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Professional Strangers and Real-Life Strangers: Preliminary Results of a Qualitative Study of Transnational Health Determinants among Central American Immigrants

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First...

“What is it that matters to them?*”
[Mike Agar’s emic question, or one of
them]

* From Semantic Scholar article (2007)



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Mike Agar and Narrative Research

One of the many aspects of Mike Agar's earlier work had to do with narrative text from interviews and the various forms of coherence present in such text.

Analyzing these ("global" and "local") coherences was a means of getting at the way in which people discursively organized their world, which is of course a basic assumption underlying qualitative data analysis.

Such coherence patterns can include causality, chronicity and sequence, the integration and roles of social relationships, value judgments, affective responses, motivations, and other elements.

Because of the power of narrative as a means to understand, it is a key approach in getting at subjectivity - in the case of work that I have been involved in - with respect to health vulnerability and health risk.

The research summarized in this presentation used a life history narrative interview format to understand transnational contributors to health among immigrant Central Americans in a Washington, DC area community.



Encounters with Mike

Start from reading his work in graduate school, my first encounters with Mike came through a series of projects, funded by NIDA, related to HIV/AIDS and drug use:

A first ethnographic project with homeless/runaway youth, assessing context, living situations, substance use and HIV risk. Mike was truly helpful in deciphering research goals of study investigators when I had questions -- they were all long-time NIDA fundees and part of a network in which he was an integral member.

A large, multi-site study assessing theory-driven HIV risk behavior change interventions with IDUs, crack users, and their sexual partners (the “NIDA Co-op” study), with accompanying ethnographic and qualitative research components. Again, Mike was always helpful, at meetings, or hanging out in Takoma Park, MD, when I was “thinking something” about what I experienced...with, of course, the proper lubrication.

My own ethnographic dissertation research in the U.S.-Mexico border region (on narcotrafficker narratives, music, image, risk behavior).

These encounters were important to my “getting” the critical importance of “knowing the world” of those we work with.



Study Funding

Funded by the GWU Cross-Disciplinary Research Fund (CDRF), as a collaboration between the Department of Prevention and Community Health (GWSPH) and Department of Anthropology.

Because of its transnational nature, the study is conducted through the chartered *Center for Social Well-Being and Development (CSWD)*.



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Study Goals

Goal 1: To conduct life-history interviews with a sample of 75 Central American migrants (age 18+) in Langley Park, MD, in order to understand transnational determinants of health for these (and potentially other) immigrants/refugees.

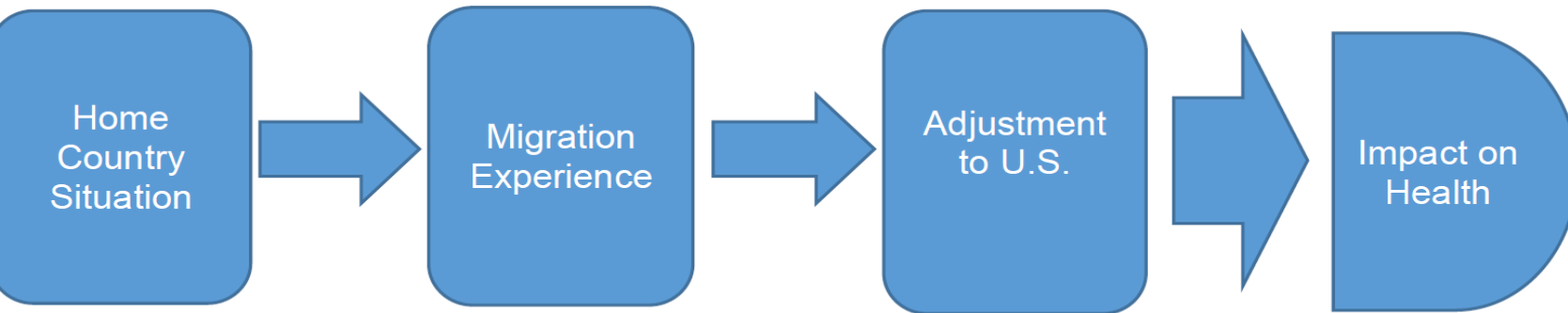
Goal 2: In conducting the interviews, to collect data on potential determinants in three domains - *home country situation; migration experience; and adjustment to the U.S.* - conceptualizing these three domains as a *transnational continuum*.

Goal 3: To develop and test a life-history interview protocol covering the three domains.

Goal 4: To contribute to the legitimization and use of the three-domain model for understanding determinants of health for immigrants.



