Migrant Women and Social Support: Two Comparative Case Studies in a Colorado Community

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Abstract

Social scientific theory suggests that social support networks are related to positive growth and health. Since the 1970's, according to Cohen and Syme in Social Support and Health, there has been a dramatic increase in interest in the concept of social support as it affects health and well-being. This interest is reflected by an increase in treatment and intervention programs which encourage social support. Our research focuses on social support systems as a means to decrease isolation as well as inadequate housing, food, transportation and health care. This research is intended to benefit the families by providing their point of view in order to better understand the conditions in which they live in order to increase awareness in the sectors of social services.

Social support is broadly defined by Cohen and Syme as resources provided by other persons. While we certainly agree with the fact that the nature of the resources and the identity of the people providing them vary contextually, we nonetheless have found it useful to construct a more specific working model of this concept. As our work with Hispanic families in Colorado suggests, social support operates on two interrelated levels: the formal, structured, and public level to which Louise Lamphere refers as the "mediating institution," and the less formal, more private level which we call the "interpersonal network." These two levels correlate with the bilateral community structure first outlined by Roland Warren in 1972. According to Warren, a community's vertical pattern is composed of formal, bureaucratic power structures which link it to larger systems. The horizontal pattern, on the other hand, is characterized by more informal interactions at the local level:

> While the vertical pattern. . . is characterized by such Gesellschaft-like qualities as deliberate and rational planning and bureaucratic structure, the horizontal pattern is characterized by sentiment, informality, lack of planning, and diffuse, informal and ad hoc structuring of an essentially nonbureaucratic nature (Warren 1972).

Warren's distinction is a useful one from which to form definitions of (vertical) mediating institutions and (horizontal) interpersonal networks. However, in this essay we will be more interested in seeking out the intersections between these two levels as they occur within communities rather than focusing on what separates them.

The mediating institution is defined by Lamphere as an arena for structured interaction, such as school systems, housing complexes, industrial workplaces, church groups, community organizations, and local governments. Specifically, the institution is not seen merely as a manifestation of the state or corporation, but as a synthesis of political and social mechanisms, with which individuals then interact. As Lamphere notes:

> An emphasis on mediating institutions and interrelations, rather than on issues of conflict, . . . helps us to uncover a larger set of issues: whether and how new immigrants are being integrated into the major structures of urban life (Lamphere 1992).

For example, a community public health clinic, such as was the subject of our research, runs on state funds, but is staffed by Hispanic community members. Such a perspective is useful for two reasons: first, it allows for micro- and macro-levels of interaction to be studied as interconnected elements; and second, it provides a central, stable point of reference from which to study ethnoscapes of ever-increasing complexity. As Arjun Appadurai points out, contemporary landscapes of group identity necessitate simultaneous, multi-level perspectives:

> The most appropriate ethnoscapes for today's world, with its alternative, interactive modernities, should confront genealogy and history with each

> other, thus leaving the terrain open for interpretations of the ways in which local historical trajectories flow into complicated transnational structures (Appadurai 1991).

Mediating institutions allow for social support to take place, in that they provide a stable structure for such continually flowing networks.

Interpersonal networks, on the other hand, consist of families, households, fictive kinship members, and friends. In many cases, it is precisely the informality and lack of structure of these systems which makes them effective vehicles of social support. People who live on the margins of a community often encounter physical, material, and social barriers to local support services, such as limited access to transportation, difficulties with the local language, and undocumented immigration status. As a result, a neighbor or extended family member may well be the source of such basic information as how the bus system works or how to get to the nearest public health clinic.

Interpersonal networks are especially significant in supporting the lives of immigrants, both documented and undocumented. Immigrant status, by definition, differentiates people from both their community of origin and their new place of residence. According to Leo Chavez, such differentiation can lead to the utilization of multiple identities in the interest of gaining maximum access to social support. He notes:

> [I]mmigrants can have multiple identities; they can imagine themselves to be part of their communities 'back home,' and they can also imagine places for themselves in their 'new,' or host, communities. An immigrant is not necessarily restricted to an either/or classification when imagining his or her community or, ,more accurately, communities (Chavez n.d.).

