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## Influences of immigration stress and occupational exploitation on Latina seasonal workers' substance use networks: a qualitative study

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### Abstract

US female Latina seasonal farm workers (LSW) are a medically underserved community experiencing severe health disparities. We explored the relationship between alcohol and prescription medication, and LSW social networks using a qualitative approach. In 2015, this study used convenience sampling to recruit 28 LSWs in South Florida for three focus group discussions in Spanish. Focus groups were translated to English for analysis, which employed a general inductive approach. Themes included prescription medication distribution within networks, spirituality/religion practice with friends and family, and alcohol use with friends. Substance abuse prevention and treatment interventions should account for the unique needs of LSW.

### Keywords

Latino seasonal workers; qualitative research; substance misuse; social network; immigration stress

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**Ethical approval:** All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

**Informed consent:** Informed consent was obtained from all individual participants included in the study.

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## Introduction

In the United States, approximately two million farm workers support a \$200 billion agricultural industry (Hernandez & Gabbard, 2019). The majority of agricultural workers in the US are Latino (64%–83%), foreign born (55%–78%), uninsured (53%) and male (77%) (Hernandez & Gabbard, 2019; National Center for Farmworker Health, 2017a, 2017b). However, the US agricultural worker community has seen two changes in the labor force: 1) there are increases in Latina woman entering the labor force (Hernandez & Gabbard, 2019), and 2) there is a decreasing trend of migrant farm work (Hernandez & Gabbard, 2019; National Center for Farmworker Health, 2017a, 2017b). Of agricultural workers, approximately 27% are female and more than 80% are considered settled (Hernandez & Gabbard, 2019; National Center for Farmworker Health, 2017a, 2017b). This settled agricultural worker community, seasonal workers, is comprised of individuals who work or whose partners work in agriculture at a location within 75 miles of their home throughout the year (Hernandez & Gabbard, 2019).

Agriculture is one of the most hazardous occupations in the US, with 416 deaths from a work-related injury and a fatality rate of 23.4 deaths per 100,000 workers (Bureau of Labor Statistics & US Department of Labor, 2019; Centers for Disease Control and Prevention & The National Center for Occupational Safety and Health (NIOSH), 2019). Further, approximately 100 farm workers suffer a lost-work-time injury each day (Centers for Disease Control and Prevention & The National Center for Occupational Safety and Health (NIOSH), 2019). Due to these extreme and intensive working conditions, farm workers disproportionately experience health problems such as infectious diseases, chemical and pesticide-related illnesses, heat stress, respiratory conditions, poor reproductive health, cancer, musculoskeletal disorders and traumatic injuries, and social and mental health issues (Hansen & Donohoe, 2003; Holmes, 2013).

Latino workers are at elevated risk of occupational injury as this ethnicity experiences the highest rates of occupational injury in the US, with rates continuing to rise (Bureau of Labor Statistics & US Department of Labor, 2019). Because Latino agricultural worker frequently suffer work-related musculoskeletal disorders and injuries (Brock, Northcraft-Baxter, Escoffery, & Greene, 2012), this group is at risk to misuse pain relievers, such as opioids (Feldman et al., 2009). Substance use in the seasonal worker community, particularly the use and misuse of alcohol and prescription medication (e.g. opioids and sedatives), is also associated with high levels of stress (Kim-Godwin, 2006; S. B. Winkelman, Chaney, E. H., & Bethel, J. W., 2013). Previous research has suggested that the prevalence of substance abuse among Latino seasonal workers (LSWs)—calculated for males and females combined—is higher than 50% (García, 2007). Prescription medication misuse (use of prescription medication without a prescription, or in greater amounts or more often than prescribed) is also high among LSWs, with 66.2% using antibiotics, 47.7% using tranquilizers or muscle relaxants, and 5.3% using antidepressants without a prescription (Sánchez, 2014). LSWs typically also have other risk factors which leads to the misuse of prescription medication (e.g. sedatives and opioids), including a history of mental illness (Ford & Rigg, 2015; Koyyalagunta et al., 2013; Mackesy-Amiti, Donenberg, & Ouellet, 2015; Mowbray & Quinn, 2015), acute and chronic physical pain (Cepeda, Fife,