Three-Domain Model



Community Context

The study community is Langley Park, MD, just outside the District of Columbia between Silver Spring and College Park, MD.

Recent (2012) Census data show a total population of 20,675, with 79.7% self-identified as Hispanic and 67.6% being foreign-born - primarily originating from El Salvador and Guatemala - with limited English proficiency (14%) and low school attendance rates (37% of youth ages 16-19 do not attend school).



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Community Context

Through the *Avance Center for the Advancement of Immigrant/Refugee Health* and previous projects, CSWD staff have more than a 12-year relationship with this community, spanning four projects.

The history of Central American migration to the DC metro and other areas is complex, beginning in the late 1970s/early 1980s with people fleeing from brutal civil wars - conflicts with which the U.S. had significant involvement. Right from the start (because of the political context), few were able to attain asylee or refugee status.



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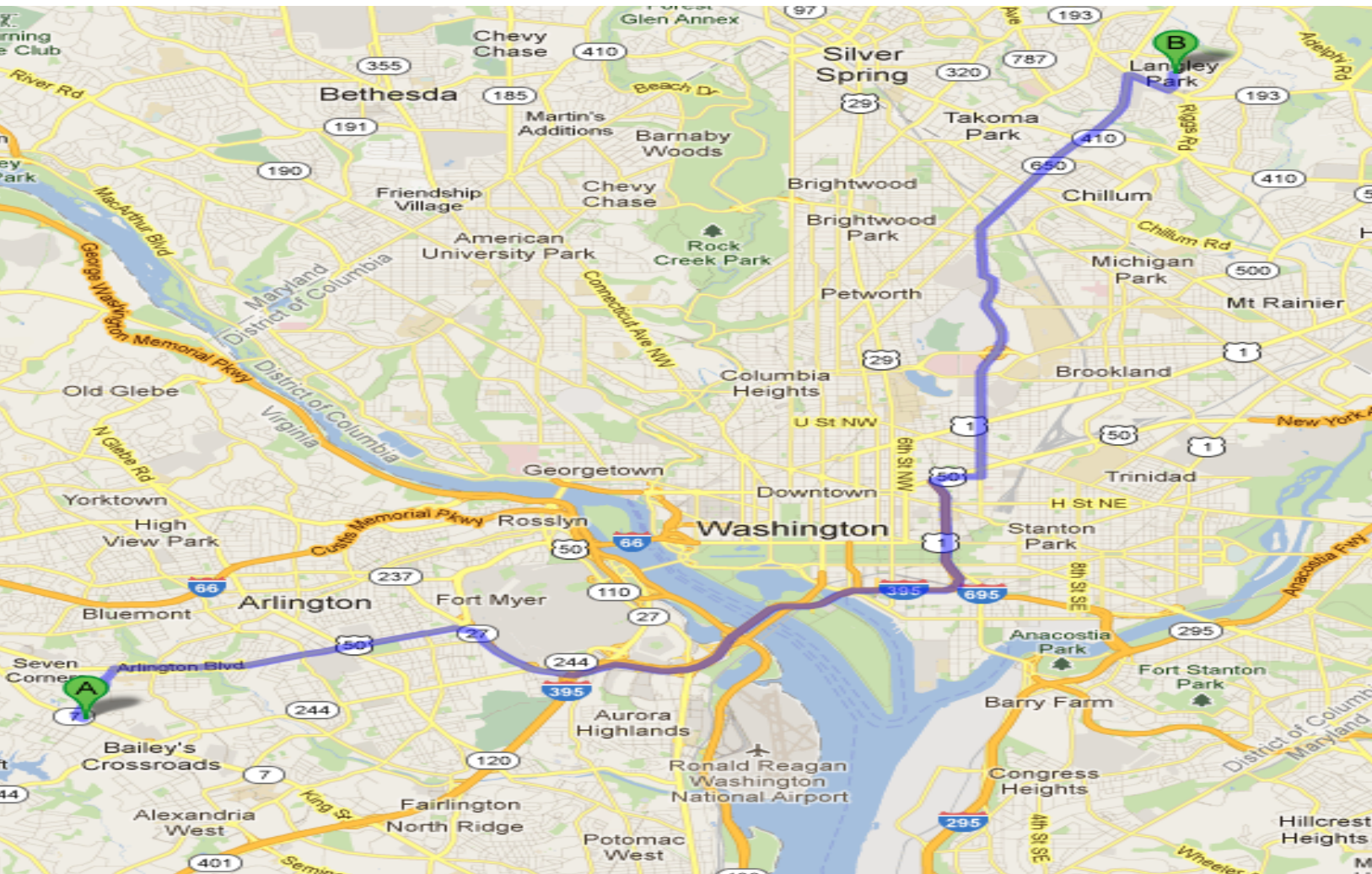
Community Context

Following cessation of the civil wars by the early 1990s, immigrants continued to come due to poverty in their home countries, more recently fleeing from intense gang violence (e.g., MS-13 and 18th Street) and a significant lack of opportunities to make a living.

