

La santé des travailleuses agricoles temporaires au Canada : une recension critique de la littérature

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Les pays à revenu élevé comme le Canada dépendent de plus en plus d'une main-d'œuvre étrangère temporaire « peu spécialisée » dans divers secteurs. Cette recension vise à synthétiser et analyser de façon critique la littérature théorique et empirique portant sur la migration sexospécifique et temporaire en contexte de mondialisation et sur la santé des travailleurs agricoles temporaires, notamment les femmes recrutées dans le cadre de programmes canadiens. Bien que la littérature en sciences sociales présentent des conceptualisations sexospécifiques très élaborées sur la migration, les chercheuses se sont particulièrement penchées sur les femmes qui occupent des emplois traditionnellement féminins, comme le travail ménager. Des recherches multidisciplinaires n'ont révélé que 11 publications de recherche et de recension critique traitant des contraintes liées au genre ou de la santé des travailleurs agricoles temporaires au Canada. D'autres recherches devront être réalisées pour explorer et intégrer la question des forces, de la résilience et des besoins des travailleuses agricoles migrantes en matière de santé, qui œuvrent au Canada. Elles devront aussi se pencher sur les obstacles auxquels elles font face, dans une perspective tenant compte du croisement des forces sexospécifiques de l'iniquité à tous les paliers, soit local, national et mondial.

Mot clé : sexospécifique

The Health of Women Temporary Agricultural Workers in Canada: A Critical Review of the Literature

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Among high-income countries such as Canada, there is growing dependency on “low skilled” temporary foreign workers in a variety of sectors. The purpose of this review is to critically synthesize and analyze the theoretical and empirical literature on gendered and temporary migration in the context of globalization and the health of temporary agricultural workers, particularly women in Canadian programs. While the social sciences literature contains well-developed conceptualizations of gendered migration, the research has focused on women in feminized occupations such as domestic work. Multidisciplinary searches produced only 11 research and review publications on the gendered constraints or health of temporary agricultural workers in Canada. Further investigation is needed to explore and integrate the strengths, resiliencies, and health-care needs of women migrant agricultural workers in Canada, as well as the barriers they face, within the intersecting and gendered forces of inequities at all levels: local, national, and global.

Keywords: determinants of health, gender, health disparities, underserved populations, vulnerable populations, women’s health

Introduction

It has been estimated that 214 million people are now international migrants (International Labour Organization [ILO], 2010). The number of women migrants is increasing at a faster pace than that for men, as more women are migrating independently and seeking employment (ILO, 2010; Oishi, 2005; Piper, 2008). Repeated relocation for temporary work, reflecting the intersection of economic globalization and local necessity, is becoming progressively widespread. Among high-income countries such as Canada, there is growing dependency on “low skilled” foreign workers and temporary contract work in a range of sectors (Sharma, 2006; Walia, 2010). These workers accept employment for long hours at minimal wages while engaging in demanding and often hazardous labour. Foreign workers accepted into employment programs must migrate alone and return to their country of origin at the end of their work contract before applying for another temporary stay. The

health of those employed in this circular migration pattern is influenced by a variety of factors, including gendered roles and expectations, precarious migration status and working conditions, repeated separation from family and home, and the social determinants of health in both the sending and the receiving country (McGuire & Martin, 2007; McLaughlin, 2009b).

Agriculture, representing approximately 8% of national GDP, is a major component of Canada's economy and remains the country's largest employer (Canadian Agri-Food Policy Institute, 2011). Dependence on foreign workers to meet labour needs has become necessary as decreasing numbers of citizens and permanent residents are willing to accept the minimal wages and arduous realities of farmwork (Brem, 2006; Weston, 2007). Globally as well, the business of food production relies on inexpensive and easily replaceable labour, divided into gender-specific tasks (Becerril, 2007; Mills, 2003; Preibisch & Encalada Grez, 2010; Rojas Wiesner & Cruz, 2008).