Kihm, Mastrogiovanni, & Yuan, 2014; Edlund et al., 2010; Sullivan, 2010), experiences of acculturation stress (Joseph D Hovey & King, 1996; Ortega, Rosenheck, Alegria, & Desai, 2000; S. B. Winkelman, Chaney, & Bethel, 2013), and symptoms or diagnoses of depression (Mariano Kanamori, Shrader, & De La Rosa, 2020; Pulgar et al., 2016; S. B. Winkelman et al., 2013) and/or post-traumatic stress disorder (Pole, Best, Metzler, & Marmar, 2005; S. B. Winkelman et al., 2013). Ineffective social support and high levels of acculturative stress are associated with LSW's high depression levels that could lead to the misuse of alcohol and prescription medication (J. D. Hovey & Magana, 2002b).

Compared to the general population, Latina seasonal farmworkers (female LSW) are at an increased risk of disease and comorbidities due to socioeconomic and health-related disparities (Hernandez & Gabbard, 2019). These include poor housing situations, a mean gross family income of \$17,500 - \$19,000 a year, and 75% living below the federal poverty level (Marsh, Milofsky, Kissam, & Arcury, 2015). The top reported diseases among Latina seasonal farmworkers are obesity, diabetes, depression, hypertension, and dermatitis (Feldman et al., 2009), with depressive symptoms being as high as 40% in some communities (Feldman et al., 2009; A. Hiott, Grzywacz, Arcury, & Quandt, 2006). However, farmworkers, and Latina seasonal workers in particular, do not access health services for health conditions (Feldman et al., 2009).

Around three-quarters of farmworkers are seasonal workers, and the remainder are migrant workers—individuals who migrate often to seek employment in agriculture (United States Department of Agriculture, 2015). Because this shift from majority migrant work to seasonal work has occurred relatively recently, little is known about the configuration of LSWs' social networks as well as the influence that their social networks have on the development of substance use disorders (Bowen, Williams, McCoy, & McCoy, 2001; El-Bassel, Gilbert, Wu, & Chang, 2006; Warner et al., 2006). As socially connected individuals may be in close geographic proximity, risk behaviors—such as alcohol and prescription medication misuse—may cluster among women within social networks due to their common structural environment, network norms/relationships, or both (Rothenberg, Muth, Malone, Potterat, & Woodhouse, 2005; Warner et al., 2006). Further, social network positions, such as occupying a central/integrated position (being popular), a marginal position (isolated or having few friends), or a bridging position (a liaison who bridges peer groups), could act as protective or risk factors for substance abuse (Deutsch, Chernyavskiy, Steinley, & Slutske, 2015; Kobus & Henry, 2011). As the majority of substance use research has been conducted with male LSW, female LSW perspectives are relatively unknown and under-researched. The purpose of this qualitative study is to explore the relationship between Latina seasonal workers' social network configurations and immigration stress with alcohol and prescription medication misuse.

## Materials and Methods

### Overall study design

This exploratory study utilized focus group discussions (FG) given its' appropriateness for exploratory studies, its use in evaluating under-researched populations such as female

LSWs, and its ability to obtain in-depth information about a specific topic (Morgan, 1996; Morgan & Krueger, 1993; Stewart & Shamdasani, 2014).