Yet, as data from our interviews will demonstrate, some people have an easier time of "imagining" communities than others. Lu Ann Aday refers to this as relative risk. She argues:

> Relative risk reflects the differential vulnerability of different groups to poor health. The *differential vulnerability hypothesis* argues that negative or stressful live events (such as unemployment or related loss of income or personal resources) hurt some people more than others. Findings based on this hypothesis show that the mental health and well-being of low socioeconomic status (SES) groups tend to be more adversely affected by stressful or negative events than is the case for those with higher SES (Aday 1993).

Also, we would add that differential vulnerability can vary within socioeconomic status levels. This will be explored in more depth in the interview portion of our paper.

The distinction between these networks and those established through mediating institutions is not merely one of private vs. public, or informal vs. formal. Additionally, the kind of support offered at each level must be taken into. Cohen and Syme equate *direct support*, which enhances health and well-being irrespective of stress level, with the degree to which a person is integrated within a social network. *Buffering support*, conversely, protects people from the pathogenic effects of stressful events, and is associated with the availability of resources that help one respond to stressful events (Cohen and Syme 1985). The unstructured nature of interpersonal networks discourages a more formal research methodology. However, we hope to bypass this through our multi-level approach to the study of social support. Thus, our current project is focused on assessing the interplay between the direct support provided by interpersonal networks and the buffering support of mediating institutions.

Recently we have collaborated with a Colorado County Health Department to provide ethnographies of monolingual and monocultural families in the county with children 0-3 years of age and women in their third trimester of pregnancy including any migrant families living in this area. Social and psychological risk factors have negative impacts on the family's ability to ensure their children's healthy development and access to services. Isolation, particularly cultural isolation faced by non-English speaking people in America, lack of support systems, that is, a sense of community, inadequate housing, food, transportation, and health care are social risk factors that negatively affect these families and decrease the chances of children's healthy socio-emotional development. A healthy and nurturing environment for their infants and young children should be provided through the empowerment of families to build their own community networks.

Lowest Risk
Highest Risk
at Risk
Populations
Social Capital
Family Structure
Marital Status
Voluntary Organizations
Social Networks
Human Capital
Schools
Jobs
Income
Housing
Social Status
Age
Sex
Race and Ethnicity

Figure 1

Who are the Vulnerable? (from *At Risk in America*, Lu Ann Aday 1993:9)

Table 1.1 Comparisons of Relative Risk

Community and Individual Resources	Relative Risk: Higher Risk	Lower Risk
The people: social status		
Age	Infants Children Adolescents Elderly	Working-age adults
Sex	Females	Males
Race and ethnicity	African Americans Hispanics Native Americans Asian Americans	Whites
The ties between people: social capital		
Family structure	Living alone Female-headed families	Extended families Two-parent families
Marital Status	Single Separated Divorced Widowed	Married/mingles
Voluntary Organizations	Nonmember	Member
Social Networks	Weak	Strong
The neighborhood: human capital		
Schools	Less than high school	High school+
Jobs	Unemployed Blue collar	White collar
Income	Poor Near poor	Nonpoor
Housing	Substandard	Adequate

Note: The terms to designate the race and ethnicity categories in this table will be used in talking about these groups in general. When presenting specific data in the text on these groups, the designation (such as black or Asian) in the original source from which the data were derived will generally be used. Mingles are individuals who are not married but are living with a sexual partner. Voluntary organization include churches, volunteer interest groups, and civic or neighborhood organizations.

Collected Variables, Data, and Research

Variables to be collected will include life histories, daily patterns of living, diet and nutrition, and health services. Also, variables which define high risk or low risk families and variables which would identify a healthy development will be measured. Specifically, data collected in life history will include: kinship, education history, patterns of migration, reproductive history, employment history, social networks, and support systems. Data collected in daily patterns will include: relationship with children, relationship with spouse, relationship with neighbors, other relationships with community members, food intake, nutritional data, access to health care, access to community services, and access to federal and state aid including WIC. Indicators of the level of satisfaction or dissatisfaction and situations identified by the subjects as stress generators with their present lifestyle will be discussed. The subjects' knowledge of and use of health resources that might reduce stress levels will be addressed.