The Canadian Seasonal Agricultural Worker Program (SAWP), introduced by the federal government in 1966 to address a longstanding shortage of farm labour, is a set of formal bilateral agreements between Canada and the worker source nations of Mexico, Trinidad and Tobago, and Barbados, as well as the Organization of the Eastern Caribbean States (Brem, 2006). Employer requests through SAWP have been steadily increasing, to almost 24,000 workers in 2010 (Citizenship and Immigration Canada [CIC], 2011). Employer demand for workers recruited in another federal temporary worker program, the Pilot Program for Occupations Requiring Lower Levels of Formal Training: National Occupational Classification codes C and D (NOC C and D Pilot), which is not restricted to specific countries, resulted in almost 15,000 filled positions in 2010 (CIC, 2011). More than 4,000 people from countries such as Guatemala, the Philippines, and Thailand are employed in agriculture through the NOC C and D Pilot (Pysklywec, McLaughlin, Tew, & Haines, 2011). Workers accepted into SAWP are eligible for employment for up to 8 months each year, and can return every year if offered an employment contract. Those hired through the NOC C and D Pilot can be offered a contract for 2 years. That contract can be renewed for an additional 2 years, but then the worker must leave Canada for 4 years before reapplying to the program. People seek employment in both programs due to the scarcity of economic resources and adequately paying jobs in their home country. Despite the personal and family sacrifices, temporary work is regarded as an essential and often fortunate prospect, one that provides an income for current needs and future opportunities for workers' families, especially their children.

In recent years, the global feminization of labour, gendered approaches to the study of migration, and the vulnerabilities of women who are made invisible through isolated and temporary working conditions have received increased attention. However, the focus of investigation has been women migrants employed in feminized fields such as domestic labour and caregiving, rather than those employed in masculinized fields such as agriculture. Though women make up only 4% of temporary agricultural workers in Canada (Pysklywec et al., 2011), their numbers are increasing and there is a need for research “on migration to go beyond women-only focuses and situate gender and its intersectionality with other relations of power as constitutive elements of (im)migration, even in masculinized migration flows” (Preibisch & Hermoso Santamaria, 2006, p. 107).

Due in part to the relatively small numbers of women participating in temporary agricultural work, inquiry with this population has been lacking, especially with regard to their health while in Canada. Gender and international migration are increasingly significant determinants of women’s health (Vissandjee, Thurston, Apale, & Nahar, 2007), as is precarious employment, which disproportionately affects women (Menendez, Benach, Muntaner, Amable, & O’Campo, 2007). Many Canadians, including nurses, are unaware of the large and growing number of temporary workers currently employed in this country; the global, national, and local contexts that shape the experiences of and affect the well-being of these workers; and the implications for the health of women agricultural workers.

The purpose of this review is to critically synthesize and analyze the theoretical and empirical literature on gendered and temporary migration in the context of globalization and the health of temporary agricultural workers, particularly women, in Canadian programs. The strengths and limitations of the current state of knowledge in these areas will be assessed and addressed in relation to research and policy recommendations.

Methods

Multiple searches and search strategies were necessary to locate, assess, and integrate literature from diverse disciplines and sources. Through preliminary reading and collaboration among the five authors, significant contributors to the areas of interest were identified. The selected databases included CINAHL, Proquest Nursing, PubMed, PsychInfo, Sociological Abstracts, Web of Science, Scopus, and the University of Western Ontario Library Catalogue databases. English-language literature between 1993 and 2011 included quantitative and qualitative research

articles; review and opinion articles; and books. Searches were also conducted within published reports on the Web sites of organizations with expertise on international migration (the ILO), global health (the World Health Organization [WHO]), and temporary work in Canada (Metropolis and the North-South Institute). Key search terms included gender, women, female, globalization, migration, migrant/temporary/seasonal, agricultural/farmworkers, work, health, immigrant health, determinants of health/social determinants of health, and Canada. Included as exploration strategies were searches of relevant journals; article and book reference lists; and Google Scholar and general Internet searches using identified authors and search terms.

In order to provide an international overview of the structural concepts and issues of interest, we conducted a broad-based review of the theoretical literature on gendered migration and temporary work in the context of globalization. The review of the empirical literature was more focused on women engaged in temporary work in Canada. Included were theoretical sources relating to gender, globalization, and temporary work; sources pertaining to Canadian temporary worker statistics, programs, and gendered streaming; the gendered nature of women participating in SAWP; and research on the gendered experiences of leaving children behind, including research conducted in the worker source countries of Mexico and the Philippines. Excluded were sources for statistics and programs in other countries. Based on the inclusion and exclusion criteria and multiple search strategies, the initial yield of 264 abstracts resulted in 57 fully reviewed sources, with 32 included in this section.