### Participants and recruitment

Participants were members of the LSW community, defined as “individuals or household members of individuals employed in agriculture at a location within 75 miles of their homes throughout the year” (United States Department of Agriculture Economic Research Service, 2018). Eligible participants for the study included individuals who: 1) self-identified as members of the Latino seasonal worker community, 2) self-identified as female and Latina, 3) were older than 18 years of age, and 4) spoke fluent Spanish. Convenience sampling was used to recruit participants through posters placed in our community-based organization sites and where seasonal farm workers are known to reside, including trailer parks, dormitory-style housing, apartment buildings, motels, duplexes, and neighborhoods of single/duplex housing, or farm workplaces in the Homestead/Florida City area (Miami-Dade County). Potential participants who expressed an interest in the study were asked to contact the project coordinator. Then, the project coordinator contacted potential participants by phone to inform them about the duration of the focus group sessions, risks involved in participating in the research, benefits of research to the academic community and the public at large, incentives for time and effort (i.e., participation), and approximate number of study participants. Potential participants were told of their right not to answer questions or to withdraw from the study at any time. Those who expressed interest in the study were asked for their contact information. Study participants were contacted via telephone by a study coordinator who explained the research study in depth. Participants were told that they were allowed to withdraw at any point during the study and that they could refuse to answer questions. Of the 39 LSWs who expressed interest in the study, 28 completed informed consent and attended one of three focus group discussions.

We used a systematic approach to ensure that our study materials and procedures were culturally sensitive and appropriate for the LSW community, which included presenting our research concepts to the community, building trust within the community, collaborating with a CBO to develop and pilot test semi-structured FG guides, and maintain our presence within the community through health fairs. Our sample of 28 participants is comparable to previous qualitative studies with Latina seasonal workers (J. G. Grzywacz, Arcury, Trejo, & Quandt, 2016; Vamos et al., 2018).

### Procedures

Data were collected in 2015 in Spanish in a private face-to-face meeting with a native Spanish-speaking Latina moderator (M.S.) who has a PhD degree and 10 years of this experience working with and living in this community, and a native Spanish-speaking Latina assistant moderator who is a community health worker and member of the community. The assistant moderator recorded field notes. FG question domains included community characteristics, seasonal field work characteristics, social networks, folk healing in Latino culture, substance use, and alcohol use. Specific questions from each of these domains, respectively, included: “*Can you describe the seasonal farm work community to me?*”; “*What type of work do migrant workers do versus seasonal farm workers?*” and a probe of

*“What type of seasonal work is considered better?”; “Can you describe your friends that are most important to you in the community?”; “What is the opinion of the community of the use of Latino folk healing?”; “How would you describe the use of alcohol amongst the Latina immigrant women?”; and “How would you describe the use of tranquilizers without prescription or sleeping pills, or pills for the nerves among field workers?”*

All FGs were audio recorded and lasted approximately two hours. A bilingual translator transcribed FGs verbatim in Spanish. Then, transcripts were then translated into English by a certified bilingual (Spanish/English) translator. A bilingual study team member assessed the quality of transcriptions by listening to the Spanish audio recording while reading the English transcript. Study participants received \$50 compensation for their participation. This study was approved by the Institutional Review Board (IRB) of Florida International University and informed consent was provided by participants prior to data collection.

## Analysis

The present study employed a general inductive approach to analyze qualitative data generated from three focus groups (Thomas, 2006). English versions of the transcripts were given to the data coding team, comprised of four graduate students (3 female, 1 male; 1 non-Hispanic White, 1 non-Hispanic black, 1 Hispanic White and 1 non-Hispanic multi-racial). As the study team did not share biases, values, and experiences as participants, they aimed to engage in reflexivity. Accordingly, the study team reflected on their understanding of their values and views through critical thinking and extensive group discussions. All coders received training in qualitative research methods by the co-author S.S., an expert in qualitative methods. All coders read the transcripts independently then read the transcripts together. The coders then read the transcripts together and generated an initial codebook of 121 codes. Codes were then collapsed based on relatedness and further revised through group meetings among coders until a total of 25 codes were identified. Examples of codes and code descriptions include: *Mistreatment of Latina immigrant workers* which we described as “*When participants discuss their negative experiences working as a farm worker by their employers*”; *Sacrifices to be a Latina seasonal worker* which we described as, “*When participants discuss social or family sacrifices made due to their seasonal farm work*”; and *Prescription pill usage without prescription* which we described as, “*The use and context of using a prescription medication without a prescription.*” We used the data validation strategies of engaging in reflexivity, generation of rich and thick descriptions, and having a peer and expert panel review the data (authors M.S., M.K., M.D.) as suggested by Creswell and Poth (2016).