Research will consist of informal interviews rather than surveys or questionnaires. As well as informal interviews, participant observation will be applied to the collection of data. Research will begin with home visits and may change as research becomes more in depth and further knowledge of their social network is needed.

Although this is still work in progress, I can speculate that inadequate diet, nutrition, health care, access to health care, housing, transportation, and isolation due to lack of or no support systems will only decrease the chances of a stable environment for the family, inhibit the family's ability to access services, and will not encourage community involvement or empowerment. Looking at the variables mentioned above, the affects of each variable will be measured as a factor of a social support network.

After initially contacting families through individual case workers, we met two who showed patterns which we would define as exhibiting low risk and high risk factors in health and well-being. These were not issues that we had defined before beginning this project but were identified as variables of social support as the work progressed. For example, we have identified migration patterns, educational history, reproductive history, and social networks. We have also identified the relationship these women have with their children, neighbors, community, and spouse. The following accounts are summaries of a series of interviews conducted with the women from the above mentioned families.

When I first met Elena she was living in a one-bedroom trailer home with her husband and three young daughters. This area is located on the outskirts of the town far from bus lines, medical assistance, food stores, and people. Her neighbors did not speak Spanish and she did not interact with them. Her only means of transportation was by her husband and the case worker. She often missed her medical appointments because she needed to rely on her husband. Her husband was looking for a job and often did not return home on weekends. He usually spent this time drinking with friends and driving around. At the time of our first visit, she was anxious to become independent from her husband and wanted to work to support herself and her children.

When I first met them, their children Isabel, Brenda, and Roxana were 5 years old, 1-1/2 years old, and 4 months, respectively. Elena was 19 years old and her husband, Juan, was 22. Elena was feeling very frustrated and was thinking about going back to Mexico with her children.

Elena and Juan are from the barrios of Juarez, Mexico. She finished a sixth grade education and began working in textiles at the age of 13. At fourteen she became pregnant after having sex for the first time with Juan. She did not know anything about sex or birth control before it happened. She had never discussed sex with her parents. Afraid of their reaction when she found out she was pregnant, she moved in with Juan's sister. A week later, her parents found out about the pregnancy. She stayed with Juan's sister until the baby was born. She had no prenatal care until the fifth month of pregnancy. Elena moved back with her parents after the baby was born. Elena's pregnancy was disappointing for her family. They wanted her to go "out through the big door" meaning that she would have a large ceremony when she decided to get married.

Juan bought a truck and began to make some money transporting gravel and rock. Elena and Juan lived in their own place for about a year. The winter after Isabel was born, work was low so Elena and Juan decided to go to the United States. With the money from selling the truck, Juan went to the U.S. Elena has a brother in Texas and Juan has a brother who lives in Colorado. Juan left for the U.S. first, then sent money to Elena. She walked

over the border with a relative. They traveled from Texas to Arizona and then to Colorado.

Within 2 years they bought the trailer home where I first met them. They purchased fake social security cards for $50 so they could work. Elena worked at a hotel doing housekeeping for seven months when they first moved here. She has not worked since.

Two years later when Isabel was 3, Brenda was born. Another girl, Roxana, was born a year after that. After having Isabel, Elena began using the birth control pill. After missing one pill, she became pregnant with Brenda. She did not return to the health clinic for birth control after Brenda was born. Juan and Elena began using condoms. When they forgot to use the condom one time, she became pregnant with Roxana. She jokingly tells me that she doesn't like sex because she becomes pregnant every time she forgets the birth control. She is now on Depo-Provera. She goes to the clinic every three months to get a shot of Depo-Provera. The only problem here is that she needs transportation to the clinic every three months.

