take care of him. So, we all collaborated and collected some money for her. It wasn't much, but it helped her to cover some expenses. I think the most important thing is to help each other, and team up during the difficult times but also during the good times. Some days when we return to the camp, we play music and go out to talk, we sit in the camp's common areas. Helping each other makes staying here less difficult and time flies." (Participant 34)

The women supported each other, not only to overcome depression and the sadness of being away from home; but also, when incidents of racism and discrimination happened. One participant shared her experience when her friend stood up for her at the grocery store:

> "I went to the grocery store and the cashier treated me badly. I think it was because I did not speak English, because she had a strange attitude towards me. She did not insult us, or anything like that, but she spoke to me loudly and she seemed annoyed. Not speaking English does not mean that I am not smart. One does not need to speak English to understand some things. Because you see them, right? The expression in their faces, how they talk to you or look at you. But my friend who speaks English was there with me and she told the cashier what's going on? I can translate for her; you don't need to raise up your voice. Yes, she stood up for me, and then the cashier just finished with us, and she didn't say anything else...." (Participant 30).

This community of Latinas bonded through their shared experiences as women and migrant farmworkers and supported each other in developing strength and resilience. Their experiences of solidarity and fellowship were summarized by a participant who said:

> "Well, you cannot help feeling home sick and missing your family. But when the other girls see you like that, they help you and cheer you up. They come and ask you to go to

> the store with them or come and talk to you. Yes, they do something to distract you, so you are not thinking too much and getting sad. We all know what is leaving your family behind and coming to work over here, that is why we can help each other." (Participant 12)

Discussion

The analysis of the findings of this qualitative study offered a new perspective of Latina migrant farmworkers in Wisconsin. Our approach, informed by Chicana, Postcolonial, and Black feminist frameworks, enabled us to depart from mainstream western feminist narratives of women of color in our analyses of the experiences of Latina migrant farmworkers., Women's narratives offered insight into potential interventions that can be implemented in healthcare to support the mental health and overall well-being of Latina migrant farmworkers. Despite their challenges and the socio-political context in which they live, Latina migrant farmworkers have learned to build resilience.

Previous studies conducted among Central American immigrants found that resilience is built from deep reservoirs of hope and faith, and their strong social networks of family, friends, and community (Lusk et al., 2021). Similarly, another study found that even though the U.S. political rhetoric is exclusionary of Latino immigrants, those who have stronger social support develop greater levels of resilience (Lee et al., 2020). Despite all the challenges faced by migrant farmworkers, the women in this study expressed pride in their job and a firm determination to support their families. This characteristic was also observed among a group of Latina migrant farmworkers mothers in Michigan, whose efforts were focused on bettering their children's future (Jeffers & Vocke, 2017).

Women's self-esteem and empowerment has been identified as a mental health protective mechanism in several studies. For instance, Latina immigrants displaying high self-esteem maintain psychological well-being and had a better response against the debilitating effects of acculturative stress (Kim et al., 2014). Empowerment, especially through economic independence, was found to improve Latinas' quality of life and to decrease their risk for intimate partner violence (Cardenas et al., 2021). While there is no current evidence of interventions tailored to improve self-esteem and empowerment among Latina migrant farmworkers, similar interventions among Latina women in general led to positive outcomes. For instance, Marrs Fuchsel (2014) discussed the positive outcomes of a Spanish educational program designed to raise awareness and education on domestic violence, promote self-esteem and empower Immigrant Latina Women (ILW) to understand healthy relationships within a cultural framework.

The history of Latinos in Wisconsin and their contributions to the local agricultural industry is well documented (Lieffring, 2021). Contrary to the narrative that labels Latinos as undesirable, our findings indicate that women felt well received by local communities. We suspect that the transient nature of migrant farm work serves as a buffer against friction or hostility. It is possible that local communities are well aware of the need for foreign, mainly Mexican workers, to fill the high demand for growing Midwestern labor work especially in the agricultural industry (Lee, 2021). It should be noted though that incidents of racism and discrimination were still experienced by a number of the women. The implications of this study include highlighting the need for policy that contests racist and anti-immigrant rhetoric. In addition, the need for healthcare interventions that build on women's strengths and capacities

and scholarship that creates opportunities for emancipation from stereotypes informed by Western hegemonic feminist narratives should be advanced.

Our findings, informed by Chicana, Postcolonial, and Black feminist epistemologies, generated knowledge illustrating Latina migrant farmworkers strengths and capacities. Our goal in this manuscript is to change the narrative that perpetuates stigma about Latinas, especially migrant farmworkers, from victim to fighter, and from burdensome to productive member of the community. We cannot deny the socio-political challenges affecting Latina migrant farmworkers health and well-being; however, our scholarship need not reduce Latina migrant farmworkers to victims without agency and capacity. As feminist scholars we seek to create spaces where Latina migrant farmworkers' voices inform health policy and nursing practice thus enabling them to engage in participatory governance.

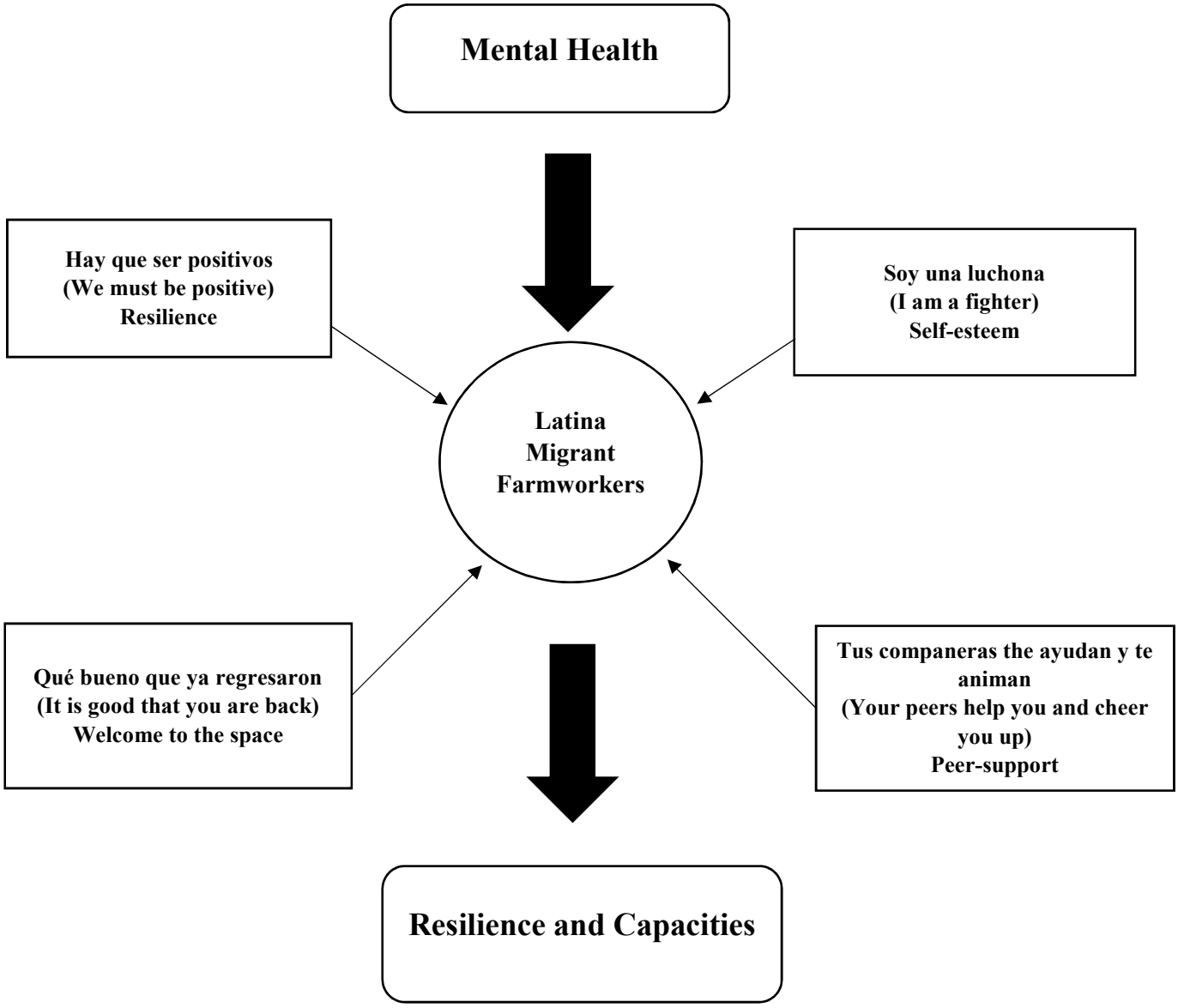
Limitations

This study had a few limitations. All the participants in the study were Mexicans or were of Mexican descent. It would have been beneficial to have the perspective of participants from different Latino ancestry. Additionally, the study was conducted during the COVID-19 pandemic, which may have influenced women's decision to participate. Furthermore, while most interviews were in person, eleven women chose to participate via phone interviews. These types of interviews limit the collection of non-verbal data. The phone interview limitation was minimized by paying close attention to other cues such as the tone of the participant's voice and the presence of silence. Nevertheless, we noted no differences in the findings across phone versus face-to-face interviews. The themes identified were consistent across both forms of interviewing.

Conclusion

Latina migrant farmworkers shared that they are not limited by the socio-political circumstances that affect them. Amidst the challenges they encounter, Latina women have developed strengths and resilience, embracing their role as providers for their children and family. They have found meaning in their work performance and in their contributions to the local economy. Moreover, the women in this study proudly claimed their new identity as fighters. While maintaining their gendered roles as mothers and wives, the participants also faced the challenges of leaving their families and relocating to predominantly white communities with the sole purpose of gainful employment. As Latinas and migrant farmworkers, the women found support and encouragement, and established strength and resilience based on their shared experiences.

Figure 3. Thematic diagram to illustrate women's resilience and capacities



References

Arcury, T. A., Sandberg, J. C., Talton, J. W., Laurienti, P. J., Daniel, S. S., & Quandt, S. A. (2018). Mental health among Latina farmworkers and other employed Latinas in North Carolina. *Journal of Rural Mental Health, 42*(2), 89–101.

Cardenas, I., Johnson, L., & Postmus, J. L. (2021). Improving quality of life among Latina intimate partner violence survivors through economic empowerment. *Journal of Interpersonal Violence*. Advance online publication. https://doi.org/10.1177/08862605211013958

Casas, F. R., Ryan, D., Perez, G., Maurer, S., Tran, A. N., Rao, D., & Ornelas, I. J. (2020). "Se vale llorar y se vale reír": Latina immigrants' coping strategies for maintaining mental health in the face of immigration-related stressors. Journal of Racial and Ethnic Health Disparities, 1-12.

Collins, P. H. (2002). Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment. 2nd ed. Routledge.