All coding and analyses were performed using Dedoose, a qualitative data management and coding software (SocioCultural Research Consultants LLC, 2018). Once all transcripts were coded by the team, coders met to deliberate on potential emerging themes. Although only three FGs were conducted, in a previous study, Guest et al. (2017) found that ~80% of codes can be derived within 2–3 FGs and ~90% of codes can be derived within 3–6 FGs. Our dataset of three focus groups comprehensively captured the majority of codes (Guest, Namey, & McKenna, 2017). The authors referred to the Consolidated Criteria for



Reporting Qualitative Research (COREQ) checklist to guide the reporting of study methods and findings (Tong, Sainsbury, & Craig, 2007).

## Results

A total of 28 LSWs of mean age 42 years, 21 years of living in the US (of which 17 years are in South Florida), and the majority of whom were from Mexico, participated in one of three focus groups. Additional demographic details may be found in Table 1. Through discussions, we identified five major themes: the influence of community characteristics on stress and social network configuration; stress as a result of seasonal farm work; worry about and stress from migration and immigration; access to non-prescription medication within social networks; and exposure to the use of alcohol and substances within LSW social networks. Themes are described in detail below and include illustrative quotes and their corresponding focus group discussion.

### Stricter immigration enforcement

Despite LSWs living in the US for a mean of 21 years, they reported that their social and family networks were increasingly being disrupted. Changes in network closeness were due to: 1) a changing community, 2) acculturation and decreasing respect, and 3) the restrictive schedule of seasonal work. When asked about the seasonal worker community, participants responded that they and members of their social networks are, “*hardworkers and poor*” (FG 2). Participants believed that the community was constantly changing for the worse, with hurricanes as the catalyst to what “*brought fear to (our) city*” (FG 3). Participants discussed how hurricanes seemed to push seasonal work from an agriculture-dominated field into an industry-based one, which made undocumented workers who wished to remain undetected, more easily visible after each hurricane. More recent changes to the community included a belief that “*us immigrants are attacking each other,*” (FG 2) and women “*have lost trust a lot*” (FG 3) with other women in these networks. Women felt they lost discretion with other women as “*what we (female LSWs) talk about, women go and tell other people*” and “*there is no more respect (for each other)*” (FG 3). Participants considered respect to be an important cultural construct and believed that communities were increasing in materialistic competition and decreasing in respect, as noted by the following excerpt: “*these [Latino] people think more about the competitiveness or having the best plasma [television], the best phone. It’s all about competitiveness. So it’s not about the values of before, or the respect for people*” (FG 3).

Participants, who prioritized the family unit, also perceived that they were losing family network ties. Network isolation sometimes occurred due to the nature of seasonal work and immigration, as one participant described:

We abandon our kids in our countries and travel to the US to try to support them. We come to this country thinking that money is at your doorstep. However, we could not save money in our countries of origin and neither we save money in the US. So we have to live in misery either way. (FG 1)

Other changes to the community included increasing deportations and “*the separation of families*” (FG 3), and “*taking [of a lot of community resources for people] away*” [such as community clinics] (FG 3).

Generally, participants believed that social networks were important, with the family unit most prioritized and other major networks forming around three key settings that facilitated social cohesion: church, work, and community (family and friends). Some participants felt that their social networks were not large, with one reason being “*I don’t have time. I go from work to my house, from my house to work*” (FG 2). Compared to country of nativity, some participants believed that:

It is difficult to make friends in this country (US) because a person knows people of different countries. They come with ideas, with customs...psychological traumas, since they were girls. Then, they come here and take it out on everyone else... sometimes a person can’t be friends with them. (FG 1)

Participants noted that the restrictive scheduling and demanding nature of seasonal work had detrimental effects on network quality and composition. For example, participants preferred to meet friends in person, but the main modes of communication with friends included texting, Facebook, and audio phone calls. Work schedules were identified as a barrier to meeting with friends in person. Some participants reported that their social networks were disrupted due to deportation, which served as an additional stressor.