In order to provide context for the analysis of knowledge pertaining to the health of women agricultural workers in Canada, the purpose of the review of theoretical conceptualizations of health was to provide a global context for definitions of health and then focus on Canadian literature pertaining to social determinants of health, gender, migration and work, particularly in the nursing literature. The purpose of the review of the empirical literature was to assess the breadth of research pertaining to adult migrant agricultural workers in North America. Of particular interest were agricultural workers in Canadian temporary work programs and the qualitative literature pertaining to the health of women agricultural workers in relation to the systems and structural forces affecting their lives. Excluded was the literature on migrant agricultural workers outside North America, the health status of children and families of workers, and the development of research instruments or procedures. From an initial yield of 646 abstracts, 86 sources were fully reviewed, with 53 selected for this article.

Findings

Theoretical and empirical findings are organized under two themes: *gendered migration and temporary work in the context of globalization* and *health of temporary agricultural workers*. Although there is considerable literature on international gendered migration and globalization and on the health of migrant agricultural workers in the United States, there are very few Canadian studies. Therefore the results of this review may well provide a useful base for future research.

The multidisciplinary searches produced five research and review publications related to the gendered constraints of female workers in SAWP: three book chapters (Becerril, 2007; Preibisch & Hermoso Santamaria, 2006; Rojas Wiesner & Cruz, 2008), one research article (Preibisch & Encalada Grez, 2010), and one unpublished master's thesis (Scantlebury, 2009). Six publications were found related to the health of temporary agricultural workers in Canada, none of which focused only on women: two research articles (Hennebry, 2010; Mysyk, England, & Avila Gallegos, 2009), one unpublished doctoral dissertation (McLaughlin, 2009b), one research report specifically based on that dissertation (McLaughlin, 2009a), and two research review articles (Preibisch & Hennebry, 2011; Pysklywec et al., 2011). Perhaps not surprisingly given the range of disciplinary approaches, interests, and expertise, there is a need for research that synthesizes a social determinants of health approach within the contexts of gendered migration, temporary work programs in Canada, and women's work in masculinized occupations such as agriculture. Such research could serve to more fully inform policy development and suggest recommendations that address women's experiences of health and work.

Gendered Migration and Temporary Work in the Context of Globalization

Theoretical knowledge and understandings. The theoretical exploration of gendered migration within the context of globalization is characterized by examination of the interactions and effects of gendered ideologies and hierarchies on globalization and the consequences for women (Chow, 2003; Keough, 2006; Kofman, Phizacklea, Raghuram, & Sales, 2000; Mills, 2003; Oishi, 2005; Piper, 2006; Rodriguez, 2010; Steans, 2003). In its most basic form, globalization "describes a constellation of processes by which nations, businesses and people are becoming more connected and interdependent via increased economic integration and communication exchange, cultural diffusion (especially of Western culture) and travel" (Labonte & Torgerson, 2005, p. 158). What is emphasized in the literature addressing gendered migration in the context of globalization, however, is that the process of globalization is occurring within a neo-liberal political ideology (Chow, 2003; Keough, 2006; Rodriguez, 2010;

Sharma, 2006; Stasiulis & Bakan, 2005). This ideology is based on the promotion of free and unregulated markets, where the role of the state is reduced in publicly funded programs and where individual autonomy and responsibility for one's own success are accentuated. What is hidden within such an ideology is the reality that success for a few is possible only through the exploitation of many — individuals, countries, and regions (Chow, 2003). The consequences of international monetary policies based on these assumptions are exacerbated conditions of poverty, constrained economic growth, and state-supported migration from low-income countries as a means of generating revenue through remittances (Keough, 2006; Rodriguez, 2010; Stasiulis & Bakan, 2005). Yet the capitalistic forces of globalization are not inescapable, and, though so often represented as monolithic in the dominant discourse, are intertwined with contested and situated interests and expressions of agency and change (Barndt, 2008; Steans, 2003).

Gendered migration for low-skilled temporary work brings a complex mixture of potential benefits in the form of economic opportunity and autonomy and real constraints in the form of restricted, dangerous, and vulnerable work situations away from one's family. An important contribution to the theoretical discussion of gendered migration is the identification of the feminization of labour, which refers both to the gendered nature of occupations and opportunities and to work that is devalued. The feminization of labour has resulted in international migration for work that is increasingly temporary, circular, and stratified and that contributes to violence against women (Piper, 2003). Stratification, as defined by Piper (2008), accentuates the processes by which gender, race, citizenship, and skill level combine to place (and keep) workers in certain segments of employment. Ideologies of gendered work mean that female workers fill different positions to male workers, often because women are considered an inexpensive, compliant, and submissive workforce (Freeman, 2010; Preibisch & Encalada Grez, 2010; Steans, 2003).