Derr, A. (2016). Mental health service use among immigrants in the United States: A systematic review. Psychiatric Services, 67, 265-274

Espeleta, H. C., Beasley, L., Bohora, S., Ridings, L.E. & Silovsky, J.F. (2019). Depression in Latina mothers: Examining the roles of acculturation, enculturation, social support, and family resources. Cultural Diversity & Ethnic Minority Psychology, 25(4), 527-538.

Garcia, A. M. (1989). The Development of Chicana Feminist Discourse, 1970-1980. Gender & Society, 3(2), 217–238. https://doi.org/10.1177/089124389003002004

Graf, M. D. C., Ruiz, A., Luebke, J., Olukotun, O., Kendrick, A., Shaw, L., Lopez, A. A., Snethen, J., Silvestre, E., & Mkandawire-Valhmu, L. (2022). Application of postcolonial Feminist Theory, Chicana Feminist Thought, and Black Feminist Thought in analyzing the mental health needs of Latina migrant farmworkers: A shared legacy. Advances in Nursing Science, 45(1), 38-52.

Jeffers, L. & Vocke, K. (2017). Narratives of migrant mothers: exploitation, transience, education, and resilience. Journal of Family Diversity in Education, 2(4), 1-25 http://familydiversityeducation.org/index.php/fdec

Kim, E., Hogge, I., & Salvisberg, C. (2014). Effects of Self-Esteem and Ethnic Identity: Acculturative Stress and Psychological Well-Being Among Mexican Immigrants. Hispanic Journal of Behavioral Sciences, 36(2), 144–163. https://doi.org/10.1177/0739986314527733

Krogstad, J. N., & Noe-Bustamante, L. (2021). Key facts about U.S. Latinos for National Hispanic Heritage Month. Retrieved from: https://www.pewresearch.org/fact-tank/2021/09/09/key-facts-about-u-s-latinos-for-national-hispanic-heritage-month/

Lee, A. R. (2021). How immigrants could address labor shortage in Wisconsin. Retrieved from: https://www.kenoshanews.com/news/local/how-immigrants-could-address-labor-shortage-in-wisconsin/article_62e9f211-27e8-50ac-bf18-60ee4e44492c.html

Lee, J., Hong, J., Zhou, Y. & Robles, G. (2020). The Relationships Between Loneliness, Social Support, and Resilience Among Latinx Immigrants in the United States. Clinical Social Work Journal, 48, 99–109 (https://doi.org/10.1007/s10615-019-00728-w

Lieffring, C. (2021). *From farms to factories to new businesses, Latinos have made a mark on Wisconsin's economy for more than a century.* Retrieved from: https://upnorthnewswi.com/2021/10/18/from-farms-to-factories-to-new-businesses-latinos-have-made-a-mark-on-wisconsins-economy-for-more-than-a-century/

Lincoln, Y.S., & Guba, E.G. (1985). Naturalistic inquiry. Newbury Park, CA: Sage Publications.

Lusk, M., Terrazas, S., Caro, J., Chaparro, P., & Puga Antúnez, D. (2021). Resilience, faith, and social supports among migrants and refugees from Central America and Mexico. *Journal of Spirituality in Mental Health, 23*(1), 1-22 DOI: 10.1080/19349637.2019.1620668

Marrs Fuchsel, C. M. (2014). Exploratory evaluation of Sí, Yo Puedo: A culturally competent empowerment program for immigrant Latina women in group settings. *Social Work with Groups, 37*(4), 279-296, DOI: 10.1080/01609513.2014.895921

Mastro, D. E., & Behm-Morawitz, E. (2005). Latino Representation on Primetime Television. Journalism & Mass Communication Quarterly, 82(1), 110–130. https://doi.org/10.1177/107769900508200108

McLaughlin, B., Rodriguez, N. S., Dunn, J. A., & Martínez, J. (2018). Stereotyped identification: How identifying with fictional Latina characters increases acceptance and stereotyping. *Mass Communication and Society, 21*(5), 585-605 DOI: 10.1080/15205436.2018.1457699

Mills, S. (1998). Post-colonial feminist theory. In S. Jackson & J. Jones (Eds.). Contemporary Feminist Theories. Edinburgh, England: Edinburgh University Press

Mohanty, C. (1995). Under Western Eyes: Feminist Scholarship and Colonial Discourses. In B. Ashcroft, G. Griffths & H. Tiffin (Eds.), The Post-Colonial Studies Reader. London: Routledge.

Nadeem, E., Lange, J. M., Edge, D., Fongwa, M., Belin, T., & Miranda, J. (2007). Does stigma keep poor young immigrant and U.S.-born Black and Latina women from seeking mental health care? Psychiatric Services, 58(12), 1547–1554. https://doi org.ezproxy.lib.uwm.edu/10.1176/ps.2007.58.12.1547

National Center for Farmworker Health (2020). Facts About Agricultural Workers. Retrieved from: http://www.ncfh.org/facts-about-agricultural-workers.html

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods, 16*, 1-13. https://doi.org/10.1177/1609406917733847

Ritchie, J., Lewis, J., Elam, G., Tennant, R. & Rahim, N. (2014). Designing and Selecting Samples. In J. Ritchie, J. Lewis, N. C. McNaughton, & R. Ormston (Eds.). Qualitative research practice: A guide for social science students and researchers (2nd ed. pp.111-142), Thousand Oaks, CA: Sage

Ruiz, A., Luebke, J., Hawkins, M., Klein, K. & Mkandawire-Valhmu, L. (2021). A Historical Analysis of the Impact of Hegemonic Masculinities on Sexual Assault in the Lives of Ethnic Minority Women. Advances in Nursing Science, 44 (1), 66-88. doi: 10.1097/ANS.0000000000000333.

Sampson, M., Yu, M., Mauldin, R., Mayorga, A., & Gonzalez, L. G. (2021). 'You withhold what you are feeling so you can have a family': Latinas' perceptions on community values and

postpartum depression. Family medicine and community health, 9(3), e000504. https://doi.org/10.1136/fmch-2020-000504

Tyagi, R. (2014). Understanding Postcolonial Feminism in relation with Postcolonial and Feminist Theories. International Journal of Language and Linguistics, 1(2), 45-50

US Census Bureau. (2020, April 21). About the Hispanic population and it's origin. The United States Census Bureau. https://www.census.gov/topics/population/hispanic-origin/about.html

Vega, W. A., Rodriguez, M. A., & Ang, A. (2010). Addressing stigma of depression in Latino primary care patients. General Hospital Psychiatry, 32(2), 182–191. https://doi.org/10.1016/j.genhosppsych.2009.10.008

Vogel, D. L., Bitman, R. L., Hammer, J. H., & Wade, N. G. (2013). Is Stigma Internalized? The Longitudinal Impact of Public Stigma on Self-Stigma. Journal of Counseling Psychology, 60(2), 311–316. https://doi.org/10.1037/a0031889

Wis. Stat. § 103.90 (1977 & rev.1999). https://docs.legis.wisconsin.gov/statutes/statutes/103/90

CHAPTER V: DISCUSSION AND SYNTHESIS

In this descriptive, qualitative study, I sought to understand and analyze how the current socio-political climate, anti-immigrant rhetoric, and systemic racism affect the mental health, and mental health care access among Latina migrant farmworkers in the state of Wisconsin. Informed by Chicana, Postcolonial, and Black feminist thought, our analysis shows that despite living in an environment influenced by the oppression of white hegemony, patriarchy and colonialism, Latina women are resilient and engage in actions that are protective of their mental health. This study yielded knowledge that helps to close the gap in the literature about the mental health of Latina migrant farmworkers in the upper Midwest, specifically in rural Wisconsin.

To date there is limited evidence on the rates of mental illness among Latina migrant farmworkers. This chapter synthesizes the study findings and discusses implications for research, policy, and practice. Consistent with Chicana, postcolonial, and Black feminist thought, our discussion and recommendations will take into account the participants' sociopolitical context and their perspectives to illustrate the changes needed to center a social justice and health equity agenda.

Synthesis of Findings

The main focus of this study was centering the voices of Latina migrant farmworkers to inform policy and practice in relation to their mental health. Two major themes exemplified the Latina women's voices. The first theme focuses on the perceptions of mental health among Latina's migrant farmworkers in the upper Midwest. The findings revealed women's knowledge, understanding and conceptualization of mental health based on personal experiences. The second theme highlights Latina migrant farmworkers' resilience and capacities in protecting their mental

health in spite of limited access to mental health care services, especially during times of heightened vulnerability when they are relocated away from home for employment purposes.

Despite Latinas' growing participation in the US workforce and the strenuous work conditions, Latina migrant farmworkers fulfill gendered household obligations while also attempting to meet the demands of supporting their family financially. Among the many stressors affecting Latina migrant farmworkers mental health are their experiences with socio-political factors, including language and cultural barriers, limited support, isolation, work-family conflict, racism, discrimination, and anti-immigrant rhetoric. The application of Chicana, postcolonial, and Black feminist thought is of great utility in helping us understand the complex realities that account for Latina women's intersecting identities, the intersecting oppressions they face, and how these ultimately inform mental health outcomes.

Latinas' perceptions of mental health

Despite exhibiting low rates of mental health services utilization (Derr, 2016), our findings indicate that women had deep knowledge and understanding of mental health. Women's perceptions of mental health may not conform to Westernized health concepts or how these are articulated in mainstream society, but each participant offered a conceptualization of mental health based on their own life experiences. In addition, the women talked mental health from a socio-political context embedded in the fear of stigma, discrimination, and isolation. Disclosing a mental illness diagnosis may cause shame and public stigma (Martinez Tyson, 2016). These fears become barriers to health seeking, exacerbated by limited insurance coverage and access to culturally and linguistically congruent healthcare services. It is noteworthy that Latina migrant farmworkers in Wisconsin face healthcare access barriers, including the elevated cost of services, lack of transportation, fear of lost wages and unclear work policies (Keller et al., 2017). Access

to mental health care services is paramount as 20.5 % (N=7) of the women in this study reported having a diagnosis of mental illness and 100% (N=34) described signs and symptoms of depression, anxiety, and stress.

Participants conceptualization of mental health was informed by their role within their family and community. For instance, some Latina women spoke of mental health and its impact on family relationships. This finding is a reflection of the varied scope of women's roles within their families, including the role of caregiver and home maker as well as that of breadwinner and financial contributor. Similarly, women in this study conceptualized mental health in light of their work performance and the supportive relationships developed among coworkers. Previous studies have found a similar relationship between household strains, domestic responsibilities, and gender inequalities with mental ill health (Arcury et al., 2018; Pulgar et al, 2016).

