Executive Summary

Low-German-Speaking Mennonites from Mexico:
A Review of the Cultural Impact on Health in Wellington County

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Background

In early 2009, Wellington-Dufferin-Guelph Public Health identified Low-German-speaking (LGS) families from Mexico as a priority population. These families are a unique immigrant group, many of whom have settled in the Drayton area in Wellington County. They have spent centuries travelling as a community to new countries in a faith-based effort to retain their separateness from mainstream society.

The latest wave of immigration to Canada is not a faith-based mass migration, but one born of individual economic hardship. LGS families from Mexico have lived in a remote, hierarchical culture that directs all aspects of life from biblical interpretation, to education, to the role of women in the culture, to health care and, as such, individuals face acculturative stress as they settle in Canada.

We conducted stakeholder interviews with Public Health staff and other key stakeholders in the community to gain a broader perspective of the issues facing the community and to identify possible strategies for addressing these issues.

Key Findings

Identified Strengths

Resilience

Several stakeholders spoke of the resilience LGS families need to cope with the economic adversity and frequent migration. A community member relayed to a key stakeholder that this resilience is biblically based.

Cultural commitment to a virtuous life

There is a strong sense of cultural identity and a desire to lead by example through a virtuous life. There is a sense of pride in one's work that can be seen in the craftsmanship, baking, sewing, and neatness of home and appearance.

Social Determinants of Health within the LGS Community

Priority health care needs and health care practices

Dental health – Dental care is not modelled in Mexico. Poor dental health is related to poor nutritional choices in Canada. Lunches in schools often consist of carbonated beverages and chips.

Mental health – Seen as laziness or sloth that can be addressed through repentance or working harder to "measure up." When symptoms of a mental illness cannot be ignored they are grouped together under "nerve trouble."

Reproductive health – Knowledge of reproductive health issues can be limited in this community. Use of birth control is not condoned by the Old Colony Church.

Language barriers, transportation issues, and lack of trust between families and their provider are all barriers to health care for LGS families.

Health concept

Illness is often viewed as God's will or even as a punishment from God. Death is also seen as God's will and therefore not preventable. Disease, injury prevention, and health promotion are concepts without meaning for LGS families.

Education

Migration to Mexico began as an effort to preserve their control over the education of children. Even now, as families return to Canada, mainstream education in Canada is sometimes feared as a threat to culture and separateness from the world. In Mexico, children begin attending school at 6 or 7 years of age and finish around 13 years. Girls typically receive slightly less education than boys. The "school year" follows the farming cycle and thus is only six months in length.

Gender

LGS families from Mexico are part of a hierarchical culture where men have more power than women. Women often won't make decisions about referrals, group attendance, or home visits without discussing with their husbands first. Being members of a minority culture, particularly one that is hierarchical and patriarchal in nature, LGS women are more vulnerable to domestic violence. Employment opportunities are limited for women because of their lack of education and the fact they often have young children in the home. Power imbalance in LGS Mennonite families creates additional challenges for public health and education professionals whose contact is primarily with women. Even if health messages are accepted by women, it will be difficult to change practices in the home if the husband does not accept the information.

Poverty

Families leave Mexico often because of economic hardship. Unfortunately the economic hardship that drives families to leave Mexico remains a factor in Canada. Because their lives in Mexico have been focused on obtaining the basic necessities of life, little time is available to reflect on higher level issues like love/belonging, esteem, or self-actualization.

Social supports

Key stakeholders commonly spoke about the strong sense of family within LGS families from Mexico. The high quality of community support during times of grief was commented on by one stakeholder. However, questions emerged in other interviews about the level or quality of emotional support provided. Limited verbal praise or displays of affection are examples of what one stakeholder described as a "culture of silence" within the community. A sense of loss of connection to close relatives has been reported to key stakeholders by community members. Individuals differ in their ability to easily immigrate to Canada based on their past ties to Canada. As a result, extended families are often separated as one family unit moves to Canada.

Child development

Children are valued but disability can be viewed as a punishment. At the same time, families may be accepting of the child's disability and wouldn't see value in seeking additional therapy because this may interfere with God's plan for the child. Even if a family wanted support, accessing services are difficult because of the barriers for LGS families such as transportation and language barriers.

Interventions

Stakeholders described several effective interventions that reflect different models that address gaps in traditionally provided services.

Client-Centred Care

Client-centred care considers the one-on-one therapeutic relationship between client and provider. Building long-term, client-focused relationships that work within a client's cultural context were seen as key. Any immigrant coming to Canada often faces different laws and cultural norms. As a result, professionals often focus on what the client is doing wrong (e.g., corporal punishment, dental care, education). To successfully promote change, it can be more helpful to be identified as a peer with similar challenges and experiences than as an expert who is going to tell the group or individual what they are doing wrong.

Popular Education

Popular education is a model for facilitating groups like the Newcomers Education Program and also has relevance for health teaching within a provider-client dyad. Whether in the home or in some groups, hands-on strategies work well. Most individuals learn best through hands-on activities, however LGS women benefit even further because of their limited experience with formal education and the difficulties with print material due to language barriers. Stakeholders repeatedly referred to the need to move slowly and expose clients to the same information many times. Accompanying health teaching with the provision of free equipment may be a better option compared to health teaching alone. Strength of word of mouth cannot be overestimated. Because a lack of trust of professionals can be an issue, positive word of mouth from community members can help build that trust.

Accessing children at the school has many benefits including the opportunity to build on current curriculum, addressing the barrier of transportation faced by many families, and the opportunity for peers or older students in the school to role model health behaviours or to explain concepts in a culturally appropriate manner.

Knowledge Management

Individual organizations and community-based networks can suffer when there is staff turnover. Capturing the knowledge about the LGS community at an organizational and community level is necessary to address this issue.

Recommendations

- Introduce Low-German-Mennonite culture to new staff who will have contact with Low-German families.
- Identify key staff to engage with the community while building internal capacity to support the community. The goal of this is to build recognition of different individuals in hopes of establishing some trust within the community should a change in assignment be necessary.
- Identify opportunities to collect data on the language spoken in the home. This will help improve our understanding of the size of the Low-German population.
- Design activities that use appropriate metaphors or simple, everyday items to teach health and biological concepts to Low-German families.
- Support face-to-face interactions or lower-literacy written health information. Translated print material has little value due to the complex nature of language in the LGS community.
- Build upon the strong oral culture of this community.
- Continue supporting community networks with appropriate agencies. Collaboration between agencies builds group knowledge about the needs of the LGS community.
- Advocate for a means of provincial surveillance for the LGS community.

By considering different aspects of LGS family life in the context of the determinants of health, a broader understanding is created of the issues facing these families as they come to our community. Poverty, limited education, language barriers, and a strict adherence to gender roles create significant barriers to health for LGS families in Wellington County. As a result of their world view, traditional approaches to providing health information do not meet the needs of this community. LGS families in Wellington County have both unique challenges and skills. It is hoped that by building on their skills and helping to reduce the impact of the challenges, the overall health of the LGS community can be improved.