Research on women and migration commenced in the 1970s. Yet, as Piper (2006) asserts, the study of gender and migration is still accorded a marginalized place within the interdisciplinary field of migration studies. Globalization as a gendered phenomenon is neither well acknowledged nor well understood (Chow, 2003; Oishi, 2005; Parrado & Flippen, 2005), particularly as it relates to repeated temporary work. Gender remains undervalued as an influential component at all levels of the migration process, although a gendered perspective is required for explanatory depth and enhances our understanding of the complexity and heterogeneity of migration (Davids & van Driel, 2005; Kofman et al., 2000). To assume that the study of migration and related policies is gender-neutral is to ignore women's specific and collective experiences.

Empirical knowledge and understandings. Empirical research into gendered migration in the context of globalization has been conducted in Asia (Oishi, 2005; Parrenas, 2005, 2008; Piper, 2008), Europe (Kofman et al., 2000), and Canada (Becerril, 2007; Preibisch & Encalada Grez, 2010; Preibisch & Hermoso Santamaria, 2006; Rojas Wiesner & Cruz, 2008; Stasiulus & Bakan, 2005). In Canada, women from low-income countries are usually relegated to work that is designated as low skilled and that is largely unregulated (Gibb, 2010; Sharma, 2006). Most of the skilled temporary workers entering Canada come from the United States and Europe, while the low-skilled workers come from Mexico, the Caribbean (mainly men), and the Philippines (mainly women) and compete for jobs that are poorly paid and considered less desirable (Boyd & Pikkov, 2008). Women temporary migrants are more likely than men to be steered into work that is considered low skilled (Sharma, 2006). Such is the case with the Canadian Live-In Caregiver Program; care-giving is classified as a low-skilled occupation, reflecting the gendered devaluing of caring work and of women's educational credentials (Stasiulus & Bakan, 2005). Gendered stereotyping of female workers, including temporary workers, has identified women as more caring, docile, and reliable than men. In their research specifically looking at the gendered nature of work performed by women participating in SAWP, Becerril (2007), Preibisch and Encalada Grez (2010), Preibisch and Hermoso Santamaria (2006), and Rojas Wiesner and Cruz (2008) describe gendered ideologies whereby women are consigned to specific types of work "suited" to their aptitudes — tasks that require "special care," such as packing fruit and vegetables.

In 2010 a total of 432,682 temporary workers were living in Canada; this number included the 182,276 workers who initially entered or re-entered the country, a larger number than that for permanent residents admitted for work that year (CIC, 2011). As high-income countries have become increasingly protectionist, opportunities for low-skilled workers and their families to immigrate have decreased (Boyd & Pikkov, 2008; Sharma, 2006). Temporary worker programs are viewed as preferable because employment contracts are time-limited, yet renewable over many years, and entail little or no obligation by the employer or the host country once the contract has ended. For low-skilled workers, employment is confined to sectors where it is difficult to find local labour and where the work is not mobile, such as agriculture, construction, and hospitality (Preibisch, 2007). Migrant temporary workers are not granted the rights of citizenship and usually would not meet the Canadian requirements for skilled worker status leading to permanent residency (Goldring, Berinstein, & Bernard, 2009). However, they have become necessary labour for high-income countries, precisely because they are

relegated to restrictive and constraining temporary contractual work (Basok, 2002; Walia, 2010).

A central topic in the literature is the experiences of women and their families when women migrate independently for work. The similarities and gender-based differences affecting women are both broadly based and particular to local circumstances. A number of qualitative studies found strong evidence of women accepting low-paying, low-skilled foreign contract work in order to provide for their families' current needs and their children's future (Becerril, 2007; Keough, 2006; McGuire & Martin, 2007; Parrenas, 2005; Pe-Pua, 2003; Preibisch & Encalada Grez, 2010; Preibisch & Hermoso Santamaria, 2006; Scantlebury, 2009). Although it was difficult for mothers to leave (and return), the authors found differences in the gendered role expectations of men and women, both while with their families and while apart. Migrant mothers most often assumed the responsibility for arranging care for their children, usually by a female relative or a paid caregiver, thus taking on the contradictory role of providing economic support from a distance in order to provide reproductive care to their families back home. McGuire and Martin (2007) describe this ambivalence for women as a paradox of hope and despair, where the economic benefits are intertwined with emotional suffering and physical separation. Families are placed at risk by the woman's absence, yet separation is seen as essential to their current and future economic security. Not surprisingly, ambivalence was also expressed by young adults, who as children had experienced parental migration for work (Parrenas, 2005; Scantlebury, 2009). While understanding the reasons for migration, they frequently stated that they had missed the enjoyment and stability of experiencing daily parenting.