Most migrants make a long and difficult trek north through Mexico and into the U.S. - often, many such treks.



Langley Park (and Virginia comparison community)



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Langley Park Photos (from Youth Photovoice Program)



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Methods

Life-history interview format selected as the best method for obtaining participant narratives across all three study domains. Well established qualitative method for obtaining chronological data. Instrument and protocol approved by the GWU IRB.

Participants recruited by team member Ivonne Rivera and our multiple community contacts/partners, using flyers, word-of-mouth, and snowball sampling. Recruiting during the current political atmosphere very difficult.

The interviewer team members were *native Spanish speakers* (Benavides and Rivera). Interviews were audio-recorded, transcribed, and entered into a QSR NVivo 11 database.



Sample

75 total interviews

59% female (n=44), 41% male (n=31)

Age range from 18-57, the latter an outlier. Most in the 25-40 age range.

Countries of origin: 37 from El Salvador; 27 from Guatemala; 10 from Honduras; and just 1 from Nicaragua.



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Methods

Beginning with the three key domains and interview questions, we developed a basic codebook, with the intent that codes would be expanded and adapted as analysis progressed.

Each respondent was set up as a case in NVivo, in order that selected demographic data could be linked to text. Coding is in process with assistance of 4 coders: Leonardo Flores Andrade, Jorge Benavides, Rosalie Mattiola, and Ivonne Rivera. PI Edberg is conducting spot-coding, and reading transcripts, to check for consistency among coders.

Primary narrative themes by code and demographic category are being identified.



Selected Preliminary Results: Reasons for Leaving

So far, respondents have talked about two primary reasons for leaving their home countries -- to escape imminent violence or victimization; and poverty with little available opportunity.

Those escaping violence describe fleeing from gang violence or domestic violence, or for a few respondents who are transgender/LGBTQ, discriminatory violence. Respondents paid smugglers (coyotes) anywhere from \$5,000 to \$20,000 to make the journey.



Selected Preliminary Results: Reasons for Leaving

One respondent (female, Interview 5) described how dangerous it had become in her hometown of Cuscatancingo, a municipality near San Salvador in El Salvador. It had become *“very, very ugly because imagine witnessing, how they killed a person, and, no, I have no words to tell you that, that, well, how I and my son were witnesses of how they killed a person in the minibus where we were traveling. What can I tell you? No longer, it was not life because every day, every minute you heard a shooting and we had to close windows, doors and fear of maybe going out to the corner and to the shop, because you didn't know if you were going to come back.”*



Reasons for Leaving, continued

With regard to gangs, a female respondent (age 24, Interview 7) said: *“They are killing. There they go to students at the college, they are even killing...Look, the reason they are killing there is because, maybe you go and turn and look at them, because you see them... There they (take) rent and if you don’t pay the rent they open the house and kill (the person). Well, I wanted to come (to the U.S.) more because I saw when they killed a family. A massacre.”*

One young woman (age 18, Interview 71) left her home town of San Pedro Sula, Honduras, because: *“there are parts (of Honduras) that are dangerous, many neighborhoods you can’t enter...the gang members, the gangs, they don’t give permission to enter there, and if you don’t know somebody they don’t let you enter. In my neighborhood it got ugly, in the night they killed many people my age, sometimes in front of the house.”*



Reasons for Leaving, continued

From a young male (age 23, Interview 75): *“[Many people left the country] for fear of being killed. Some were threatened, others left because they needed to move their families forward economically.”*

From Interview 70 (male, age 45): *“...One leaves their country by necessity, due to the economic situation. We are not lucky enough to be born with money and we have to fight for our families.”*



Preliminary Results: Migration Stress

By preliminary count - more than two-thirds of respondents whose interviews have been analyzed so far experienced migration stress, including experiencing or witnessing violence or sexual assault, imprisonment for ransom, temporary incarceration, and difficulties crossing the desert.

Almost half experienced health problems during migration.



