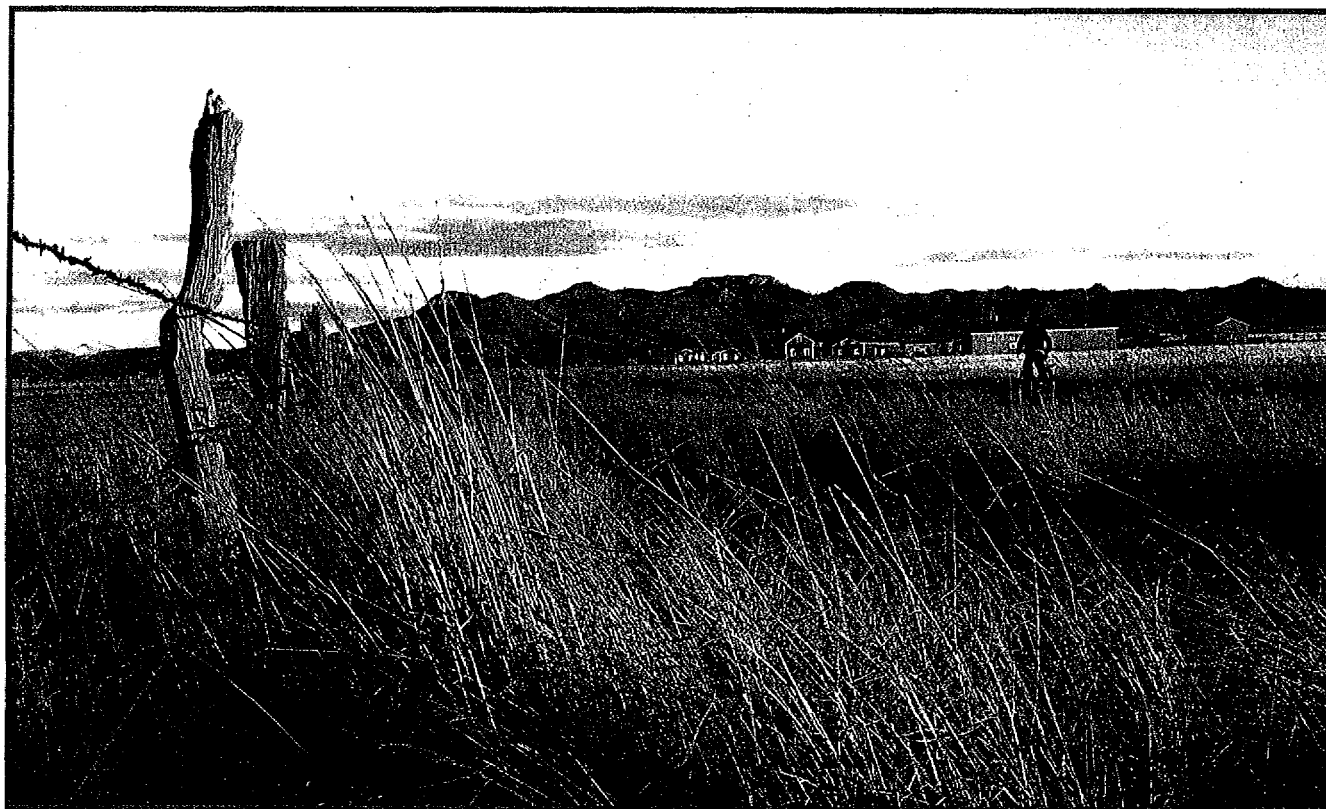


HEALTH CARE FOR THE MEXICAN MENNONITES IN CANADA

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Photos courtesy of Die Mennonitische Post, Steinbach, Manitoba

Country scene in the Mennonite colonies in Mexico, with the Sierra Madre mountains in the background.

In the 1920s their descendants left Canada for Mexico, seeking educational and religious freedom. Since the 1970s, however, thousands of Colony Mennonites have come home.

The basic story of Canadian Mennonites is well known: During the centuries since the founding of the Mennonite church in Holland in the 1500s, religious persecution has led to group migration throughout Europe and to North America.¹ Mennonites who came to Canada settled mainly in southern Ontario and the western provinces, where they maintained their religious practices, language, education and

agrarian lifestyle. Less well known is that, in the 1920s, when the Canadian government mandated that all schools must use the provincial school curricula, some conservative Mennonites chose to leave Canada for Mexico, where they had been promised religious and educational freedom.²

Despite the opportunity to maintain their distinctiveness in Mexico, Mexican Mennonites began returning to rural Canada because of economic pressures brought on by Mexico's land and water shortages. Employment in Canada is often readily available, because their lower education, strong work ethic and acceptance of low wages make Mexican Mennonites desirable to large-scale crop and livestock farmers. In addition, Mexican Mennonites are often able to attain landed immigrant status in Canada because their parents or grandparents were Canadian citizens. Recent estimates suggest that as many as 27,000

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have returned.³ Thus, Mexican Mennonites form a significant group of immigrants, especially for the Canadian health and education systems.