In addition, women's perceptions of mental health were related to stigma and fear of isolation. Women brought up the idea of *el loco* (the crazy one). The subject of mental health and being "the crazy one" was perceived to be associated with insanity and limited cognitive and behavioral capacities. Considering the cultural values of family and community, *el loco* poses a threat and leads to the alienation of individuals from social interactions in family and community. The fear of stigma, rejection, and isolation were related to barriers for mental health diagnosis and treatment in previous studies (Martinez et al., 2016). The role of stigma but most importantly its consequences in family and community dynamics must be incorporated into the design and implementation of trauma informed care and mental health education. Trauma-informed care is an approach to patient care that promotes sensitivity and focuses on trust through a set of principles that help providers create a safe environment where clients feel comfortable returning in the future (Ravi & Little, 2017). Including this approach in everyday

practice creates a safe space and a trusting relationship between patient-provider and, therefore, decreases the risk of retraumatization (Graf et al., 2022). Therefore, adopting trauma-informed care in designing mental health education is a more practical and efficient approach among Latina migrant workers, especially considering their concerns about mental health stigma.

Faith and spirituality were embedded within women's perceptions of mental health. Women assigned protective and curative properties to their expressions of faith. Divine intervention was included in women narratives as sources of hope and comfort. Some women also conceptualized mental health in relation to deeds that deserved reflection and penance. Latinos spirituality and the role of faith on mental health have been previously studied as coping mechanisms but also as barriers for mental health seeking behaviors (Martin, 2019; Sanchez et al., 2015).

This study confirms the need for a culturally congruent and relevant approaches to mental health policies and procedures. Gaining an in-depth understanding of Latina's perception of mental health breaches cultural gaps, but also helps us overcome implicit bias and stereotypes existent about this population (Merino et al., 2018). Mental health education built upon the voices of women opens a dialogue about their own health goals and desired outcomes. In addition, policy that is informed by women's voices helps to address the existing flaws within current mental health services and the lack of access to health services in general as noted specifically by migrant farmworkers in the upper Midwest.

Resilience and capacities

This study highlights the strengths, capacities, and agency of Latina migrant farmworkers in overcoming mental health risk factors particularly while working away from home. Current

evidence shows that despite exhibiting high risk factors for poor mental health, Latinas access mental health services at lower rates compared with non-immigrant women (Derr, 2016). Some of the factors that influence this lack of access and utilization to mental health services includes the intersection of complex factors including racism and discrimination. Other factors include language and cultural barriers, and undocumented status (Casas et al.2020).

Findings from this study revealed the development of positive coping mechanisms among Latina migrant farmworkers which favored resilience and strength that enabled them to face high risks to poor mental health and limited access to prevention and treatment. Women spoke of the emotional challenges faced when making the decision to relocate to Wisconsin for work. Despite the time commitment required for the farming season, women prioritize their family needs and learned to prepare themselves mentally and emotionally. Women received support from family and peers to strengthen themselves to overcome significant mental health risk factors including racism and discrimination. Previous studies have found that higher levels of resilience were related to strong social support among Latinos (Lee et al., 2020). This is important to note in order to ensure that migrant farmworkers remain connected to the community to which they migrate and that interventions are centered around community building for the purpose of protecting and promoting mental health.

Many of the women spoke about the value and contributions of their work to the local economy. Women were empowered through their contributions to family, community, and to anyone who benefited from their work. Despite discrimination and racism at times, women earned a place within the local community, which was reflected by the locals' acknowledgement and welcoming attitudes. Women maintained their dignity and reclaimed their identity as a member of a vulnerable group to that of a fighter. High self-esteem among Latina immigrants

helps to maintain psychological well-being and decreases risk for mental ill health (Cardenas et al., 2021; Kim et al., 2014).

While women shared experiences of racism and discrimination, we suspect that the transient nature of migrant farm work added to the need for foreign labor work may have helped decrease these incidents (Lee, 2021). The implications of this study include the need for policies that contest racist and anti-immigrant rhetoric. Additionally, our findings highlighted the need to design and implement healthcare interventions that build on women's strengths and capacities and scholarship that seeks to create spaces to debunk the stereotypes informed by mainstream Western hegemonic feminist narratives. While we want to emphasize the strengths and capacities of migrant farmworker women, we do not want to negate the authentic challenges that affect women's mental health. Instead, we want to present a more balanced account of women's experiences and move away from narratives that reduce women to vulnerable victims without agency or capacity.

Strengths of the Dissertation

This study's main strength consists in having Latina migrant farmworkers' voices at the center of policy and practice recommendations. Additionally, the amount of literature related to the mental health needs of Latina migrant farmworkers in Wisconsin is sparse. This gap in the literature makes my findings important contributions to deepening our understanding of the unique needs of this population. Another strength is the methodology used in this study. A qualitative approach facilitated the discussion of specific issues related to this population that may be difficult to assess through a quantitative process. Offering the opportunity to have the interviewees choose the language of their preference (English or Spanish) was an additional strength of this study. This option allowed Latinas with low English proficiency to be part of the

study and have their voices heard. Finally, having a primary researcher and student researcher who self-identified as immigrant women of color and feminist scholars offered a different perspective than those based on mainstream culture's point of view.

Limitations of the Dissertation

This study has limitations. Women who participated in this study were Mexican or were of Mexican ancestry. Findings could have been different for Latinas of other nationalities or cultural origins. Due to the restrictions in place to prevent the spread of COVID-19, some women chose to be phone interviewed. While most interviews were conducted face-to-face, 11 interviews were done by phone, thus limiting the collection of non-verbal data. I minimized this limitation by keeping a close account of women's tone and voice inflections and the use of silence during the phone interviews. Additionally, some phone interviews needed more than one call to be completed, influencing the participants' responses. Despite this limitation, I identified theme consistency across the interviews conducted in person and those conducted via telephone. In addition, COVID-19 restrictions and staffing movement in La Clinica hindered and delayed and delayed the process of member checking. As a result, findings would be discussed with La Clinica staff before manuscript submission for publication. Finally, the wide age range among participants presented a limitation to the findings. Due to the gap in literature existing about this population, the inclusion criteria called for women over 18 years of age and did not specify an age limit. Women of all ages, including those over 65, responded to the study flyers. Consistent with the tenets of feminist epistemologies, the author did not deny any women the right to have their voices heard. Despite presenting a limitation to our findings, discovering the wide age of Latina migrant farmworkers opened the opportunity to continue studying the mental health needs of these women by age group.

Policy and Practice Recommendations

In this section, I discuss practice and policy recommendations based on our findings. Latina migrant farmworkers face limitations to health care access due to external factors including immigration and health care policy reform (Edward, 2014). In a climate of tension related to immigration policy, individuals holding irregular migratory status have become the focus of political debates. These anti-immigrant discussions lead to policies that further restrict undocumented immigrants' eligibility for public resources and limit their access to health care (Edward, 2014). Gender, race, and socio-economic status among other contextual factors intersect to restrict access to affordable healthcare leading to poor health outcomes have become a major concern for American healthcare providers, stakeholders, and policymakers.

The Affordable Care Act

The rates of mental ill health among Latinas must be addressed at the policy level. The findings from this study demonstrated that Latina migrant farmworkers experience symptoms of depression, anxiety, and stress, and are at risk for other mental health issues. Some farmworkers and their families meet the eligibility criteria for Medicaid or subsidized health insurance through the Affordable Care Act (ACA) marketplaces. The ACA mandates the coverage of 10 essential health benefits including mental health services coverage through individual, small and Medicaid expansion plans (Baumgartner et al., 2020). The women participant of my study reported US residency and citizenship, therefore meeting the criteria for ACA eligibility and could benefit from mental health services coverage. In addition, health care plans could benefit from the Mental Health Parity and Addiction Equity Act (MHPAEA) to offer mental health screenings and other preventative services free of cost (Baumgartner et al., 2020).

ForwardHealth is a program from the Wisconsin Department of Health Services focused on the health care and nutritional assistance of eligible Wisconsin residents. Migrant workers who had moved to Wisconsin for less than 10 months to do seasonal work on a farm or farming type job may qualify for health care coverage. Monthly or year income would be used to determine eligibility. Migrant farmworkers who have Medicare coverage in another state, can get Wisconsin Medicaid or BadgerCare Plus if the size of their household is the same (Wisconsin Department of Health Services, n.d.).

Latina migrant farmworkers holding regular migratory status meet the eligibility requirement for both ACA and ForwardHealth coverage. The lack of awareness and information about these services hinder women's enrollment. Additionally, long working areas and the remote location of migrant camps became barriers to application and enrollment. Including outreach programs within the services offered by these policies and designed to meet the unique needs of this population including schedule and geographical location, would facilitate Latina migrant farmworkers enrollment.

The Workers Compensation Act

Similar to other US workers, Latino migrant farmworkers who get injured at work may receive the benefits of workers compensation. According to the Wisconsin Department of Workforce Development (n.d.), workers compensation includes the coverage of mental harm including nervous disorders, hysteria, and traumatic neurosis. Considering the rates of mental ill health related to farm work observed among Latina migrant farmworkers, the benefits of the workers compensation should serve to cover their treatment. However, in the event of having mental harm or emotional stress without a physical trauma, the injured employee must prove the mental injury cause was work related (Wisconsin Department of Workforce Development, n.d.),

From a policy perspective, while the legislation supports workers compensation, the complexity of the claiming process and fear of employment retaliation may hinder Latina migrant farmworkers decision to apply for workers compensation. Current data supporting the high rates of mental ill health among Latina migrant farmworkers must be considered along other criteria to determine the eligibility of workers compensation.

Undocumented Latina migrant farmworkers

According to the National Center for Farmworkers Health (NCFH) about 43% of migrant and seasonal workers lack health insurance coverage (NCFH, 2020). Uninsured migrant farmworkers and their families seek health care at health centers or migrant health clinics. These clinics receive federal funds under Section 330(g) of the Public Health Service Act which are administered by the Bureau of Primary Health Care at the Health Resources and Services Administration (Farmworkerjustice, n.d.). In Wisconsin, Family Health La Clinica is the only federally funded migrant health clinic. The services offered by the migrant clinics are pay on a sliding scale fee based on family size and income. Unfortunately, cost presents a health care access barrier for some farmworkers and their families (Farmworkerjustice, n.d.). Expanding the funding offered to the migrant health clinic and creating a program that covers mental health screenings free of costs, will allow for an early identification and treatment of mental illness.

Given the evidence that Latina migrant farmworkers are at risk for mental health deficits, nurses need to develop culturally congruent interventions based on the women's mental health perceptions and related experiences. A critical analysis of current policies reveals the need for comprehensive health policy reform. The health policy changes that I propose aim to increase the health care coverage of Latina migrant farmworkers. Services must include the provision of culturally congruent healthcare services and increasing the diversity of health care providers,

especially Spanish speaking providers. Most importantly, these services should be accessible to all Latina migrant farmworkers, irrespective of their migratory status and ability to pay. Additional federal funding to agencies such as La Clinical mobile hospital that favor the expansion of programs could serve to enhance the provision of comprehensive healthcare that meets the needs of migrant farmworkers more effectively.