Representations of women and mothers who migrate were found to be contradictory. Positive representations included providing economic support and material care for their children, extended families, and communities; negative representations included being absent and therefore unable to provide emotional care and becoming "corrupted" in their new lives through the potential for increased independence, assertiveness, and exposure to different values and standards regarding women's behaviour (Guevarra, 2006; Keough, 2006; Parrenas, 2005; Pyle, 2006). In the reviewed research, all family members were transformed by migration, yet the costs and burdens of maintaining a transnational family fell disproportionately on women. The act of migration can both destabilize and affirm the family, and also has the potential to perpetuate and/or challenge prevailing ideologies regarding gender and family configuration and function. Because they remain primarily responsible for family care-taking, migrant women "continue to shoulder the 'pains and gains' of

simultaneous embeddedness in ‘home’ and ‘host’ countries, and the need for constant mobility in linking the two in order to sustain the family” (Yeoh, 2005, p. 65). Women workers remain disadvantaged in the labour market, caught between their reproductive and productive responsibilities and roles.

Health of Temporary Agricultural Workers

Theoretical knowledge and understandings of health. While definitions of health may be numerous and varied, what is consistent is that to be healthy is valued as positive and desirable (Young & Wharf Higgins, 2011). Health is understood to be a holistic and inclusive process by Oxman-Martinez et al. (2005), who view this concept as socially and culturally constructed. Guruge and Khanlou (2004) and Lynam (2005) discuss health in terms of the intersectionality of multiple influences acting on and through micro, meso, and macro levels of society. Lynam also reminds us of the tensions between structural constraints and individual agency, and notes that the multiple influences on health include restrictions on choice when material resources are limited. According to WHO (2008), “the structural determinants and [social] conditions of daily life constitute the social determinants of health and are responsible for a major part of health inequities between and within countries” (p. 1). Indeed, the WHO Constitution asserts that health is a human right and that the attainment of the highest standard of health requires attention to the underlying determinants. It is now recognized that one of the most influential and pervasive determinants of health is gender, primarily the gendered relations of power, which include access to and control over health resources and which are related to the disparities in status between women and men (Karolinska Institutet, 2007; Marmot, 2007; Oxman-Martinez et al., 2005; WHO, 2008).

Women living in Canada within an immigration category that prohibits permanent residency are considered to have a precarious immigration status, which is an influential and complex determinant of equitable access to health care (Oxman-Martinez et al., 2005). As demonstrated in the nursing literature with regard to precarious migration, gender, mobility, and relocation, discourses of health are congruent with a social determinants of health perspective (Oxman-Martinez et al., 2005; Thurston & Vissandjee, 2005; Vissandjee, Desmeules, Cao, Abdool, & Kazanjian, 2004; Vissandjee et al., 2007). These theoretical discussions are framed by an understanding of the contexts, intersections, and influences of such factors. However, migration is often conflated with culture and ethnicity, the result being that the existing diversity of migration pathways and experiences is disregarded or minimized. A social determinants of health perspective is needed for a full understanding and analysis of gender,

migration, and women's health, due to the contextual focus on the structures that shape and influence individuals' lives (Thurston & Vissandjee, 2005; Vissandjee et al., 2004). Women carry an unfair health burden due to the intersections of gender, race, migration, globalization, economic disparities, and the strains of gendered work (Doyal, 2005; Falk-Rafael, 2006; Spitzer, 2005). Yet research "tends to look at the 'effects of migration on women' as opposed to the diverse ways that women, through migration, own, uphold, and mobilize resources for the welfare and well-being of their families" (Vissandjee et al., 2007, p. 229).

In their definition of globalization, Labonte and Torgerson (2005) emphasize the processes involved in order to highlight the social, political, economic, and environmental embeddedness of local actions. This is directly relevant to experiences of health, and Falk-Rafael (2006) and Labonte and Torgerson (2005) argue for the need to conceptualize and analyze global health as more than "a burden of disease"; attention needs to be paid to how locally experienced determinants of health in all countries are linked to the processes of globalization, shaping opportunities for health and health outcomes at different levels (Labonte, Mohindra, & Schrecker, 2011; Labonte & Torgerson, 2005; Marmot, 2007).