Needs assessment

Post-RN students in an advanced community nursing class at the University of Lethbridge, Alberta, recently assessed the health and social needs of the Mexican Mennonites living in Southern Alberta. The assessment was conducted in collaboration with a public health agency and a community agency that work with the Mexican Mennonites in Southern Alberta. The student teams that conducted the needs assessment used Herberg's Cultural Assessment Guide, which emphasizes open-ended questions to allow the exploration of a group's beliefs and practices.⁴ Twenty men and 24 women were interviewed after a signed consent was obtained; interpreters were used when necessary to ensure full understanding by both the participant and researcher. In addition to the students' cultural assessment, a number of Mexican Mennonite women were interviewed further about childbearing.

All the participants were married. The women were between the ages of 20 and 53, with a mean age of 31; the men were between 22 and 49, with a mean of 32. Both men and women had a low level of education: Of the 24 women, 15 had received only a grade six education; of the 20 men, 11 had received only seven years of schooling. Sixteen of the women and 16 of the men had arrived in Canada within the previous five years.

Among the women, frequent childbearing was common. The range of pregnancies was from one to 11, with a number of the women in the sample still bearing children. The range of children was from one to nine with a mean of 4.7. A close examination of the individual pregnancy history indicated that most of the women had a child every one to two years.

Although most of the Mexican Mennonites interviewed were from Mexico, a few had lived in Paraguay or Belize. One had been born in Bolivia; the rest had been born in Mexico.

Religion

Direct questions were rarely used to gain information about the participants' value orientations, which were instead surmised from their statements about religion or health and illness.

All the participants adhered to religious beliefs that stemmed from the Mennonite church, although specific church affiliations were not gathered. Their code of ethics is based on Judeo-Christian beliefs, with additional teachings such as pacifism. They believe strongly in the individual's lack of control over life circumstances and the importance of accepting God's will. The Bible is their basis for everyday living.

The willingness of Mexican Mennonites to change and include innovations in their lives depends on the individual's adherence to traditional religious beliefs. People belonging to the Old Colony Church are the most traditional and least accepting of technological advancements.

Church services are held on Sundays, their day of rest. In church, the men sit on one side of the building and the women on the other. Children do not attend church until they are past six years of age, when they are considered to be able to stay quiet during the service. As in other Christian services, the congregation sings together and the minister reads from the Bible.

Baptism is an important event. The decision to be baptized is made by the individual; children are not allowed to make that decision until they are in their teens or older. Baptism represents a renewal of commitment to God and forgiveness for past transgressions. Only baptized members of the church can be married.

Mexican Mennonites celebrate Christmas as a three-day event. They also celebrate New Year's Day and Easter (from Good Friday to the following Tuesday, signifying Christ's ascension). Other holidays are Three Kings' Day, on January 6, and Pfingsten Day, which is 50 days after Easter and signifies the arrival of the Holy Spirit. Holidays such as Thanksgiving, Valentine's Day and St Patrick's Day are not acknowledged among the Mexican Mennonites.

Funerals include the whole congregation and are much like other Christian funeral services. Three days after death, the prepared body is dressed in white and placed in a coffin, and the service is held. The coffin lies at the front of the church during the service and later is buried in the church cemetery while the congregation sings. After the funeral comes a social gathering with food. Most widows do not remarry until one or two years after the death of their husband; in the interim the community contributes food, money and other items. Widows do not wear mourning. The death of an infant is said to be a happy event, because infants are considered angels.

Family life

Among Mexican Mennonites, the family is highly valued. Respect and obedience are shown to one's parents and elders, and marriage is desirable. The participants met their spouses through several means: Some lived in the same village; others met through family members, social gatherings or "girling," which is similar to "cruising" by Canadian boys. Most of the participants had dating rules and curfews placed on them. Dating practices varied with the specific church affiliation and ranged from being allowed to visit in the home with supervision to unsupervised visits in the village. The dating period of the partici-



Conservative Old Colony Mennonite children in Central Mexico.

pants ranged from less than a year to more than three years.

Although marriage within the Mexican Mennonite groups is preferred, some intermarriage has occurred between Mexicans and Mexican Mennonites. In any case, the prospective groom needs to gain the token approval of the woman's parents, although a lack of approval does not stop the union. There is no engagement ring; after a regular Sunday service, the couple simply announces their intention to be married. The wedding ceremony is held the following Sunday as part of the church service, and thus all the congregation attends. Afterwards, the young couple lives with whichever inlaws have the most room or in a home left vacant (in Mexico, a number of homes were vacated when the families moved to Canada). Divorce and separation are said to be unacceptable, but nonetheless do occur.