The findings from this study support the critical need for nurses and other healthcare professionals to learn about mental health perspectives among Latinos, especially the role of stigma on mental health, and how it affects women's trust and ability to disclose their symptoms and to seek help. Nurses can facilitate an environment where women feel safe and supported. Additionally, nurses must become agents of change and advocate for policies that promote trauma informed mental health care. We can build upon women's strengths and capacities and partner with them to identify the strategies needed to normalize mental health screening, diagnosis, and treatment.

Nurses can also support women's protective behaviors and offer access to the tools and resources needed to enhance the benefits of practices such as network support. For example, collaborating in the design of informative and educational materials that are culturally relevant and are in the Spanish language would be beneficial. There is also need for interprofessional collaboration among health care professionals to ensure that all women are aware of the availability of these resources. Members of the community could assist in this effort. For example, engaging in the promotion of services through social media campaigns and collaboration with local businesses serving Latina migrant farmworkers including grocery stores and gas stations could be a valuable and effective strategy. The health of our immigrant populations is at risk, and it is imperative that health care providers, stakeholders and policy

makers remain informed about issues affecting these populations and team up to act as effective advocates for policy reform and inclusive health care access for all.

Conclusion

The purpose of this dissertation was to understand Latina migrant farmworkers' mental health perceptions and the barriers they experience in meeting their mental health needs. Deconstructing the experiences of Latina migrant farmworkers allows us to use their voices to inform policies that support mental health practices tailored to meet their specific sociocultural needs. The findings from this study can be used to support healthcare providers efforts to bridge the mental health care gap affecting this undeserved population.

References

Aboii, S. M. (2014). *Undocumented immigrants and the inclusive health policies of sanctuary cities.* Retrieved from: http://harvardpublichealthreview.org/undocumented-immigrants-and-the-inclusive-health-policies-of-sanctuary-cities/

Alegria, M., Roter, D. L., Valentine, A., Chen, C. N., Li, X., Lin, J., Rosen, D., Lapatin, S., Normand, S.L., Larson, S., & Shrout, P.E. (2013). Patient-clinician ethnic concordance and communication in mental health intake visits. *Patient Education and Counseling, 93*(2),188–196.

Aponte-Rivera, V. R. & Dunlop, B. W. (2011). Public health consequences of state immigration laws. *Southern Medical Journal, 104*(11), 718-719

Arcury, T. A., Grzywacz, J. G., Chen, H., Mora, D. C., & Quandt, S. A. (2014). Work organization and health among immigrant women: Latina manual workers in North Carolina. *American Journal of Public Health, 104*(12), 2445–2452

Arcury, T. A., Sandberg, J. C., Talton, J. W., Laurienti, P. J., Daniel, S. S., & Quandt, S. A. (2018). Mental health among Latina farmworkers and other employed Latinas in North Carolina. *Rural mental health, 42*(2), 89–101. https://doi.org/10.1037/rmh0000091

Arcury, T. A., Trejo, G., Suerken, C. K., Grzywacz, J. G., Ip, E. H., & Quandt, S. A. (2015). Work and health among Latina mothers in farmworker families. *Journal of occupational and environmental medicine, 57(*3), 292–299.

Artiga, S. & Diaz, M. (2019). *Health coverage and care of undocumented immigrants*. Retrieved from: https://www.kff.org/disparities-policy/issue-brief/health-coverage-and-care-of-undocumented-immigrants/

Barrett, D. & Twycross, A. (2018). Data collection in qualitative research. *Evidence Based Nursing, 21*(3), 63-64

Baumgartner, J. C., Aboulafia, G. N., & McIntosh, A. (2020). The ACA at 10: How Has It Impacted Mental Health Care? Retrieved from: https://www.commonwealthfund.org/blog/2020/aca-10-how-has-it-impacted-mental-health-care

Beck, T. L, Le, T., Henry-Okafor, Q. & Shah, M. (2017). Medical care for undocumented immigrants: National and international issues. *Primary Care: Clinics in Office Practice, 44*(1), e1–e13.

Berk, M. L., & Schur, C. L. (2001), The effect of fear on access to care among undocumented Latino immigrants. *Journal of Immigrant Health, 3*(3), 151-156. doi: 10.1023/A:1011389105821. PMID: 16228780.

Berlinger, N. & Gusmano, M. K. (2013). *Undocumented patients. Undocumented immigrants & Access to health care.* Retrieved from: http://undocumentedpatients.org/wp-content/uploads/2013/03/Undocumented-Patients-Executive-Summary.pdf

Bourgois, P., Holmes, S. M., Sue, K., & Quesada, J. (2017). Structural vulnerability: operationalizing the concept to address health disparities in clinical care. *Academic Medicine, 92*(3), 299.

Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3,* 77–101.

Burns, N., Grove, S. K., & Gray, J. (2015). *Understanding nursing research: Building on evidence-based practice* (6th Ed.). St Louis, MI: Elsevier Saunders.

Bustamante, A.V., Chen, J., McKenna, R.M. & Ortega, A.N. (2018). Health care access and utilization among U.S. immigrants before and after the Affordable Care Act. *Journal of Immigrant and Minority Health, 21*(2), 211-218

Cardenas, I., Johnson, L., & Postmus, J. L. (2021). Improving quality of life among Latina intimate partner violence survivors through economic empowerment. *Journal of Interpersonal Violence.* Advance online publication. https://doi.org/10.1177/08862605211013958

Celone, M. (2012). Undocumented and unprotected: solutions for protecting the health of the America's undocumented Mexican migrant workers. *The Journal of Contemporary Health Law and Policy, 29*(1), 117–151.

Chan, I., & Corvin, J. A. (2016). Chronic disease and depression among Hispanic Americans: Reconceptualizing the masculine self. *American Journal of Men's Health*, NP11–NP21.

Chaney, B. H., & Torres, E. (2017). Covariates of identified stress and depression among seasonal farmworkers. *International journal of environmental research and public health, 14*(7), 711. https://doi.org/10.3390/ijerph14070711

Chishti, M., Hipsman, F., & Ball, I. (2015). *Fifty Years On, the 1965 Immigration and Nationality Act Continues to Reshape the United States*. Retrieved from: https://www.migrationpolicy.org/article/fifty-years-1965-immigration-and-nationality-act-continues-reshape-united-states

Cobb, C. L., Xie, D., & Sanders, G. L. (2016). Coping styles and depression among undocumented Hispanic immigrants. *Journal of immigrant and minority health, 18*(4), 864-870.

Collins, P. H. (2017). On violence, intersectionality, and transversal politics. *Ethnic and Racial Studies, 40*(9), 1460-1473. https://www.fbi.gov/news/stories/operation-cross-country/operation-cross-country

Davies, C., & Fisher, M. (2018). Understanding research paradigms. *Journal of the Australasian Rehabilitation Nurses' Association, 21*(3), 21–25.

D'Silva, M. U., Smith, S., E., Della, L., J., Potter, D. A., Rajack-Talley, T., A., & Best, L. (2016). Reflexivity and Positionality in Researching African American Communities: Lessons from the Field. *Intercultural Communication Studies, 25*(1), 94-109

Dettlaff, A. J., Vidal de Haymes, M., Velázquez, S. Mindell, R. & Bruce, L. (2009). Emerging issues at the intersection of immigration and child welfare: results from a transnational research and policy reform. *Child Welfare, 88*(2), 47–67.

Department of Homeland Security (2018). *Estimates of the Unauthorized Immigrant Population Residing in the United States: January 2015–January 2018.* Retrieved from: https://www.dhs.gov/sites/default/files/publications/immigration-statistics/Pop_Estimate/UnauthImmigrant/unauthorized_immigrant_population_estimates_2015_-_2018.pdf

Derr, A. (2016). Mental health service use among immigrants in the United States: A systematic review. *Psychiatric Services, 67*, 265-274

Edward, J. (2014). Undocumented immigrants and access to health care: Making a case for policy reform. *Policy, Politics, & Nursing Practice, 15*(1-2), 5–14.

Espeleta, H. C., Beasley, L., Bohora, S., Ridings, L.E. & Silovsky, J.F. (2019). Depression in Latina mothers: Examining the roles of acculturation, enculturation, social support, and family resources. *Cultural Diversity & Ethnic Minority Psychology, 25*(4), 527-538.

Family Health La Clinica (n.d.). *La clínica de los campesinos: a brief history*. Retrieved from: https://www.famhealth.com/about-us.html

Farmworkerjustice (n.d.). Health Care Access. Retrieved from : https://www.farmworkerjustice.org/advocacy_program/accessing-healthcare/

Flores, A., Lopez, G. & Radford, J. (2017). *Facts on U.S. Latinos, 2015: Statistical portrait of Hispanics in the United States.* Retrieved from: https://www.pewresearch.org/hispanic/2017/09/18/facts-on-u-s-latinos-trend-data/

Freedman, M., Owens, E. & Bohn, S. (2018). Immigration, employment opportunities, and criminal behavior. *American Economic Journal: Economic Policy, 10* (2), 117-151.

Fryer, C. S., Passmore, S. R., Maietta, R. C., Petruzzelli, J., Casper, E., Brown, N. A., Butler, J., 3rd, Garza, M. A., Thomas, S. B., & Quinn, S. C. (2016). The Symbolic Value and Limitations of Racial Concordance in Minority Research Engagement. *Qualitative health research, 26*(6), 830–841. https://doi.org/10.1177/1049732315575708

Garcia, A. M. (1989). The Development of Chicana Feminist Discourse, 1970-1980. *Gender & Society, 3*(2), 217–238. https://doi.org/10.1177/089124389003002004

George, S., Duran, N., & Norris, K. (2014). A systematic review of barriers and facilitators to minority research participation among African Americans, Latinos, Asian Americans, and Pacific Islanders. *American journal of public health, 104*(2), e16–e31.

Graf, M. D. C., Ruiz, A., Luebke, J., Olukotun, O., Kendrick, A., Shaw, L., Lopez, A. A., Snethen, J., Silvestre, E., & Mkandawire-Valhmu, L. (2022). Application of postcolonial Feminist Theory, Chicana Feminist Thought, and Black Feminist Thought in analyzing the mental health needs of Latina migrant farmworkers: A shared legacy. *Advances in Nursing Science, 45*(1), 38-52.

Gray, J. (2017). Qualitative research methods. In J. Gray, S. K. Grove, & S. Sutherland (Eds.). *Burns and Grove's the practice of nursing research: Appraisal, synthesis, and generation of evidence*, St. Louis, MO: Elsevier

Gray, J. & Grove, S. K. (2017). Critical appraisal of nursing studies. In J. Gray, S. K. Grove, & S. Sutherland (Eds.). *Burns and Grove's the practice of nursing research: Appraisal, synthesis, and generation of evidence,* St. Louis, MO: Elsevier

Griffin, G. M., Floyd, E. G., Dali, S. S., Dunaway, C. M., Genereaux, S. H. & Olson, A.L. (2020). Assessing mental health concerns of Spanish-speaking dairy farm workers. *Journal of Agromedicine, 25*(1), 115-121.