### **Abuse and exploitation from employers**

Discussions surrounded the physically demanding nature of seasonal work, as

[Seasonal work] is a very difficult work...one would wake up at three in the morning to get there at four in the morning. Sometimes we would get out at 11 pm or 12 at night and would not get home until one or two in the morning to sleep two or three hours to rise again in the early morning (FG 1).

Some participants reported “mistreatment” and “abuse” from work supervisors, which also included employers stealing hours as described by the following excerpt: “*There’s a lot of people that work a lot of overtime and there’s people that steal the overtime. (LSW employers) rob the minutes when (LSW employers) are going to pay (workers)*” (FG 1). However, because Latino seasonal workers do not feel empowered to whistle blow, “*(LSW employees) don’t complain. (LSW employers) can steal 8 to 10 hours from a person*” (FG 1). One participant described witnessing physical abuse by sharing, “*For example, a supervisor who was walking by saw a plant wrongly placed and then he goes BAM (indicates employer physically hitting worker) in the face*” (FG 1).

Despite abuse, participants felt as if they had no choice but to endure the abuse as there was much competition for work:

It’s hard to work in the fields—it’s hard...really hard. In the fields, people mistreat you and put you down a lot...I feel stepped on. I don’t know why people don’t defend themselves. Maybe they don’t defend themselves because in (our city) there’s not a lot of work (FG 1).



According to one participant, nurseries were difficult to work with as, “*the nursery is very hard. But one looks for it because it has a lot of flexibility*” (FG 1). “Flexibility” could be described in terms of conventional work schedules (9:00 am to 5:00 pm) that would allow LSWs attend to family and social obligations. For those working in the field, varying work schedules and changing seasonal work creates job and financial insecurity that drives stress. Participants reported experiencing cumulative stress from intense work schedules and familial duties, causing depression. Due to the restrictive schedules and labor intensity of seasonal work, participants believed that their family lives were compromised as there was, “*a lot of sacrifice to work in the field*” (FG 1) such as being “*parents that would come home to only watch [their children] sleep*” (FG 3). Participants described feelings of anxiety and depression as a result of their working conditions, and how they would take “*pastillas para los nervios*” (*pills for their anxiety or stress*) (FG 2) in response to “*depression*” (FG 2). Participants also reported taking medication daily due to the musculoskeletal pain from such laborious working conditions. Some participants discussed taking “*pills for stress*” to alleviate physical pain as a result of their occupation while others discussed how,

I would take a lot of ibuprofen for the pain in my body when I would get so tired...and at work too in order to tolerate... I would take some and take some to bear it until 12 pm through 2 AM and I would tolerate it and stay awake...I'd drink some coffee cause that's the way it was.

Other participants discussed how instead of taking over the counter pain relievers for pain, some LSW were “accustomed to drinking” (FG 2).

Another means in which seasonal work caused stress was through the disliked housing situations that seasonal work placed them into. According to participants, several families typically live in a single house and share bills to help pay the rent, which they feel is expensive in relation to their earned wages. Nonetheless, although not ideal, some participants emphasized that seasonal work is much better than that of migrant farm workers, as demonstrated by one participant who shared:

I was staying with one hundred and fifty-nine people, and for all of those people there were only three stoves and two bathrooms. We had to make a line to shower and do everything, but you know, depending on your necessity, you would sometimes just have to do it in the woods otherwise you'd have to wait in line (FG 2).