Her relationship with Juan has been shaky. When I first met her, she wanted to see changes in him. She often thought about leaving him and returning to Mexico to provide for her children. One issue that they continually deal with is that they only have three daughters and no sons. Juan often makes Elena feel inadequate for having only girls. Before moving into public housing, Juan spent most weekends away from home. Isabel began recognizing that her father did not come home and would call him a liar if he forgot to pick them up or forgot to bring something home. Elena is worried about Isabel because she lies to her and has been having problems relating to other children. Elena has no one to talk to about her children but occasionally gets together with Juan's brother and sister-in-law and their children. She relies heavily on her case worker for rides to the clinic and some support. Her relationship with the case worker has been an interesting one. He is male and seems to provide a role model and father figure to her children that is lacking from her husband. She depends on the case workers visits to talk about her problems with her husband and children and sees him as a confidante and friend. The case worker worries that she may feel some attachment to him.

Since the initial visit in August of 1994, I have met with them almost weekly. In October, they moved to an emergency shelter while waiting to hear about their application for public housing. Since Juan had unsteady jobs, they were continually denied public housing. In November, the application was approved and they are now situated in a public housing area in town. After staying in the emergency shelter, Elena began attending a Pentacostal Church with her sister-in-law. She now attends church twice a week with the children for singing and praying and has signed up for a food sharing program where baskets are given to church members during the Christmas holiday. Juan has been drinking less, and since moving into public housing has been spending more time at home. He is freelancing in mechanics and repair work. He also has a part-time job cleaning restaurants. With this type of work, Juan has more time to spend with Elena and their daughters and they see his brother more frequently. He shows more interest in working on his relationship with his wife and helps out more with the children at home.

Their daughter, Isabel, is now attending school. The case worker is hoping that Elena will begin to be active with her school program. Isabel is learning English and tries to speak with her parents in English when she comes home from school.

The current issue right now is clearing up some monetary debts that they have collected. Because Juan has not paid some traffic violations, there is a warrant out for his arrest.

Juanita, the second woman I interviewed, grew up in Zacatepec Morelos, Mexico. Juanita finished high school and married at age 16. Her mother and grandmother always stressed that she should not have sex before marriage, so she got married. She did not use any birth control when she first got married. She wanted to wait and have children but Joseph did not let her use any type of birth control. One year later she gave birth to a son, Oscar. Another boy, Miguel was born a year after that. Joseph began beating her after Oscar was born. The beating continued through both pregnancies and births. She told me, "It was always kinda like he didn't have his mind." Because Miguel was light-skinned, Joseph did not think he was his son and did not acknowledge him. This put great strain on the marriage and Joseph continued to beat her. Juanita always thought that he would change but in 1989, they divorced. Joseph got custody of Oscar and she got Miguel.

She had the opportunity to go to the United States and work for a family in California as a nanny. She decided to go to make some money and then send for her kids. She left Miguel with her mother and went to United States.

The family she worked for eventually moved to Colorado. At this time she also began working at a hotel. She learned English here, made friends with the other employees and met David. David was separated from his wife but not divorced. Soon, the family she worked for wanted her to pay rent and utilities. They had also promised her papers but she never saw them. She left them and moved in with David. Juanita and David's son, Jose was born in 1991. After Jose was born, she returned to Mexico to get her kids. They were dirty when she found them and very unhappy. They were living with their father but wanted to go with her. She took them to her mother's house. Joseph came by everyday and tried to take the kids back. Eventually, David came from the US to get them and take them over the border. They left in the middle of the night. David claimed all of them on his green card and they had no trouble getting over the border. Juanita took all the legal papers so Joseph would have no proof of their children or their marriage.

When Juanita reflects back on her life in Mexico, she doesn't feel like the physical abuse was a cycle. Her mother was abused by her husband, Juanita's father, and her sister is now in an abusive relationship. Juanita tells me that she loved Joseph. She stayed with him because she thought he would change. When he did not, she knew she had to leave.