Hacker, K., Anies, M., Folb, B. L., & Zallman L. (2015). Barriers to health care for undocumented immigrants: a literature review. *Risk Management and Healthcare Policy, 30,* 175-83. doi: 10.2147/RMHP.S70173.

Hacker, K., Chu, J., Leung, C., Marra, R., Pirie, A.…& Marlin, R. P. (2010). The impact of immigration and customs enforcement on immigrant health: perceptions of immigrants in Everett, Massachusetts, USA. *Social Science & Medicine, 73*(4), 586–594.

Hagan, J., Rodríguez, N., Capps, R & Kabiri, N. (2003). The effects of recent welfare and immigration reforms on immigrants' access to health care. *International Migration Review, 37(*2), 444–463.

Harbut, R. F. (2019). AMA policies and code of medical ethics' opinions related to health care for patients who are immigrants, refugees, or asylees. *AMA Journal of Ethics, 21*(1), E73-77

Hardy, L. J., Getrich, C. M., Quezada, J. C., Guay, A., Michalowski, R. J. & Henley, E. (2012). A call for further research on the impact of state-level immigration policies on public health. *American Journal of Public Health, 102*(7), 1250–1254.

Holloway, I. & Wheeler, S. (2013). *Qualitative Research in Nursing and Healthcare* (3rd ed.). Hoboken, NJ: Wiley-Blackwell.

Hu, R, Shi, L., Lee, D. & Haile, G. P (2016). Access to and disparities in care among migrant and seasonal farm workers (MSFWs) at U.S. health centers. *Journal of Health Care for the Poor and Underserved, 27(*3), 1484-1502

Huerta, D., & Rosenbloom, R. (2019). Ask a Feminist: Dolores Huerta and Rachel Rosenbloom Discuss Gender and Immigrant Rights. *Journal of Women in Culture and Society, 44*(2), 515-525. https://www.journals.uchicago.edu/doi/full/10.1086/699486?casa_token=Nd5reHJiO9gA

AAAA%3Ai0VleZ4FB86Vn4r0PTTP-YcL4vMgfWkwz9enDH6Duhi-cAwtMQv77K0Qp7fYCLZWjDFQdqf9Sa8

Jacobson, D., & Mustafa, N. (2019). Social identity map: a reflexivity tool for practicing explicit positionality in critical qualitative research. *International Journal of Qualitative Methods, 18,* 1-12

Joseph, T. D. (2017). Falling through the coverage cracks: How documentation status minimizes Immigrants' access to health care. *Journal of Health Politics, Policy and Law, 42*(5), 961–984.

Joseph, T. D., & Marrow, H. B. (2017). Health care, immigrants, and minorities: lessons from the affordable care act in the US. *Journal of Ethnic and Migration Studies, 43*(12), 1965-1984

Keller, J. C., Gray, M., & Harrison, J. L. (2017). Milking workers, breaking bodies: Health inequality in the dairy industry. *New Labor Forum, 26*(1), 36–44.

Kerwin, D. (2018). From IIRIRA to Trump: connecting the dots to the current US immigration policy crisis. *Journal on Migration and Human Security, 6*(3), 192-204

Kieslich, K., Littlejohns, P., Weale, A., Hunter, D. J., Staniszewska, S., Tumilty, E., & Williams, I. (2016). Public involvement in health priority setting: future challenges for policy, research, and society. *Journal of Health Organization and Management, 30*(5), 796-808.

Kim, E., Hogge, I., & Salvisberg, C. (2014). Effects of Self-Esteem and Ethnic Identity: Acculturative Stress and Psychological Well-Being Among Mexican Immigrants.

Hispanic Journal of Behavioral Sciences, 36(2), 144–163. https://doi.org/10.1177/0739986314527733

Lara-Cinisomo, S., Clark, C. T., & Wood, J. (2018). Increasing Diagnosis and Treatment of Perinatal Depression in Latinas and African American Women: Addressing Stigma Is Not Enough. *Women's health issues, 28*(3), 201–204. https://doi.org/10.1016/j.whi.2018.01.003

Lauderdale, D. S., Wen, M., Jacobs, E. A. & Kandula, N. R. (2016). Immigrant perceptions of discrimination in health care: The California health interview survey 2003. *Medical Care, 44*(10), 914-920.

Lee, A. R. (2021). *How immigrants could address labor shortage in Wisconsin.* Retrieved from: https://www.kenoshanews.com/news/local/how-immigrants-could-address-labor-shortage-in-wisconsin/article_62e9f211-27e8-50ac-bf18-60ee4e44492c.html

Lee, C. S., Goldstein, S. E., Dik, B. J., & Rodas, J. M. (2020). Sources of social support and gender in perceived stress and individual adjustment among Latina/o college-attending emerging adults. *Cultural Diversity and Ethnic Minority Psychology, 26*(1), 134-147. doi: 10.1037/cdp0000279.

Lee, J., Peri, G. &Yasenov, V. (2017). *The employment effects of Mexican repatriations: evidence from the 1930's.* Retrieved from: https://www.nber.org/papers/w23885

Library of the Congress (n.d.). *Colonial Settlement 1600s-1763.* Retrieved from: https://www.loc.gov/teachers/classroommaterials/presentationsandactivities/presentations/timeline/colonial/

Limon, F. J., Lamson, A.L., Hodgson, Bowler, M. & Saeed, S. (2016). Screening for depression in Latino immigrants: A systematic review of depression screening instruments translated into Spanish. *Journal of Immigrant and Minority Health 18,* 787–798

Lincoln, Y.S., & Guba, E.G. (1985). *Naturalistic inquiry.* Newbury Park, CA: Sage Publications.

Little, B. (2019). *The U.S. deported a million of its own citizens to Mexico during the Great Depression.* Retrieved from: https://www.history.com/news/great-depression-repatriation-drives-mexico-deportation

Loftus, J., Allen, E. M., Call, K. T., & Everson-Rose, S. A. (2018). Rural-urban differences in access to preventive health care among publicly insured Minnesotans. *The Journal of rural health, 34* (1), s48–s55.

Lopez, V., Sanchez, K., Killian, M. O. & Eghaneyan, B. H. (2018). Depression screening and education: an examination of mental health literacy and stigma in a sample of Hispanic women. *BMC Public Health, 18*(646), 1-8.

Lu, Y., & Racine, L. (2015) Reviewing Chinese immigrant women's health experiences in English-speaking Western Countries: a postcolonial feminist analysis. *Health Sociology Review, 24*(1), 15-28. DOI: 10.1080/14461242.2015.1006656

Maguire, M., & Delahunt, B. (2017). Doing a Thematic Analysis: A Practical, Step-by-Step Guide for Learning and Teaching Scholars. *The All Ireland Journal of Teaching & Learning in Higher Education, 1*(3), 3351. http://ojs.aishe.org/index.php/aishe-j/article/view/3354

Makhlouf, M. D. (2019). Health justice for immigrants. *Journal of Law and Public Affairs, 4*(2), 236-304

Mandeel, E. W. (2014). The Bracero Program 1942-1964. *American International Journal of Contemporary Research, 4*(1), 171-184

Martinez, O., Wu, E., Sandfort, T., Dodge, B., Carballo-Dieguez, A., Pinto, R., Rhodes, S., Moya, E., & Chavez-Baray, S. (2015). Evaluating the Impact of Immigration Policies on Health Status Among Undocumented Immigrants: A Systematic Review. *Journal of Immigrant and Minority Health, 17*(3), 947–970. https://doi.org/10.1007/s10903-013-9968-4

Martinez Tyson, D., Arriola, N. B., & Corvin, J. (2016). Perceptions of depression and access to mental health care among Latino immigrants: Looking beyond one size fits all. *Qualitative health research, 26*(9), 1289-1302. doi:10.1177/1049732315588499

Maurer, D. M., Raymond, T. J., & Davis, B. N. (2018). Depression: screening and diagnosis. *American family physician, 98*(8), 508-515.

Merino, Y., Adams, L., & Hall, W. J. (2018). Implicit Bias and Mental Health Professionals: Priorities and Directions for Research. *Psychiatric Services, 69*(6), 723-725. doi: 10.1176/appi.ps.201700294.

Mora, D. C., Quandt, S. A., Chen, H., & Arcury, T. A. (2016). Associations of poor housing with mental health among North Carolina Latino migrant farmworkers. *Journal of agromedicine, 21*(4), 327–334. https://doi.org/10.1080/1059924X.2016.1211053

Moya, E. & Shedlin, M. (2008). Policies and laws affecting Mexican-origin immigrant access and utilization of substance abuse treatment: obstacles to recovery and immigrant health. *Substance Use & Misuse, 43*(12-13), 1747–1769.

Mrema, E. J., Ngowi, A. V., Kishinhi, S. S., & Mamuya, S. H. (2017). Pesticide exposure and health problems among female horticulture workers in Tanzania. *Environmental health insights, 11*, 1-13

Muhammad, M., Wallerstein, N., Sussman, A. L., Avila, M., Belone, L. & Duran, B. (2015). Reflections on researcher identity and power: the impact of positionality on community based participatory research (CBPR) processes and outcomes. *Critical sociology, 41*(7), 1045–1063.

National Center for Farmworker Health, Inc. (2020). *Agricultural Workers & Mental Health.* Retrieved from: http://www.ncfh.org/mental-health.html

National Institute of Mental Health (2019). *Mental Illness.* Retrieved from: https://www.nimh.nih.gov/health/statistics/mental-illness.shtml

Noble, H. & Smith, J. (2015). Issues of validity and reliability in qualitative research. *Evidence-Based Nursing, 18*(2), 34-35

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods, 16*, 1-13. https://doi.org/10.1177/1609406917733847

Nuñez, A., González, P., Talavera, G. A, Sanchez-Johnsen, L., Roesch, S.C, Davis, S. M, Arguelles, W., Womack, V. Y., Ostrovsky, N. W., Ojeda, L., Penedo, F. J., & Gallo, L.

C. (2016). Machismo, marianismo, and negative cognitive-emotional factors: Findings from the Hispanic community health study/study of Latinos sociocultural ancillary study. *Journal of Latina/o Psychology, 4*(4), 202–217. https://doi.org/10.1037/lat0000050

Office of Minority Health. (2020, June 30). *Minority mental health awareness month.* https://www.minorityhealth.hhs.gov/omh/content.aspx?ID=9447

Olmos-Vega, F. M., Stalmeijer, R., E., Varpio, L., & Kahlke, R. (2022) A practical guide to reflexivity in qualitative research: AMEE Guide No. 149, *Medical Teacher,* DOI: 10.1080/0142159X.2022.2057287

Ormston, R., Spencer, L., Barnard, M., & Snape, S. (2014). The foundations of qualitative research. In Ritchie, J., Lewis, J, Nicholls, C.M., & Ormston, R. (Eds.), *Qualitative research practice: A guide for social science students & researchers.* Los Angeles, CA: Sage.