### **Environmental hostility given enforcement of immigration laws**

Deportation and immigration discussions permeated all focus group discussions as participants felt it impacted all facets of their lives. Participants reported that documentation authorizing work was a barrier to finding work. Further, participants discussed feeling worried about the drastic increase of immigration raids in the past few years. One participant believed the raids were so severe that she joked, “*(Immigration) can't take people because there's no one else to take*” (FG 1). After the implementation of stricter immigration enforcement, participants shared that LSWs from their community are relocating permanently, with some discussing how more than half of their family members and friends were deported during the past 20 years. Some participants shared that some

documented LSWs would take advantage of undocumented LSWs to use their services through blackmail, *“I had a friend whose godfather was the healer. Then, I heard from other people that he was abusing them because they didn’t have documents, and would threaten them of reporting them because he knew where they lived”* (FG 2). Members of the undocumented LSW community also felt discriminated against by their friends who refused give them a ride or carpool to work together as, *“no one wanted to transport people because immigration was pressuring them”* (FG 3).

### Access to illegal medication

Some participants described not having health insurance or access to a health provider. As such, participants reported the self-administered use of prescription medication (e.g., sedatives and opioids) without a prescription in response to stressors such as poverty, poor living conditions, exploitation, parental issues, financial problems, discrimination, and to help them sleep, *“because if you feel stressed, you go and look for a tranquilizer”* (FG 3). Participants also discussed how *“people use medication without a prescription... they use them to help them sleep or to calm their nerves”* (FG 1). Other participants described not needing any medication to help sleep and instead *“abus(ed) the usage of those (energy-boosting) drinks”* (FG 3). The majority of women reported accessing prescription medications without a prescription through their social networks. For example, one participant explained that *“If you know old people who have (access to) pills... then, you can ask them to buy medication for you... you just need to tell them the specific amount”* (FG 1). Also, women accessed prescription medications without a prescription from ties with their country of origin— *“In our countries... they sell it easily and sometimes we come with that, and then we get it here one-way or another without prescription”* [FG 2])— by asking friends or family in home countries to send it to them (e.g. *“I ask my mother to send [prescription medications] from Mexico [FG 1]”*) and from popular and non-clandestine community drugstores that illegally sell prescription medication without a prescription, such as *farmacias de barrio* (FG 2). Participants reported that police have previously intervened and shut down *farmacias de barrio* only to have the stores reopen a few days later (FG 2).

Due to a lack of access to a healthcare provider and health insurance commonly provided by employers, some participants reported having no preference for any specific prescription medication available in their social networks, as best demonstrated by the following excerpt: *“because we don’t have health insurance, we take whatever our friends give us that have worked for them... we just take the medication provided by our friends because we don’t have money to buy something else”* (FG 3).

### Use of alcohol and illegal substances

Some women discussed alcohol use within social networks as a coping strategy to stressors such as the difficult nature of seasonal work, to forget, and because they are happy, sad, and/or tired. Regardless, *“(immigrants) always say that it’s because they work all day and they deserve a beer. But it’s not just one. It’s a couple (or more). They always justify themselves”* (FG 2). Most women who reported having a social network mainly composed of religious members did not report drinking alcohol as churches served as a protective

mechanism from drinking or use illegal substances. One participant described a notable change in her friend after her friend joined a church:

[My friend] went into the church...she used to smoke (marijuana) by kilograms and from one moment to the other she didn't smoke anymore. I said wow- how strange because of how much she smoked? She said "Yes. I didn't go back to smoking. I went into church. I do an errand here and do an errand there. [The church] sends me here and there." (FG1)

However, participants who identified with social networks composed mainly of non-church attending members of the community reported drinking alcohol, with beer and wine as beverages of preference.

Participants reported drinking alcohol to deal with immigration stress, discrimination, work-related stress, relationship stress, and to help them sleep and relax. Participants reported that they prefer to take sleeping pills and sedatives; however, because it is difficult to access such pills, the women turn to alcoholic beverages. One participant discussed needing alcohol every day in the following excerpt: "*I know that [red wine] is bad for you. But that has me hooked— the red wine. Wine is like a tranquilizer*" (FG 3). One participant shared how, "*A friend told me that if you drink a cup of wine every day, then you would be able to sleep peacefully*" (FG 3). However, this was seen as dangerous as, "*It started off as drinking one glass but now, every time we get together, someone asks 'Do you bring wine?' and for me that is becoming a habit*" (FG 3).