Research exploring the social determinants of health is limited, due partly to the prevalence of biomedical models and behavioural risk approaches that situate the individual as the focus for interventions (Marmot, 2007). Underlying these approaches are neoliberal assumptions and resulting economic policies that give primacy to individual autonomy and responsibility for health (WHO, 2007). Yet, while recognizing the influence of power on creating health inequities, WHO (2008) does not explicitly critique global systems based on these values (Green, 2010), and according to Raphael (2011) the public policy implications of addressing the structural inequities of power and health are in conflict with current government approaches in Canada. The complexity of a social determinants of health approach allows for nuanced understandings of health, the production of inequities, and multifaceted analytical frameworks. However, as Green (2010) observes, "we have a vast and growing body of evidence documenting inequalities, some evidence on the complex pathways which link social determinants to biological mechanisms and health outcomes, but almost no evidence on 'what works' to reduce health inequity" (p. 2).

Empirical knowledge and understandings of health. The majority of research into the health of migrant agricultural workers has been conducted within quantitative biomedical, epidemiological, and population health "at risk" perspectives, has been cross-sectional, and has been conducted primarily with men. Most of the research has been carried out in the United States, and it makes an important contribution to our under-

standing of the health status, risks, concerns, and barriers for this population. However, while the nature and conditions of agricultural work share many similarities in North America, almost half of the migrant farmworker population in the United States is without documentation (Hoerster et al., 2011) whereas most temporary agricultural workers in Canada are registered with federally sponsored programs (Goldring et al., 2009). Workers without documentation have restricted access to health care and other support programs (Hoerster et al., 2011). In Canada, employers are required to provide health insurance during the wait times for provincial coverage and most workers are eligible to be compensated for workplace injuries (Pysklywec et al., 2011). Health screening is a condition of employment. However, registered workers in Canada also face barriers to receiving comprehensive and appropriate health care as well as adequate compensation should an injury or illness occur, fear repatriation resulting in the loss of the economic gains that come with temporary employment, and are at risk for a variety of health conditions while in Canada and upon their return home (Hennebry, 2010; McLaughlin, 2009b; Preibisch & Hennebry, 2011).

The stressful conditions of migrant agricultural work are well documented; there is an extensive body of literature on the psychological stresses, occupational health risks, communicable disease risks, and barriers to health care pertaining to this population. The empirical literature describes migrant agricultural workers, both male and female, as at increased risk for substance abuse disorders (Borges, Medina-Mora, Breslau, & Aguilar-Gaxiola, 2007; Grzywacz, Quandt, Isom, & Arcury, 2007) and communicable diseases, particularly tuberculosis and HIV/AIDS (Apostolopoulos et al., 2006; Gadon, Chierici, & Rios, 2001; Varela-Ramirez, Mejia, Garcia, Bader, & Aguilera, 2005; Wolffers, Fernandez, Verghis, & Vink, 2002). Occupational hazards associated with agricultural work include increased rates of musculoskeletal injury, eye and skin conditions, and pesticide exposure (Anthony, Martin, Avery, & Williams, 2010; Cooper et al., 2006; Culp & Umbarger, 2004; Farquhar et al., 2008; Pysklywec et al., 2011; Quandt et al., 2010; Whalley et al., 2009). Barriers to receiving sufficient, equitable, and comprehensive health services, including preventive and health promoting care, encompass cultural, linguistic, structural, legal, financial, and geographic factors (Arcury & Quandt, 2007; Hoerster et al., 2011; Mysyk et al., 2009).

Psychological stress, mental health concerns, and considerable ambivalence are experienced by Mexican migrant farmworkers, arising from the pressures of migration whereby family responsibilities are in continuous competition with employment opportunities and prolonged absences (Clingerman, 2006; Grzywacz et al., 2006; Johnston & Herzig, 2006; Rodriguez, 1993; Sullivan & Rehm, 2005; Ward, 2010a, 2010b).

Compared to their male counterparts, female migrant farmworkers have been found to have increased levels of depression (Mazzoni, Boiko, Katon, & Russo, 2007), loneliness, acculturative stress, obesity, and hypertension (Clingerman, 2006, 2007) and higher rates of skin reactions, heat exhaustion, physical injury, and diabetes (Anthony, Williams, & Avery, 2008). Poor health outcomes for all migrant agricultural workers are believed to arise from the interactions of migration, poverty, hazardous temporary work, communicable diseases, physical and psychological stress, and language barriers (Hansen & Donohoe, 2003; Ward, 2010b). Loneliness and separation from family, difficulty accessing health care due to long working hours, poor working and living conditions, and poor understanding by health providers of the broad structural forces that affect workers' lives result in complex health concerns and unmet physical and psychological needs (Johnston & Herzig, 2006; Preibisch & Hennebry, 2011). These findings have been confirmed in recent comprehensive investigations with male and female temporary agricultural workers in Canada, primarily employed through SAWP; this work was carried out by Hennebry (2010), who surveyed 576 workers in southern Ontario, and McLaughlin (2009a, 2009b), who as part of her dissertation research conducted 78 in-depth qualitative case studies with individual workers.