Parmet, W. E. (2018). *Immigration and health care under the Trump administration.* Retrieved from: https://www.healthaffairs.org/do/10.1377/hblog20180105.259433/full/

Pauls, E, P. (2020). *Native Americans and colonization: the 16th and 17th centuries.* Retrieved from: https://www.britannica.com/topic/Native-American/Native-Americans-and-colonization-the-16th-and-17th-centuries

Polit, D. F., & Beck, C. T. (2012). *Essentials of nursing research: Appraising evidence for nursing practice (9th ed.).* Philadelphia, PA: Wolters Kluwer Health

Pulgar, C. A., Trejo, G., Suerken, C., Ip, E. H., Arcury, T. A., & Quandt, S. A. (2016). Economic hardship and depression among women in Latino farmworker families. *Journal of*

Immigrant and Minority Health, 18, 497–504. http://dx.doi.org/10.1007/s10903-015-0229-6

Quandt, S. A., Brooke, C., Fagan, K., Howe, A., Thornburg, T. K., & McCurdy, S. A. (2015). Farmworker housing in the United States and its impact on health. *NEW SOLUTIONS: A Journal of Environmental and Occupational Health Policy, 25*(3), 263–286. https://doi.org/10.1177/1048291115601053

Radford, J. (2019). *Key findings about U.S. immigrants*. Retrieved From: https://www.pewresearch.org/fact-tank/2019/06/17/key-findings-about-u-s-immigrants/

Ritchie, J., Lewis, J., Elam, G., Tennant, R. & Rahim, N. (2014). Designing and Selecting Samples. In J. Ritchie, J. Lewis, N. C. McNaughton, & R. Ormston (Eds.). *Qualitative research practice: A guide for social science students and researchers* (2nd ed. pp.111-142), Thousand Oaks, CA: Sage

Roberts, R. (2010). *Wisconsin's Migrant and immigrant agricultural labor force.* Retrieved from: https://www.uwsp.edu/cnr-ap/clue/Documents/megatrends/Wisconsin_Land_Use_Megatrends_Agriculture_Labor_Force.pdf

Rodriguez, G., Trejo, G., Schiemann, E., Quandt, S. A., Daniel, S. S., Sandberg, J. C., & Arcury, T. A. (2016). Latina workers in North Carolina: Work organization, domestic responsibilities, health, and family life. *Journal of immigrant and minority health, 18*(3), 687-696.

Salinger, Sharon V. (2000). *To Serve Well and Faithfully: Labor and Indentured Servants in Pennsylvania, 1682–1800*. Westminster, MD: Heritage Books.

Sampson, M., Torres, M. I. M., Duron, J., & Davidson, M. (2018). Latina Immigrants' Cultural Beliefs About Postpartum Depression. *Affilia, 33*(2), 208–220. https://doi.org/10.1177/0886109917738745

Sanchez, M., Dillon, F. R., Concha, M., & De La Rosa, M. (2015). The impact of religious coping on the acculturative stress and alcohol use of recent Latino immigrants. *Journal of Religion and Health, 54*(6), 1986–2004. https://doi.org/10.1007/s10943-014-9883-6

Sandoval, C. (1991). U.S. third world feminism: the theory and methods of oppositional consciousness in the postmodern world. *GENDERS, 10,* 1–24

Sangaramoorthy, T. & Guevara, E. M. (2017). Immigrant health in rural Maryland: a qualitative study of major barriers to health care access. *Journal of Immigrant and Minority Health, 19(*4), 939-946.

Spenser, L., Ritchie, J., Ormston, R., O'Connor, W. & Barnard, M. (2014). Analysis: Principles and Processes. In J. Ritchie, J. Lewis, N. C. McNaughton, & R. Ormston (Eds.). *Qualitative research practice: A guide for social science students and researchers* (2nd ed. pp.269-293), Thousand Oaks, CA: Sage

Stark, A., Kaduszkiewicz, H., Stein, J., Maier, W., Heser, K., Weyerer, S. Werle, J., Wiese, B., Mamone, S., Konig, H. ; Bock, J. ; Riedel - Heller, S.G. & Scherer, Martin. (2018). A qualitative study on older primary care patients' perspectives on depression and its treatments - potential barriers to and opportunities for managing depression. *BMC Family Practice, 19*(1), 2.

Substance Abuse and Mental Health Services Administration. (2019, August 20). *2018 NSDUH detailed tables*. https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables

Timmins, F., & Martin, C. (2019). Spirituality and locus of control—a rapid literature review. *Spirituality in Clinical Practice, 6*(2), 83–99

Twenge, J. M., Cooper, A. Bell, J., Thomas, E, Duffy, M. E., & Binau, S. G. (2019). Age, Period, and Cohort Trends in Mood Disorder Indicators and Suicide-Related Outcomes in a Nationally Representative Dataset, 2005-2017. *Journal of Abnormal Psychology, 128*(3), 185–199. https://doi.org/10.1037/abn0000410

US Census Bureau. (2020, April 21). *About the Hispanic population and it's origin*. Retrieved from: https://www.census.gov/topics/population/hispanic-origin/about.html

United States Department of Agriculture (2020). *Farm Labor.* Retrieved from: https://www.ers.usda.gov/topics/farm-economy/farm-labor/

U.S. Department of Health and Human Services (1979). *The Belmont Report.* Retrieved from https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/read-the-belmont-report/index.html#xbenefit

U.S. Department of Labor. (2018, January). *Findings from the National Agricultural Workers Survey (NAWS) 2015-2016: A demographic and employment profile of United States farmworkers.* Retrieved from: https://www.dol.gov/sites/dolgov/files/ETA/naws/pdfs/NAWS_Research_Report_13.pdf

U.S. Immigration and Customs Enforcement (2020). *Delegation of Immigration Authority Section 287(g) Immigration and Nationality Act*. Retrieved from: https://www.ice.gov/287g#:~:text=The%20Illegal%20Immigration%20Reform%20and%20Immigrant%20Responsibility%20Act,officers%20to%20perform%20limited%20immigration%20law%20enforcement%20functions.

Viruell-Fuentes, E. A., Miranda, P. Y. & Abdulrahim, S. (2012). More than culture: Structural racism, intersectionality theory, and immigrant health. *Social Science & Medicine, 75*(12), 2099–2106.

Webster, S., Lewis, J. & Brown, A. (2014). Ethical Consideration in Qualitative Research. In: N K. Denzin & Y. S. Lincoln (Eds.). *The Sage Handbook of Qualitative Research* (5th ed. pp.77-110), Thousand Oaks, CA: Sage

Wisconsin Department of Health Services (n.d.). Wisconsin Worker's Compensation Guide. Retrieved from: https://dwd.wisconsin.gov/dwd/publications/wc/wkc-7580.htm

Wisconsin Historical Society (n.d.). *Germans in Wisconsin.* Retrieved from: https://www.wisconsinhistory.org/Records/Article/CS2041

Wis. Stat. § 103.90 (1977 & rev.1999). https://docs.legis.wisconsin.gov/statutes/statutes/103/90

World Health Organization (2018). *Mental health: strengthening our response.* Retrieved from: https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

World Health Organization (n.d.). *Refugee and migrant health.* Retrieved from: https://www.who.int/migrants/about/en/

Yeo, A., Legard, R., Keegan, J., Ward, K., Nicholls, C. & Lewis, J. (2014). In-depth Interviews. In J. Ritchie, J. Lewis, N. C. McNaughton, & R. Ormston (Eds.). *Qualitative research practice: A guide for social science students and researchers* (2nd ed. pp.177-208), Thousand Oaks, CA: Sage

Zapata Roblyer, M. I., Grzywacz, J. G., Suerken, C. K., Trejo, G., Ip, E. H., Arcury, T. A., & Quandt, S. A. (2016). Interpersonal and social correlates of depressive symptoms among Latinas in farmworker families living in North Carolina. *Women & Health, 56*(2), 177–193

Appendix A: Institutional Review Board Letter

UNIVERSITY of WISCONSIN
UWMILWAUKEE
Department of University Safety & Assurances

Melody Harries
IRB Administrator
Institutional Review Board
Engelmann 270
P. O. Box 413
Milwaukee, WI 53201-0413
414-662-3544

uwm.edu/irb
harries@uwm.edu

New Study - Notice of IRB Expedited Approval

Date: March 19, 2021

To: Lucy Mkandawire-Valhmu
Dept: Nursing

CC: Maria Graf

IRB #: 21.200
Title: MENTAL HEALTH NEEDS AMONG LATINA MIGRANT FARMWORKERS IN THE STATE OF WISCONSIN - A COLONIAL LEGACY

After review of your research protocol by the University of Wisconsin – Milwaukee Institutional Review Board, your protocol has been approved as minimal risk Expedited under Category 6 & 7 as governed by 45 CFR 46.110. Your protocol has also been granted approval to waive documentation of informed consent as governed by 45 CFR 46.117 (c).

In addition, your protocol has been granted **Level 3** confidentiality for Payments to Research Subjects according to UWM Accounting Services Procedure: 2.4.6.

This protocol has been approved on **March 19, 2021** for one year. IRB approval will expire on **March 18, 2022**. Before the expiration date, you will receive an email explaining how to either keep the study open or close it.

This study may be selected for a post-approval review by the IRB. The review will include an in-person meeting with members of the IRB to verify that study activities are consistent with the approved protocol and to review signed consent forms and other study-related records.

Any proposed changes to the protocol must be reviewed by the IRB before implementation, unless the change is specifically necessary to eliminate apparent immediate hazards to the subjects. It is the principal investigator's responsibility to adhere to the policies and guidelines set forth by the UWM IRB, maintain proper documentation of study records and promptly report to the IRB any adverse events which require reporting. The principal investigator is also responsible for ensuring that all study staff receive appropriate training in the ethical guidelines of conducting human subjects research.

As Principal Investigator, it is your responsibility to adhere to UWM and UW System Policies, and any applicable state and federal laws governing activities which are independent of IRB review/approval (e.g., FERPA, Radiation Safety, UWM Data Security, UW System policy on Prizes, Awards and Gifts, state gambling laws, etc.). When conducting research at institutions outside of UWM, be sure to obtain permission and/or approval as required by their policies.

Contact the IRB office if you have any further questions. Thank you for your cooperation and best wishes for a successful project.

Respectfully,
Melody Harries

Melody Harries
IRB Administrator

Appendix B: Screening Script (English)

Thank you for your interest in becoming a participant in this study. The purpose of this study is to gain a deeper understanding of the mental health care needs and the barriers to accessing care and services among Latina migrant farmworkers in Wisconsin. To make sure that you qualify for this study, please let me ask you the following questions:

1. Do you self-identify as Latina?
2. Are you older than 18 years of age?
3. Are you currently, or have you been working as a migrant farmworker?
4. Do you have residency other than in the state of Wisconsin?
5. Would you be in any physical or emotional danger if you participate in this study?