As aforementioned by prior quotes, participants who discussed drinking alcohol tended to do so with friends. Most discussions surrounding binge drinking did so on weekends at social gatherings including social venues, birthday parties, and home get-togethers, as shared by one participant who said, "*When you go to one of the dance parties, you can see the large quantity of women that come in to drink. Everybody gets drunk. They have to drag these women out*" (FG 1). Another participant shared a typical social gathering including alcohol in the following quote:

I would say there were about 50 women in that party and the one who drank the least was me...and I had (about) 500 beers! [all laughing] I'm the one that drank the least so I could drive my car (FG 1).

However, participants believed only men and not women abused alcohol. Also, although consuming alcohol at work was previously allowed, participants disclosed that employers were increasingly enforcing no-alcohol policies in workplace regulations, ceasing this activity.

## Discussion

This exploratory study used a general inductive approach to explore a South Florida Latina seasonal worker community's social network of alcohol and prescription medication use. We found three major social networks configured around work, church and folk practices, and community (family and friends). Themes included the influence of community characteristics on stress and social network configuration; work-related stress; worry about

migration and immigration; access to prescription medication without a prescription within social networks; and exposure to immigration stress and the use of alcohol and substances in their social networks. An important contribution of the present study is the description of how prescription medication is preferred among LSWs in South Florida; however, when unavailable, they turn to alcohol use. We found that non-prescribed sedatives, obtained through friends, neighbors, and older community members, are popular among LSWs in our sample.

Our sample described stress, anxiety, and depression symptoms as a result of the toxic working conditions and chronic worry about migration and immigration. Previous literature has found that the following conditions are highly prevalent among LSWs: depression (with nearly 40% of workers experiencing significant depression), anxiety (about 30% experience anxiety) and difficulty sleeping, nervousness, or significant sadness for longer than 2 weeks (experienced by 12.1% of this population) (J. D. Hovey & Magana, 2000; J. D. Hovey & Magana, 2002a; Kelly, Glick, Kulbok, Clayton, & Rovnyak, 2012). The prevalence of anxiety may be high among female seasonal workers in comparison to male seasonal workers because in addition to contextual factors such as long hours working in the field, women usually bear responsibilities of domestic labor (e.g., cleaning the house, doing laundry, cooking meals), experience sexual harassment at work, and are seldom able to take family leave from work (Sandberg et al., 2012). Our study complements these findings by reporting that some LSWs use non-prescribed sedatives to overcome stress, anxiety, and depression caused by the following additional contextual factors: their children's use of marijuana, relationship problems, low self-esteem, poor living conditions, and poverty (Cherry & Rost, 2009; García, 2007; J. G. Grzywacz et al., 2010; J. G. Grzywacz, Quandt, S. A., Isom, S., & Arcury, T. A., 2007; A. E. Hiott, Grzywacz, Davis, Quandt, & Arcury, 2008; J. D. Hovey & Magana, 2000; J. D. Hovey & Magana, 2002a; M. Kanamori et al., 2018; Kelly et al., 2012; Kim-Godwin, 2006; Sandberg et al., 2012; Saxton, 2015; S. B. Winkelman, Chaney, E. H., & Bethel, J. W., 2013). The emphasis on family, *familismo*, has been previously reported in other studies.

This study is especially relevant during current anti-immigration policies and adds to our understanding of Latinx acculturation. Our sample reported living in the US for a mean of 21 years: well beyond the "recent immigration" stage of 6 months. Three of 26 participants who provided their country of nativity indicated that they were born in the US. Instead of having the same opportunities and access to fair wages, education, and healthcare, as would be expected from immigrants who have settled in the US for an extended period of time or who are first generation Americans, LSWs continue to be severely marginalized, invisibilized, and disadvantaged. The myth that Latinxs face few obstacles during their assimilation process to the US cannot be generalized to all Latino sub-groups (Sears, 2015; Sears, Fu, Henry, & Bui, 2003; Sears & Savalei, 2006).