Juanita and David live in a one bedroom apartment with the children. David works in construction. Oscar and Miguel are now in first and second grade. They speak English fluently but Juanita still makes them speak Spanish at home. Jose just turned three and seems to be having some speech problems. He attends Head Start in the afternoon and is progressing at the right pace for his age. Juanita has many friends and keeps busy in community. She also remains close with friends and family in Mexico. She is also close to her husband's family and speaks to his mother once a week.

She is a member of the parenting class for Hispanic families that meets once a week to learn about various programs going on within the town and just to catch-up on news. She also volunteers at her sons' school for two hours a week. This allows her membership in a food share program which delivers food baskets monthly. She does not want to rely on food stamps or other federal food programs. The only aid she receives is WIC for her youngest son. Recently, she attended a conference on migrant status and the development of children that took place entirely in Spanish.

Analysis:

Juanita has a more active role in her community than does Elena. She has been able to seek out social networks and supports more easily than Elena. Her ability to speak both Spanish and English enables her more flexibility in seeking social networks. Elena is still fairly isolated. Since she has become more active in the church, she may soon have new social networks. It is apparent that Elena and Juan still has risk factors which they need to deal with. Juan does not have a steady job, Elena does not yet have a social network, Juan may be arrested, and Elena does not have a network that she can go to if problems arise with her husband or children.

Juanita has established quite a support group around her. She has a solid, working relationship with her husband and his family. She takes an active role in her children's education as well as in the community services. Although she is not working, she maintains a busy schedule volunteering or meeting friends. Even though her husbands income is not substantial for a family of five, the stress level is greatly reduced by the network that she has created for them.

The stress level in Elena and Juan's family is continually unsteady. They are unsure of where the next paycheck is coming from or if they will be allowed to stay in public housing. Hopefully, with more involvement in the community and less dependence on her husband, Elena will be able to build her own social network.

Juanita has sought out friendships and support through the institutions which have helped her. She participates in many community event and has become a liaison for the community and social services. In this way she bridges the two institutions: social services and the local community.

As the stories of Juanita and Elena illustrate, the cultural and social construction of these families determine the level and nature of social support networks. Louise Lamphere uses the concept of "social location" to describe this process:

> We use the notion of "social location" to specify the way in which regional and local political economy interact with class, ethnicity, culture, and sexual preference to condition the strategies and meanings that working mothers fashion through their agency (Lamphere n.d.).

A fully integrated support system does not only lead from the interpersonal network to gaining access of mediating institutions. Rather, the various mediating institutions an individual and/or family participates in (i.e. job, school, religious group) can lead to extensions of the interpersonal network.

Notes

1. Christina Heyon Lee is currently a Ph.D. student in the department of Anthropology at the University of Colorado, Boulder. She has recently been working with the elderly Korean community in Denver, CO.

2. Ursula Lauper received her Masters in Anthropology from the University of Colorado, Boulder. She spent two years conducting research on HIV risk among injection drug users in Denver, Colorado.

References Cited

Aday, Lu Ann
1993 *At Risk in America: The Health and Health Care Needs of Vulnerable Populations in the United States*. San Francisco: Jossey-Bass Publishers.

Appadurai, Arjun
1991 "Global Ethnoscapes: Notes and Queries for a Transnational Anthropology." In *Recapturing Anthropology: Working in the Present*. In Santa Fe: School of American Research Press.

Chavez, Leo R
n.d. The Power of the Imagined Community: The Settlement of Undocumented Mexicans and Central Americans in the United States. Class handout.

Cohen, Sheldon and Leonard Syme, eds.
1985 *Social Support and Health*. Orlando: Academic Press.

Lamphere, Louise, ed.
1992 *Structuring Diversity: Ethnographic Perspectives on Immigration*. Chicago: University of Chicago Press.

Lamphere, Louise
n.d. "Mediating Contradiction and Difference: The Everyday Construction of Work and Family." In *Sunbelt Working Mothers: Reconciling Family and Factory* Edited by Louise Lamphere, et. al. Ithaca: Cornell University Press. (Class Handout)

Warren, Roland Leslie
1972 *The Community in America*. Chicago: Rand McNally.