The results of a limited number of qualitative studies enhance our understanding of women's health in the context of migration and work. The meaning of health for Hispanic female migrant farmworkers is explored in Rodriguez's (1993) ethnographic study with 32 women. The central theme identified was defining health as the ability to "create peace" in one's current situation, so that one can live in peace. Another dominant theme was the "culture of transience," which extended beyond ethnicity and geographic location. Transience results from working away from home, living in isolated conditions, and being uncertain about whom to trust in the event of problems with health, employment, or housing. Similarly, Clingerman (2006, 2007) found that "being at peace" was a dominant conceptualization. In that study, 21 Mexican and Mexican-American women engaged in migrant agricultural work were asked to describe their experiences of health. The word most frequently used to represent health was "peace" (*la paz*), which was related to the participants' religious and cultural beliefs as well as the importance of family and was recognized as a healthy transition response to their migration. For the women in these studies, health — contextualized through structural factors such as gendered roles and relations, migration, and economic and political dynamics — emerged as a multifaceted and holistic experience within transience/transition.

The only study to explicitly identify and explore personal agency was that conducted by McGuire (2006), who characterizes the discovery of the importance of agency for her participants as “serendipitous.” This grounded theory study with 22 indigenous Oaxacan migrant women explored facilitators of and obstacles to health. The women demonstrated much personal agency and determination by making “constant references to the difficulty of their experiences, yet they continued on their immigrant trajectory buttressed by the smallest gains and improvements in their conditions of life and in hopes for their children” (p. 373). This result is congruent with findings reported in the social sciences literature on gendered migration, a central theme of which is the situatedness of experience and expression of agency existing in tension with larger structural forces.

Health concerns and vulnerabilities are heightened for women due to gendered relations, expectations, and ideologies. Though health was not the primary focus of their research, Preibisch and Encalada Grez (2010) found, through in-depth interviews with 16 female workers in SAWP, that women who arrived pregnant or became pregnant while in Canada were seen as problematic by employers and often had their work contracts terminated. In order to avoid this perceived difficulty, the program required the women to have a pregnancy test before departing for Canada. Female reproductive capabilities in combination with negative stereotyping of women’s sexual behaviour led to increased monitoring and surveillance of activities and relationships. Gendered stereotyping and lack of power also resulted in sexual harassment by co-workers, supervisors, and employers (Morales Waugh, 2010; Preibisch & Encalada Grez, 2010). Reluctance to state the reason for reproductive or sexual health appointments; fear of repatriation; and lack of access to information, clinics, health-care providers, and transportation resulted in unmet needs and increased health risks (McLaughlin, 2009b; Organista, Organista, & Solof, 1998; Preibisch & Henneby, 2011).

Discussion

The various settings, systems, and processes of labour migration are reflected in the complex, and often conflicted and contested, relationships between gender and work. Consistent themes in the literature are the diversity of opportunities and constraints for women migrants and the interrelatedness of the health of individuals, their families, and transnational communities within local and global dynamics. However, there are striking differences in how the issues are framed, particularly between the social sciences and nursing. Issues related to temporary migrant workers and gender in the context of increasing globalization, neoliberalism,

and structural economic disadvantage have been explored in the social sciences, principally in sociology. The relationships between personal agency, gendered expectations and ideologies, and systemic forces at home and in the host country are emphasized. However, in the social sciences literature the focus is on women engaged in feminized occupations, such as nursing and domestic service, and until recently temporary and repeated relocation received less attention than permanent migration (Oishi, 2005). In contrast, the evolving nursing literature (Oxman-Martinez et al., 2005; Thurston & Vissandjee, 2005; Vissandjee et al., 2004, 2007), which explicitly identifies gender and migration as highly influential determinants of health, is not specifically linked to the processes and consequences of globalization or neoliberal assumptions of individualism. Emergent nursing research that explores conceptualizations of health with migrant farmworker women (Clingerman, 2006; Rodriguez, 1993) reflects health as inclusive and multifaceted but is not clearly framed within a gendered analysis. Nor, with the exception of work by McGuire (2006) and McGuire and Martin (2007), has research been specifically linked to the influence of neoliberal assumptions on economic globalization and on women's health through the need for and dangers of migration. The cited nursing literature is relatively recent and is concentrated among a small number of researchers.