The day after the wedding ceremony, most women don a black *duck* (pronounced dueck), or head scarf. There are some variations to this practice: some women wear a white *duck* during the engagement week and up to one year after being married and then start wearing a black one. The participants said that women wore the *duck*

because it had religious significance, because it indicated that the woman was married, or because it ensured that God would hear the woman's prayers.

Mexican Mennonites' households are patriarchal, with the husband considered the head. The husband works outside the home while the wife spends most of her time housekeeping and caring for their children. The Mexican Mennonite men are usually employed in agricultural jobs and have a reputation as hard workers. Currently, for economic reasons, women are also starting to work outside the home.

As with certain other Christian churches, family planning is said to be unacceptable, but some couples nonetheless practise it. A couple's use of family planning depends highly on their physician's advice, which is usually obeyed. Abortion is vehemently opposed. Similarly, premarital sex and pregnancy before marriage are considered wrong by the church, but they still occur. Neither the church nor the community as a whole comments on the number of children desired, because the births of these gifts from God are to be welcomed. There is no gender preference.

The naming of children is based on tradition, although some Mexican Mennonites are altering

this practice. Children are customarily named first after the grandparents, then the parents; only after those names have all been used do the parents choose another name. Girls do household chores and are taught such ancillary skills as sewing, crocheting and knitting. The boys usually work outside and learn how to farm. The church to which the family belongs provides assistance in setting rules for the children's behavior. Discipline is the responsibility of both parents, although the father is often the one who actually gives the punishment. Disciplinary strategies include lecturing the child, putting them in a corner, asking them to write a note of forgiveness or using physical discipline (which was not clarified). The fathers do spend time with their children, but rarely help out with activities such as diaper changing.

The clothing of the participants varied according to which church they belonged to. The more liberal Mexican Mennonite women wore pants or dresses that were bought and did not wear a *duck*. The more traditional Mexican Mennonites wore homemade dresses that varied from a plain, sombre blue or brown to a colorful (and usually flowered) dress with ankle socks. Most young girls wore clothes of a style similar to their mother's. In some homes, both boys and girls wore blue jeans and T-shirts. The men's attire tended to the Western, with blue jeans and cowboy shirts common.

Language and education

Low German is the language most commonly spoken in the home. High German — spoken, read or written — was less common among the participants but is commonly used by teachers or ministers. Only a few of the participants could speak Spanish. However, the parents are learning to speak English through adult English classes, their children or contact with employers.

The range of religious beliefs and varying degrees of adherence mean that, in some homes, televisions, tape recorders, books and magazines are allowed. In others, musical instruments such as guitars and harmonicas can be found. One man said his children could have access to musical instruments in the church. Magazines and books are allowed in some homes, as long as the contents are not unsuitable. One man was unsure if the church allowed magazines and therefore his family did not have any in their home. One woman stated that as a child she was not allowed magazines but that she and her husband now love to read them. Other books they are allowed include the Bible and their song-book.

Education has not been emphasized among most Mexican Mennonites. In Mexico, children are educated in Low German in schools separate from the Mexican children. Children there begin

school at the age of six and usually do not continue past age 13.

In Canada, the Mexican Mennonites obey provincial regulations, sending their children to school until the age of 16. Nonetheless, education is not seen as beneficial by most parents. Home schooling is a popular option because of the Mexican Mennonites' dissatisfaction with the Canadian school system and the common practice of having children work in the fields during planting and harvesting.

Health, illness and diet

Health, in itself, is not a priority for the Mexican Mennonites interviewed. Instead, health is seen by many as a balance of the spirit and physical body. A lifestyle of hard work, good food and adequate sleep is believed to lead to good health. Dental hygiene is not maintained; several participants admitted to brushing their teeth only every few weeks. Optometry services are used only if there is a perceived problem with individuals' eyesight.

By far the majority of the participants believe that people become ill because it is God's will. Illness is either punishment for disobedience or an opportunity for personal growth. Only a few participants believe that germs can cause illness or that people can make themselves sick. Poor health is also believed to be due to excessive cold, long car trips such as those back to Mexico, or ingesting something bad.

When someone becomes ill, prayer is considered important to healing. Home treatment is used before visiting a physician. Home treatments include acetaminophen, chamomile tea, "wonder oil" ear drops (this was never explained) or homemade soups.

The costs associated with seeing a physician in Mexico meant that the health care system there was used little. In addition, health care in Central and South America was in general considered inadequate; one family moved to Canada to allow their daughter to have spinal surgery, something not available to them in Belize.