Social and mental health issues drive the growing illicit substance use crisis within the LSW community. Our participants also reported prescription medication misuse as an escape from poverty, inhumane housing situations, and the physical and emotional abuse experienced in the workplace. The literature suggests that greater anxiety and depression in this population is associated with their high acculturative stress, difficult life circumstances associated with

their lives as seasonal workers, and daytime sleepiness (J. D. Hovey & Magana, 2000; Kanamori M, 2020; Kelly et al., 2012; Rubel, O’Neill, & Collado-Ardon, 1991). It is also important to note that LSWs may avoid healthcare provider visits, which would enable them to access provider-prescribed medication. This avoidance has previously been found to be due to lack of information and access to health care, fear of deportation at social service agencies, and reliance on alternative cultural health practices (Portes, Fernandez-Kelly, & Light, 2012). Reports indicate that only 5% to 11% of seasonal workers have health insurance provided by their employer and 7% to 11% are enrolled in Medicaid or other form of public health (Bauer & Kantayya, 2010). The high rate of uninsured seasonal workers is predominantly due to current policies such as the Patient Protection and Affordable Care Act, which limits undocumented immigrants access to health insurance (Kelly et al., 2012).

Limitations in our study include the small sample size and participants’ self-selection bias. In addition, the sample is heterogenous for both current LSW and former LSW: there may be nuanced differences between these two groups. However, due to the similarities in responses of both groups, we believe we captured the main differences. Due to the small sample size, we could not perform analysis to compare women from different countries of origin or other more granular analyses. The exploratory nature of this study calls for additional work that employs hypothesis-driven, quantitative or mixed methods methodologies to confirm our results.

## Conclusion

Our findings suggest that alcohol and substance abuse prevention or treatment interventions that target LSWs should account for the specific cultural dynamics of this community, including the effects of social networks, a constantly changing community, and immigration policies. Future studies should assess how to increment amounts and sources of emotional and instrumental support in LSWs’ social networks. We suggest a bolstering of interventions available to women that are low cost, do not require documentation, and include service hours that accommodate late workdays, cultural values such as *familismo* (a social structure where the needs of the family are more important and take precedence over the needs of any of the family members), and social network reconfigurations for decreasing LSWs’ access and alcohol and prescription medication misuse.

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**Table 1:**

Participant Demographics.

	Focus Group 1	Focus Group 2	Focus Group 3	Total
<b>Total participants</b>	9	9	10	28
<b>Mean age in years (SD; number of respondents)</b>	45.9 ( $\pm$ 12.4; n=9)	30.9 ( $\pm$ 8.2; n=7)	45.2 ( $\pm$ 7.8; n=10)	41.6* ( $\pm$ 11.5; n=26)
<b>Country of Origin/Nativity</b>				
<i>Mexico</i>	3	7	3	13
<i>Dominican Republic</i>	1	0	0	1
<i>Colombia</i>	2	0	0	2
<i>Honduras</i>	1	0	1	2
<i>Guatemala</i>	0	0	1	1
<i>El Salvador</i>	0	0	2	2
<i>1<sup>st</sup> generation Mexican American</i>	0	1	2	3
<i>Did Not Report Country</i>	2	0	1	3
<b>Mean years lived in the US (SD; number of respondents)</b>	18.1 ( $\pm$ 9.8; n=9)	19.8 ( $\pm$ 9.1; n=9)	24.8 ( $\pm$ 7.0; n=10)	21.1 ( $\pm$ 10.9; n=27)
<b>Mean years lived in South Florida (SD; number of respondents)</b>	12.4 ( $\pm$ 10.2; n=9)	15.6 ( $\pm$ 12.2; n=10)	20.6 ( $\pm$ 10.6; n=10)	17.5 ( $\pm$ 10.9)