Answer key:

Answering yes to questions 1-4 qualifies participant for the study

Answering no to question 5 qualifies participant for the study

Appendix C: Screening Script (Spanish)

Determinación de Participación

Gracias por su interés en participar en este estudio. El propósito de este estudio es obtener una comprensión más profunda de las necesidades de atención de salud mental y las barreras para acceder a la atención y los servicios entre los trabajadores agrícolas migrantes latinos en Wisconsin. Para asegurarme de que califica para este estudio, permítame hacerle las siguientes preguntas:

1. ¿Te identificas como Latina?
2. ¿Tiene más de 18 años?
3. ¿Trabaja actualmente o ha estado trabajando como trabajador agrícola migrante?
4. ¿Tiene otra residencia que no sea en el estado de Wisconsin?
5. ¿Correría peligro físico o angustia emocional si participa en este estudio?

Clave de respuesta:
Responder sí a las preguntas 1 a 4 califica al participante para el estudio
Responder no a la pregunta 5 califica al participante para el estudio

Appendix D: Demographic Questions (English)

Demographic Questions (English)

1. How old are you?
2. What is your country of origin?
3. What is your state of residence?
4. What are your living arrangements while working in Wisconsin?
5. What is your marital status?
6. How many people live in your house?
7. Do you have children?
    a. How many?
    b. How many of them live with you?
    c. How many times have you been pregnant?
8. How many rooms do you have in your current house?
9. How long have you been a farm worker?
10. What are your farm work responsibilities?

a. pesticide application
b. harvesting,
c. machine operation
d. other

11. How many hours do you work per week?
12. What is your level of education?
13. What is your migratory status?
14. What is your annual household income?

Appendix E: Demographic Questions (Spanish)

Preguntas demográficas

1. ¿Qué edad tienes?
2. ¿Cuál es su país de origen?
3. ¿Cuál es su estado de residencia?
4. ¿Cuáles son sus arreglos de vivienda mientras trabaja en Wisconsin?
5. ¿Cuál es su estado civil?
6. ¿Cuántas personas viven en su casa?
7. ¿Tiene hijos?
    a) ¿Cuántos?
    b) ¿Cuántos de ellos viven con usted?
    c) ¿Cuantas veces has estado embarazada?
8. ¿Cuántas habitaciones tiene en su casa actual?
9. ¿Cuánto tiempo ha sido trabajador agrícola?
10. ¿Cuáles son sus responsabilidades en el trabajo agrícola?
    a) aplicación de pesticidas
    b) cosecha,
    c) máquina de operación
    d) otro
11. ¿Cuántas horas trabaja a la semana?
12. ¿Cuál es su nivel de educación?
13. ¿Cuál es su situación migratoria?
14. ¿Cuál es su ingreso familiar anual?

Appendix F: Interview Guide (English)

Establish Rapport with participant: Good morning, my name is Maria and I am a PhD candidate at UW Milwaukee. I would like to ask you some questions about your background, and your experiences with mental health to understand your perspective about this subject. I hope to use this anonymous information to guide mental health care and the policies that address Latina migrant farmworkers access to mental health services using a culturally congruent approach. You can stop the interview at any time, and you have the right to refuse any question that you prefer not to respond. Do you have any questions?

Body of the interview: Thank you, let's start by asking some general questions about you (These questions will be translated into Spanish for non-English speaking participants):

1. Tell me about the people that lives in your house?
2. How is your relationship with family and friends in the community?
3. What activities do you do in your spare time?
4. Could you please tell me about your current or past working experiences?
5. Could you please tell me where were you born?
    a. If you were not born in the U.S. When did you arrive to America?
6. Could you please tell me about your immigration?
7. What were your initial impressions of this country?

8. Could you please tell me about your current health status?

After rapport and trust have been stablished, I will address questions about mental health

9. What is mental health to you? Or what is the meaning of mental health to you?
10. Have you ever been diagnosed with any type of mental health problem?
    a. If no, would you consider seeking medical advice if you have any mental health problem, such as depression, anxiety, etc.? Why or Why not?
    b. If the answer is yes: Could you please describe your initial symptoms of mental health problems? When did you go to the doctor for the first time to address these mental health problems?
11. What would you do if you needed mental health care?
12. How does farm work affect your health?
13. What is it like to leave your home and move to Wisconsin to work for the season (agricultural season)? How do you feel about it?
14. What activities do you do after work for leisure?
15. What do you think about the people who live in Wautoma/Barron County (location of the study)? How do you interact with them?
16. What is it like to be Latina in the U.S.? How is it different from what it was like a few years ago?
17. What is it like being a migrant farmworker woman in the US?

18. Tell me about a time when you felt you were treated differently because of your Latina identity

Conclude the interview asking the following question:

19. Do you know the resources available for mental health services?

Closure: Thank you very much for your time and for answering all these questions. I would like to reiterate the confidentiality of this questionnaire. Also, I would like to give you this Walmart gift card as a token of my appreciation for your time and participation in this study. Before I finish, let me give you the information about mental health and other services offered by Embrace and UNIDOS.

Appendix G: Interview Guide (Spanish)

Guía de la entrevista

Establezca una relación con el participante: Buenos días, mi nombre es María, y soy candidata a doctorado en la UW Milwaukee. Me gustaría hacerle algunas preguntas sobre sus antecedentes y sus experiencias con la salud mental para comprender su perspectiva sobre este tema. Espero utilizar esta información-confidencial-para orientar la atención de salud mental y las políticas que abordan el acceso de los trabajadores agrícolas latinos migrantes a los servicios de salud mental utilizando un enfoque culturalmente congruente. Puede detener la entrevista en cualquier momento y tiene derecho a rechazar cualquier pregunta que prefiera no responder. ¿Tiene usted alguna pregunta?

Cuerpo de la entrevista: Gracias, comencemos haciendo algunas preguntas generales sobre usted (estas preguntas se traducirán al español para los participantes que no hablan inglés):

1. Háblame de las personas que viven en tu casa.

2. ¿Cómo es su relación con familiares y amigos en la comunidad?

3. ¿Qué actividades realiza en su tiempo libre?

4. ¿Podría contarme sobre sus experiencias laborales actuales o pasadas?

5. ¿Podría decirme dónde nació?

a. Si no nació en EE. UU., ¿Cuándo llegó a EE. UU.?

6. ¿Podría hablarme sobre su inmigración?

7. ¿Cuáles fueron sus impresiones iniciales de este país?

8. ¿Podría informarme sobre su estado de salud actual?

Una vez que se haya establecido la simpatía y la confianza, abordaré preguntas sobre salud mental

9. ¿Qué es la salud mental para usted? ¿O cuál es el significado de la salud mental para ti?

10. ¿Alguna vez le han diagnosticado algún tipo de problema de salud mental?

a. En caso negativo, ¿consideraría buscar consejo médico si tiene algún problema de salud mental, como depresión, ansiedad, etc.? ¿Por qué o por qué no?

segundo. Si la respuesta es sí: ¿Podría describir sus síntomas iniciales de problemas de salud mental? ¿Cuándo fue al médico por primera vez para abordar estos problemas de salud mental?

11. ¿Qué haría si necesitara atención de salud mental?

12. ¿Cómo afecta el trabajo agrícola a su salud?

13. ¿Cómo es dejar su casa y mudarse a Wisconsin para trabajar durante la temporada (temporada agrícola)? ¿Cómo te sientes al respecto?

14. ¿Qué actividades realiza después del trabajo por ocio?

15. ¿Qué piensa de las personas que viven en el condado de Wautoma / Barron (ubicación del estudio)? ¿Cómo interactúas con ellos?

16. ¿Cómo es ser latina en los Estados Unidos? ¿En qué se diferencia de lo que era hace unos años?

17. ¿Qué se siente ser una trabajadora agrícola migrante en los Estados Unidos?

18. Háble me de un momento en que sintió que la trataban de manera diferente debido a su identidad latina

Concluya la entrevista haciendo las siguientes preguntas:

19. ¿Conoce los recursos disponibles para los servicios de salud mental?

Clausura: Muchas gracias por su tiempo y por responder a todas estas preguntas. Me gustaría reiterar la confidencialidad y el anonimato de este cuestionario. Además, me gustaría darle esta tarjeta de regalo Walmart como muestra de mi agradecimiento por su tiempo y participación en este estudio. Antes de terminar, permitame darle esta información acerca de los servicios de salud mental y otros que ofrecen Embrace y UNIDOS.

Appendix H: Consent Form (English)

UNIVERSITY of WISCONSIN
UWMILWAUKEE

Informed Consent for Research Participation
IRB #: Click here to type
IRB Approval Date: Click here to type

Study title	Mental Health Needs Among Latina Migrant Farmworkers in the State of Wisconsin
Researcher	Lucy Mkandawire-Valhmu, RN, PhD and Maria Del Carmen Graf MSN, RN, CTN-A

We're inviting you to participate in a research study. Participation is completely voluntary. If you agree to participate now, you can always change your mind later. There are no negative consequences, whatever you decide.

Overview

Purpose: To gain a deeper understanding of the mental health needs of Latina migrant farmworkers in the state of Wisconsin amid current anti-immigration rhetoric

Procedures: Interview will be face to face or by phone. Face to face interviews will be at the offices of La Clinica Wautoma or Embrace. Face to face and phone interviews will be voice recorded.

Time Commitment: One to two hours

Primary risks: None identified. However, some participants may experience potential emotional distress when recalling past experiences.

Benefits: Contributing to a better understanding of the mental health needs of Latina migrant farmworkers in the state of Wisconsin

What is the purpose of this study?

To gain a better understanding of the mental health care needs of migrant agricultural workers who come to work in Wisconsin state, especially in the wake of current anti-immigrant expressions.

What will I do?

I am going to ask you some questions about yourself, for example how old are you, where do you come from, what kind of work do you do in the fields, if you have children and how many children do you have. Then I will ask you questions about your health and mental health and your experiences receiving health services and your experiences living in the United States and coming to work in Wisconsin. The total time of this interview will be about one to two hours approximately.

Risks

Possible risks	How we're minimizing these risks
Some questions may be personal or upsetting	You can skip any questions you don't want to answer.
Breach of confidentiality (your data being seen by someone who shouldn't have access to it)	Your information will be confidential. All of your identifying information will be removed and replaced with a study identification code. I will store all electronic data on a password-protected computer. I will store all written information in a locked filing cabinet in a private, locked office.

	I will keep your identifying information encrypted and separate from your research data. It can only be linked to you by means of a study ID. I will destroy that link once I finish collecting and analyzing the data.

There may be risks which I do not know about yet. Throughout the study, I will tell you if I learn anything that might affect your decision to participate. If you disclose actual or suspected abuse, neglect, or exploitation of a child, members of the study staff will report the information Child Protective Services, Adult Protective Services, and/or a law enforcement agency.

