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With
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La mujer en el hogar es reina a la que hay que amar

Exploring how Latin American female caretakers perceive health and healing in Hartford in navigating the American healthcare system



Introduction

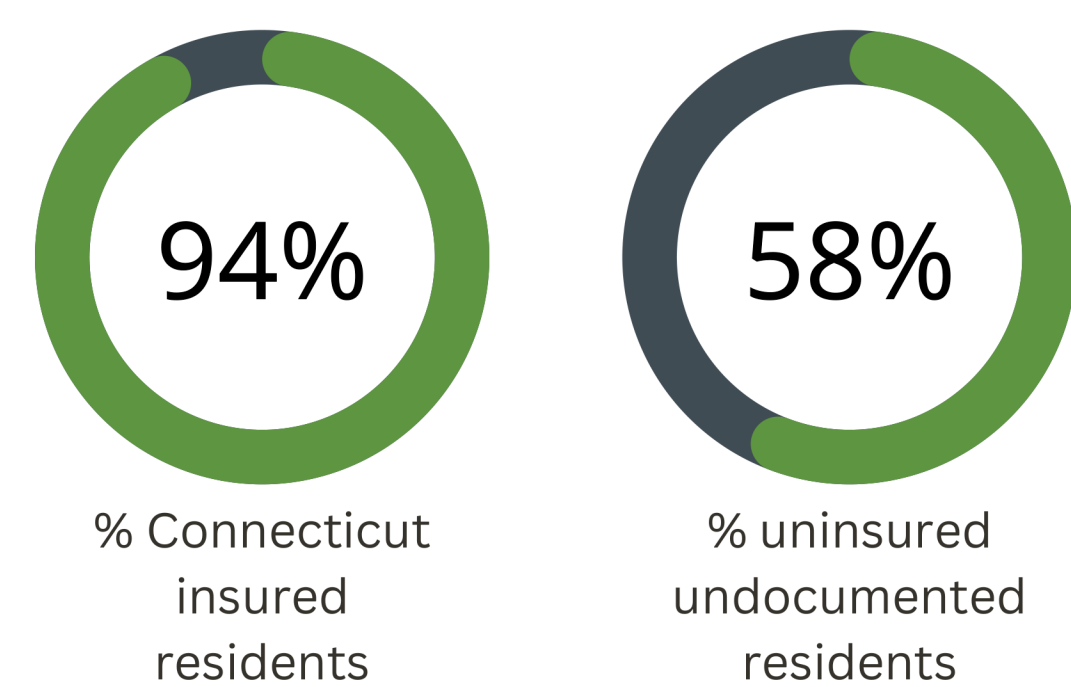
By January 1, 2023, children in Connecticut under 12 years (regardless of immigration status) can obtain healthcare coverage through HUSKY. The HUSKY Program is Connecticut's public health coverage program. Currently, the HUSKY 4 Immigrants Coalition is fighting to expand access to HUSKY for all immigrants, regardless of status. The health of children cannot exist without the health of their parents and caretakers.

Therefore, the role of caretakers in mixed citizenship households, as they navigate the American healthcare system with their children in mind, is important. **My research follows the experiences female-identifying Latin-Americans as they seek treatment for their children and themselves.**

Background

This research project was inspired by a lifetime of watching strong, resilient Latin-American immigrant women doing all in their power to ensure the well-being of their children.

Quick stats:



Health Coverage of Parents of Young Children (0-8) in CT (2010-2014):

- 23% of 95,000 foreign-born parents were uninsured
- 4% of 302,000 native-born parents were uninsured

Objectives

- 1 To address the gap in literature related to the mental, emotional, and physical implications of being a female, Latin-American caretaker
- 2 To demonstrate how essential it is to extend healthcare coverage to all of Connecticut's residents, regardless of their immigration status

Methodology



Connecticut General Assembly S.B. No. 284 Public Testimonies



Literature Review



Unstructured interviews

Findings



“ I never imagine the **pain** that we would feel as parents to see that only three of our children were getting the medical attention and services they needed and the other two were not because we could afford to pay for it. —A. (3/10/22)

Because he wasn't born here, he doesn't have health insurance. Even though his nose bleeds often, I can't take him to the doctor. I feel very sad and angry. As a mother it **pains** me to see my son suffer. —E.B. (3/10/22)

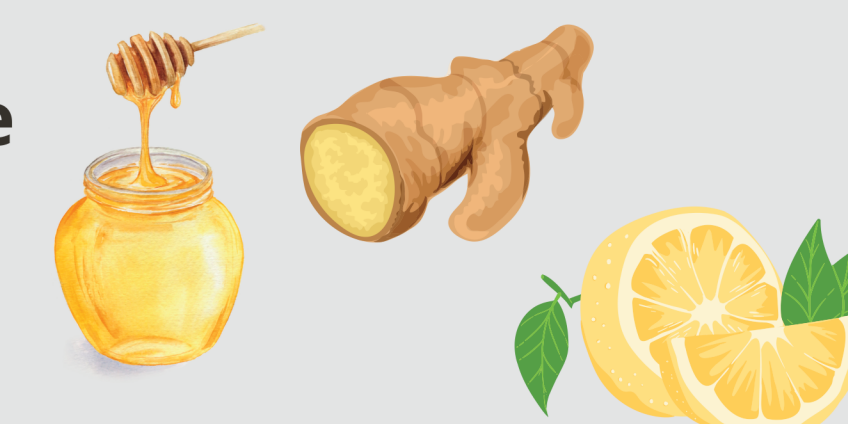
I have bleeding problems and I feel I need to go to the doctor but I **haven't gone** because I don't have insurance and I won't be able to pay. —T.C. (3/10/22)



Very high caretaker pressure to work (having great difficulty taking time off from work for the child's medical appointment because of possibility of losing a job as a result) is independently associated with the risk of having a child with unmet health care needs (Pérez-Escamilla et al.)



The core of natural medicine



Distinctions of medicine types

"Medicina tradicional":
Traditional =
OTC/prescribed

"Medicina natural":
Natural = herbs, teas
traditional remedies

Conclusion

It's important to acknowledge the medical racism, language barriers, and lack of cultural competent care that shape the interactions Latin-American caretakers have with the medical system, but access to healthcare for **all** is an extraordinary step forward.

Identified themes

- Fear of economic implications of sickness
- Emotional distress as a response to unhealthy children when unable to afford care

Suggestions for Further Research

- Investigating what resources are available to female caretakers and improving them in a culturally sound way
- How natural medicines are used alongside medical treatment

Limitations

In only having a semester to work on this project, I did not have an extensive network of informants. Additionally, my research is not an attempt homogenize the identities and experiences of Latin-American women. I deliberately chose to conduct my research on the premise of racial/ethnic identity, due to how the literature utilized presents findings, not to enforce stereotypes.

References available upon request!

Acknowledgements

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