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Preliminary Results: Migration Stress

One respondent (male, age 23, Interview 72) described his first attempt: *“Yes, the first time I suffered enough, 3 days passed without eating. I went to stop in a place where they treated everyone badly, they left us locked up for 3 months, more women because they intended to abuse (rape?) them, and she did not leave them, they had them punished up to 3 months, 5 months there, and in this moment, they treated us bad enough, it was a very bad trip, but the second time we came [to the U.S.].... On the first trip I got sick, I had bone pain, it was very cold, I think that my bones grabbed ice, I don’t know, or that’s to say I nearly could not walk, it was hard.”*



Migration Stress, continued

Another female respondent (age 24, Interview 34) also talked about forced confinement: *“In Mexico, at the border right next to the river. They wouldn’t let us leave and the most stressful moment of the journey was there; that’s where I was the most scared because they didn’t want to give us food. They held us for about 5 days. There were lots of us in a house that was shuttered.”*



Preliminary Results: U.S. Adjustment

Ambiguity -- Many respondents talked about life in the U.S. as both better and worse than their home situation, though the majority felt that it was better here, because of access to school, safety, public transportation, work opportunities, and the ability to send money home to help.

Many miss social connections and family back home. A male respondent (age 40, Interview 64) said: “[In my home country], I had all my family, not like in this country where I don’t have anyone. Here, I can’t say, “I’m going to my grandmother’s” or “I’m going to my uncle’s”.



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Preliminary Results: U.S. Adjustment

At the same time, more than half of respondents whose interviews have been analyzed at this point reported stress in the U.S. Some of this appears related to the current climate.

According to one respondent (male, age 24, Interview 42):

“Well, I worry about the rumors about laws. They say they’re going to deport everyone. What worries me is being deported to a bad situation with all the gangs, and it’s hard to think about that. If God wills it, so be it, but you live with the pressure that someone is going to report you.”



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Preliminary Results: U.S. Adjustment

According to Interview 51 (female, age 30): “The emotional stability that I had there is different than here because here one lives in fear. You can’t buy anything because you’re not in your country. If you want to get a house or buy a car, they might deport you. And then everything will get thrown away if you don’t know who to leave it with. So there’s an insecurity to buying things in this country.”



Preliminary Results: U.S. Adjustment

A female respondent (age 42, Interview 43, teacher), whose life had improved in the U.S., said: *“Yes, in thinking that I am very happy here with my children while the rest of my family is back there, suffering what we were suffering, as well as all my students who don’t have anyone.”*

Interviewer: *Are they suffering from violence?*

Respondent: *Yes [crying]... That’s the part I can’t get over. I feel like a traitor.*

Interviewer: *For leaving them?*

Respondent: *Yes.*



Conclusions (Preliminary)

Primary determinants in the three domains (so far) are:

DOMAIN 1, HOME COUNTRY:

- *Negative:* Violence from gangs, domestic violence, gender-based violence, poverty, lack of opportunity
- *Positive:* Home, family, social relationships/friends, natural food

DOMAIN 2, MIGRATION EXPERIENCE: Difficult for most. Some respondents experienced forced confinement for ransom, sexual/physical violence. Health problems included depression, knee problems, bone aches and frostbite, stomach, kidney problems, fever. One birth reported.

DOMAIN 3, ADJUSTMENT TO U.S.:

- *Negative:* High living costs, fear/insecurity due to political climate (fear of deportation), lack of doctors nearby, language barriers, lack of social support.
- *Positive:* Work opportunities (though mixed response on this), more secure/safe than home country, schools, transportation.



Outcome: Grant Application

Based on our methods and preliminary results, the study team submitted an R21 grant application in October 2017 to the *National Institute on Minority Health and Health Disparities (NIMHD)*.

The R21 will test and use the protocol and methods from this CDRF pilot grant with two other significant DC-area immigrant populations - *Ethiopian and Nigerian*. We have partnered with community organizations/key contacts in those communities.

Goals: (1) conduct 80 life history interviews from each community, for a total of 160; (2) analyze the data across the three transnational domains; and (3) compare results back to what we found in this study with Latino immigrants. In addition, to conduct participant-observation in these communities.

Secondary goal: To test the protocol itself and legitimize the three-domain model.



Acknowledgments

Many thanks to all study team members: Jorge Benavides, Hina Shaikh, Ivonne Rivera, Rosalie Mattiola, and Leonardo Flores Andrade.

And thanks to the Rivera Group team for engaging in the difficult recruiting process.

And...thanks to all our interview respondents, and our continuing relationship with the community!