Other Study Information

Possible benefits	Contribute to increasing awareness of the mental health problems that affect Latina migrant farmworkers in Wisconsin	
How long will it take?	One to two hours approximately	
Costs	None	
Compensation	Each participant will receive a $ 25 Walmart gift card in compensation for their time and willingness to contribute to this study	
Future research	Your ~~anonymous~~ information will be confidential. Any potential identifier will be removed from the transcripts. After removing any identifiers, the transcripts can be used for future research studies or shared with other researchers without the need for additional informed consent.	
Recordings	I will record the interviews with a voice recorder and then transcribe them and use that information for my study	
Funding source	Self-funded	
Estimated number of participants	60 participants	
Who can see my data?	**Why?**	**Type of data**
The researchers (Dr. Lucy Mkandawire-Valhmu and Maria Graf)	To conduct the study and analyze the data	All information that is de-identified (without names, date of birth, address, etc. attached to the data)
The IRB (Institutional Review Board) at UWM The Office for Human Research Protections (OHRP) or other federal agencies	To ensure we're following laws and ethical guidelines	All information that is de-identified (without names, date of birth, address, etc. attached to the data)
Anyone (public)	If I share our findings in publications or presentations	Aggregated (grouped) data De-identified (without names, date of birth, address, etc.) or using a pseudonym (false name) or code

Contact information:

For questions about the research	Dr. Lucy Mkandawire-Valhmu Maria del Carmen Graf	mkandawi@uwm.edu mdgraf@uwm.edu 920-216-6467
For questions about your rights as a research participant	IRB (Institutional Review Board; provides ethics oversight)	414-662-3544 / irbinfo@uwm.edu
For complaints or problems	Dr. Lucy Mkandawire-Valhmu Maria del Carmen Graf	mkandawi@uwm.edu mdgraf@uwm.edu 920-216-6467
	IRB	414-662-3544 / irbinfo@uwm.edu

Verbal consent

If you have had all your questions answered and would like to participate in this study, please express your consent verbally. Remember, your participation is completely voluntary, and you're free to withdraw from the study at any time.

Appendix I: Consent Form (Spanish)

UNIVERSITY of WISCONSIN
UWMILWAUKEE

Informed Consent for Research Participation
IRB #: Click here to type
IRB Approval Date: Click here to type

Nombre del Estudio	Las necesidades de atención de salud mental de las agricultoras migrantes en el estado de Wisconsin
Investigadoras	Lucy Mkandawire-Valhmu, RN, PhD and Maria Del Carmen Graf MSN, RN, CTN-A

La invitamos a participar en un estudio de investigación. La participación es completamente voluntaria. Si acepta participar ahora, siempre puede cambiar de opinión más adelante. No hay consecuencias negativas, cualquiera que sea su decision.

Explicacion del Estudio

Propósito: Ganar un entendimiento más profundo de las necesidades de salud mental de las trabajadoras agrícolas migrantes Latinas en el estado de Wisconsin en medio de la actual retórica antiinmigratoria.

Procedimientos: Entrevista en persona o por teléfono. Entrevistas en persona seran en las oficinas de la Clinica Wautoma o en Embrace. Las entrevistas en persona o por teléfono seran audio grabadas.

Compromiso de tiempo: De una a dos horas

Riesgos primarios: No existen riesgos identificados. Sin embargo, algunos participantes pueden experimentar una potencial angustia emocional al recorder eventos del pasado.

Beneficios: Contribuir al mejor entendimiento de las necesidades de salud mental de las trabajadoras agricolas migrantes Latinas en el estado de Wisconsin.

Cuál es el propósito de este estudio?
Ganar un major entendimiento de las necesidades de la atencion en salud mental de las trabajadoras agricolas migrantes Latinas que vienen a trabajar al estado de Wiscosnin, especialmente a raiz de las actuales expresiones anti-immigrantes.

Que haré?
Le voy a hacer unas preguntas acerca de usted por ejemplo cuantoas anos tiene, de donde viene, que tipo de trabajo hace en el campo, si tienes hijos y cuantos hijos tiene. Luego le hare preguntas acerca de su salud y de su salud mental y de su expereincias reciviendo servicios de salud y de sus experiencias viviendo en los Estados Unidos y viniendo a trabajar a Wisconsin. El tiempo total de esta entrevista sera de enter una a dos horas aproximadamente.

Riesgos

Posibles riesgos	Como voy a minimizar estos riesgos?
Algunas preguntas van a ser muy personales o van a tocar temas delicados	Usted puede escoger no contestar esa preguntas.
Violación de la confidencialidad (sus datos pueden ser vistos por alguien que no debería tener acceso a ellos)	Su informacion va a ser confidencial. Toda su información de identificación se eliminara y se reemplaza con un codigo de identificación de estudio. Almacenare todos los datos electrónicos en una computadora protegida con una contraseña. Almacenare todos la informacion escrita en un archivador cerrado con llave en una oficina privada y cerrada.

	Mantendre su información de identificación codificada y separada de los datos de su investigación. Solo podra ser vinculada con usted mediante una identificación de estudio. Destruire ese enlace una vez que termine de recopilar y analizar los datos.

Puede haber riesgos que aún no he identificado. A lo largo del estudio, le informare si algo puede afectar su decisión de participar. Si Ud. revela abuso, negligencia o explotación real o sospechada de un niño, los miembros del personal del estudio reportarán la información a los Servicios de Protección Infantil, Servicios de Protección para Adultos y / o un organismo encargado de la aplicación de la ley

Informacion adicional

Posibles beneficios	Contribuir a incrementar el conocimiento de los problemas de salud mental que afectan a las trabajadoras agrícolas migrantes Latinas en Wisconsin	
Duracion	De una a dos horas	
Costo	Ninguno	
Compensacion	Cada participante recibira una tarjeta Walmart de 25 dolares en compensacion por su tiempo y buena voluntad de contribuir con este estudio	
Futuros estudios	Su informacion sera confidencial. Cualquier identificador potencial será eliminado de las transcripciones. Después de eliminar cualquier identificador, las transcripciones se pueden usar para estudios de investigación futuros o se pueden compartir con otros investigadores sin la necesidad de un consentimiento informado adicional.	
Grabacion	Yo grabare las entrevistas con una grabadora de voz para luego escribirlas y utilizer esa informacion para mi estudio	
Fondos	Fondos personales	
Numero aproximado de participantes	60 participantes	
Quien puede ver esta informacion?	**Por que?**	**Tipo de Informacion**
Las investigadoras (Dra. Lucy Mkandawire-Valhmu y Maria Graf)	Para realizar el estudio y analizar los datos	Toda informacion que sea desidentificado (sin nombres, fecha de nacimiento, dirección, etc. adjuntos a los datos)
El IRB (Comité de Revisión Institucional) en UWM La Oficina de Protección de Investigaciones Humanas (OHRP) u otras agencias federales	Para asegurarnos de que cumplimos las leyes y las pautas éticas	Toda informacion que sea desidentificado (sin nombres, fecha de nacimiento, dirección, etc. adjuntos a los datos)
Público	Al compartir los hallazgos en publicaciones o presentaciones	Datos agregados (agrupados) Desidentificado (sin nombres, fecha de nacimiento, dirección, etc.) o

		usando un seudonimo (nombre falos) o codigo

Información del contacto:

Para preguntas del estudio	Dr. Lucy Mkandawire-Valhmu Maria del Carmen Graf	mkandawi@uwm.edu mdgraf@uwm.edu 920-216-6467
Para preguntas sobre sus derechos como participante de este estudio	IRB (Junta de Revisión Institucional; proporciona supervisión ética)	414-662-3544 / irbinfo@uwm.edu
Para quejas o problemas	Dr. Lucy Mkandawire-Valhmu Maria del Carmen Graf	mkandawi@uwm.edu mdgraf@uwm.edu 920-216-6467
	IRB	414-662-3544 / irbinfo@uwm.edu

Consentimiento Verbal

Si le he respondido todas sus preguntas y le gustaría participar en este estudio, por favor exprese su concentimiento de manera verbal. Recuerde, su participación es completamente voluntaria y puede retirarse del estudio en cualquier momento.

Appendix H: Recruitment Flier (English)

Research Study About Mental Health Care Needs Among Latina Migrant Farmworkers

- **Are you a Latina migrant farmworker?**
- **Are you interested in helping me to identify the mental healthcare needs among Latina migrant farmworkers?**
- **Are you interested in improving the mental health services for Latina migrant farmworkers?**

If your answer is YES, please contact Maria Graf
Phone: 920-216-6467 e-mail: mdgraf@uwm.edu

- Time Required: 60 minutes
- Location: La Clinical Wautoma, Embrace
- Compensation: $25 Walmart Gift Card

Interviews will be audio recorded

Research Team:
Dr. Lucy Mkandawire-Valhmu PhD, RN
(Principal Investigator)
Maria Graf MSN, RN, CTN-A

Latina migrant farmworkers health Contact: Maria Graf 920-216-6467	Latina migrant farmworkers health Contact: Maria Graf 920-216-6467	Latina migrant farmworkers health Contact: Maria Graf 920-216-6467	Latina migrant farmworkers health Contact: Maria Graf 920-216-6467	Latina migrant farmworkers health Contact: Maria Graf 920-216-6467	Latina migrant farmworkers health Contact: Maria Graf 920-216-6467	Latina migrant farmworkers health Contact: Maria Graf 920-216-6467

Appendix I: Recruitment Flyer (Spanish)

Estudio de investigación sobre las necesidades de atención de salud mental entre las trabajadoras agrícolas migrantes Latinas

• ¿Es usted una trabajadora agrícola migrante Latina?
• ¿Está interesada en ayudarme a identificar las necesidades de salud mental entre las trabajadoras agrícolas migrantes Latinas?
• ¿Está interesado en mejorar los servicios de salud mental para las trabajadoras agrícolas migrantes Latinas?

Si su respuesta es SI, comuníquese con Maria Graf

Teléfono: 920-216-6467 correo electrónico: mdgraf@uwm.edu

- Tiempo requerido: 60 minutos
- Ubicación: La Clinical Wautoma, Embrace
- Compensación:Tarjeta de regalo Walmart de $ 25

Las entrevistas se grabarán en audio

Investigadoras
Dra. Lucy Mkandawire-Valhmu PhD, RN (Principal Investigator)
Maria Graf MSN, RN, CTN-A

Trabajadoras migrantes Latinas Contactar a: Maria Graf 920-216-6467	Trabajadoras migrantes Latinas Contactar a: Maria Graf 920-216-6467	Trabajadoras migrantes Latinas Contactar a: Maria Graf 920-216-6467	Trabajadoras migrantes Latinas Contactar a: Maria Graf 920-216-6467	Trabajadoras migrantes Latinas Contactar a: Maria Graf 920-216-6467	LTrabajadoras migrantes Latinas Contactar a: Maria Graf 920-216-6467	Trabajadoras migrantes Latinas Contactar a: Maria Graf 920-216-6467