Implications for Research

In their discussion of seasonal agricultural workers, Rojas Wiesner and Cruz (2008) state that "more study is needed regarding the characteristics and working conditions of both male and female temporary workers in Canada, in order to identify the differences that account for disadvantage that women experience in employment opportunities as compared to men" (p. 209). Further research is also needed to more fully explore the strategies used and constraints experienced by all family members when women are required to migrate alone for work. There is a dearth of research with female agricultural workers in NOC C and D, whose countries of origin tend to differ from those of women in SAWP and whose continuous stays are longer. There is a need for research on the relationships among and processes entailed in the social determinants of health in general (Oxman-Martinez et al., 2005) and the interactions between social constructions of gender and the social determinants of health in particular (Karolinska Institutet, 2007). Research employing methodological and analytical frameworks that deepen our understanding of the relationships among globalization, gender, health, work, and power at all social levels could serve to advance knowledge and effect change at personal, collective, and structural levels and to support the much-needed development of gender-sensitive approaches to women's health.

The biological and physiological characteristics arising from the sex of being male or female act in synergy with gender roles, relations, and the institutionalization of gendered hierarchies. While differences between male and female temporary agricultural workers have been noted, none of the research reviewed in this article has specifically and comprehensively included sex as a determinant of health. There is a need not only to integrate sex and gender in research inclusive of the social determinants of health and broad contexts of structure and policy (Benoit et al., 2009), but also to integrate sex and gender into occupational health research (Messing & Mager Stellman, 2006). As in the research pertinent to the health of agricultural workers, women are also underrepresented in occupational health research.

The cited Canadian studies and reviews on the health of temporary agricultural workers have been conducted primarily by social scientists (Hennebry, 2010; McLaughlin, 2009a, 2009b; Mysyk et al., 2009; Preibisch & Hennebry, 2011; Pysklywec et al., 2011). While an interdisciplinary approach to the health of temporary workers from a human rights and social determinants of health perspective is valuable and necessary, greater involvement by nurses and other health-care researchers and providers is needed. Inquiry from a strength-based approach is also called for, to explore how women's resiliencies and forms of resistance influence their health. The findings of such research could inform nursing education, practice, and administration, particularly with respect to preparing nurses to work and advocate with uprooted, mobile populations and those engaged in precarious, stressful, and physically demanding work, while also taking into consideration the contexts of globalization and gendered migration.

Implications for Policy Development

There is a vital need for policy development that includes the participation of temporary workers and integration across local, national, and international levels. Until recently, immigration policies focusing on the control of infectious diseases were a significant priority internationally, with little attention given to the global factors and relationships that determine health (MacPherson, Gushulak, & Macdonald, 2007). As identified by Hennebry (2010) and McLaughlin (2009b) in their research, provincial, national, and international structural elements of Canada's temporary agricultural programs had a greater influence on the health of workers than individual actions. Health policies and guidelines should require enforceable procedures regarding the recruitment of workers, their access to health care, occupational health and safety standards, including living conditions and personal safety, and mechanisms to address grievances and human rights violations. The importance of per-

sonal agency in health, resilience, and change should also be supported. Policies affect men and women differently (Piper, 2006) and should reflect the influences of gender and sex, which have been largely overlooked in Canada (Hankivsky, 2007) and in the country's temporary foreign worker programs. Also needed are policy and program planning and development for appropriate, gender-sensitive and equitable health care — including the establishment of mobile clinics and community-based support centres for migrant workers — and for increasing the structural responsiveness of health-care institutions to support nursing practice with this population.

Conclusion

The many contradictions surrounding women's migration for agricultural work reveal outcomes arising from the convergence of structural and personal factors expressed through the dialectic between temporary work and globalization. Agricultural workers root and grow the food necessary for human survival, yet they are at increased risk for a variety of negative consequences for their own health and that of their families. The number of women engaged in temporary farmwork in Canada is increasing, and these women experience significant health inequities due to systemic, institutionalized, and gendered constraints that make it difficult for them to challenge the social and structural circumstances of their lives. There is very little evidence regarding their conceptualizations of health and health status in Canada within the broader contexts of repeated and gendered migration. Research to inform policy development and practice needs to explicitly acknowledge and explore the strengths and health-care needs of migrant farmworker women, as well as the barriers they face, within the intersecting forces of inequities, oppression, and social determinants of health at local, national, and global levels.

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