

The Everyday Practice of Health for Mexican Women in New Brunswick: Barriers and Opportunities

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Objectives

- 1) Investigate to what extent Mexican immigrant women are able to continue to practice folk methods when they settle in New Brunswick?
- 2) Investigate to what extent do these folk healing or traditional medicine practices conflict with institutional health care programs, methods or treatment options they have access to in New Brunswick?

Methods

Environmental survey of NB retail environment for Mexican products

Collaboration with community organizations:
New Labor, Lazos América Unida

Focus group interviews with Mexican immigrant women living in NB area (2 completed so far, with total of 14 participants)

Descriptive statistical analysis of participant demographic surveys

Thematic analysis of transcribed focus group data

Background

- 49.9% of New Brunswick residents are Hispanic; 25.6% of residents are of Mexican origin; many come from rural or indigenous communities
- Hispanic residents of NB have significantly higher risk of having problems of access to healthcare
- Most participants don't have health insurance; rely on Charity Care program
- Latino Paradox: where recent immigrants have much better health, in spite of low socioeconomic status and the stresses of migration, than longer-term residents or those born in the USA

Conclusion

- Strong association between food/nutrition & health
- Strong association between environment & health
- Perception of food changes after arrival & settlement in New Brunswick
- 3 main types of barriers to community health practices: interpersonal barriers, environmental barriers, systemic barriers

Preliminary Findings

Type of Barrier	Examples
<i>Interpersonal</i>	Perceived lack of understanding of healthcare providers about folk health methods; Provider resistance to home remedies; Differing perceptions of illness between community & health practitioners
<i>Environmental</i>	Availability & cost of ingredients; rural vs. urban lifestyle; food preparation changes due to refrigeration & lack of fresh food
<i>Systemic</i>	Documentation requirements to receive services; Public school system policies about sick days; Pharmacies & Rx requirements

Key References

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