In Canada, the Mexican Mennonites use the health care system as needed, since they pay the required health premiums. Although language can be a barrier, some participants mentioned that they have been able to communicate their concerns to the health care staff. A few participants suggested that more interpreters should be available, especially women. One man stated that his family uses the local Hutterite chiropractor (he might have meant the Hutterite bonesetter). Another participant said that Mexican Mennonite women are only comfortable with female physicians, but not all participants agreed. Public health nurses are seen as being responsible for immunization, but little else.

One man stated that when surgery required



A typical living room in any of the dozens of Mennonite colonies in Mexico today.

shaving an area on the woman's head, the husband should be involved in providing permission. The same person also stated that most Mexican Mennonites would prefer to be discharged from hospital as soon as possible. Community members care for the ill person by providing food and doing housework.

For the most part, Mexican Mennonites have a healthy diet of home-cooked meals. There are four meals eaten each day — breakfast, lunch, dinner and *faspá*, an evening meal. Foods include *veraniki* (cottage cheese perogies), *borscht* (beet soup), *kledermusse* (fruit soup) and home-made breads and pastries. Although several participants said that Canadian groceries are expensive, others said that they do sometimes eat pizza and store-bought fried chicken.

Maternal-child issues

Mexican Mennonite parents do not discuss topics such as menstruation or sex with their children. For some women, especially those without older sisters, their first menses was misinterpreted as illness, leading them to seek their mother's help. Most women participants said that they would like to teach their children about menstruation, but were not sure if they would be able to. Only some of the women knew about the signs of pregnancy before they were married or pregnant.

Health care is sought during pregnancy. In Mexico, women commonly see a midwife or chiropractor. In Canada, physicians are seen for prenatal care. Few of the women changed their dietary practices during pregnancy, although one said that she was told to eat fruit and anything

she craved, and another was told to limit her salt intake. Walking and getting enough rest were seen as important for having a healthy baby. Activities avoided during pregnancy included heavy lifting, working too hard, running, strong odors (which might cause problems with the baby's lungs), stretching and crawling through a fence. The participants said that they did engage in sexual intercourse during pregnancy.

In Mexico, deliveries usually took place in a clinic or hospital and sometimes at home. Midwives were the usual care providers; physicians were used only if complications were a concern. In Canada, deliveries are done in hospital with a physician assisting. Women deliver in a lying or sitting position, and only water and ice are ingested. Labor pains are seen as the result of an opening being developed for the baby, a curse from God or a biblical command. Husbands may be present during delivery.

Most of the women did not know what happened to the cord and placenta after delivery in Mexico; one woman who delivered at home said that the placenta had been buried in the graveyard, but she did not know who did it or why. Women are assisted at home after the delivery, by the husband and other family members. The women are not expected to take over their normal workload until they feel better, which could take two to seven weeks. In Canada, the women were uncomfortable with the postpartum visits by the public health nurse, preferring instead to rely on family members for support.

Postpartum, there are no diet restrictions or inclusions. All the participants said that their parents or physician had told them to abstain from sexual intercourse for six weeks after the birth. Most participants had tried breastfeeding, but decided to bottle feed their babies for various reasons. They seemed very unsure about breastfeeding. For example, one man stated that his wife did not breastfeed because the babies had been too small; a woman said that she bottle fed her baby because her milk was not good.

Nursing implications

The Mexican Mennonites in Canada are vulnerable, separated from their extended family and living in a country that they cannot readily call home. In general, the participants in this study show a broad lack of knowledge about illness prevention and the determinants of health. For example, dental hygiene is uncommon, optometrists are visited only when eye problems arise and immunization is avoided through fear of potential health problems. The need for health education is clear, but public health nurses must consider the educational, religious and social culture of the Mexican Mennonites.

First, all health teaching must consider the educational and language status of many of the

adults. Because education was not considered a priority in Mexico, illiteracy is common. In addition, many adults are German-speaking and are only just beginning to learn English. Therefore, brochures, written memos, pamphlets and other handouts are often inappropriate.

The custom of community support after birth, death or illness is highly congruent with current public health trends. By reinforcing this social support, public health nurses can promote trust.

For some health teaching, a multidisciplinary approach might be best. For example, in this study, the participants' teeth were in noticeably poor condition. While inadequate dental care affects the whole body, its relationship with nutrition may be most immediately apparent. Therefore, nurses might bring dental hygienists and nutritionists together to co-present information.

Public health nurses could play a major role in educating young women and mothers about reproduction, including menses, pregnancy, labor, delivery and postpartum care. Great care must be taken to present information in a sensitive manner that is acceptable to religious leaders. Prenatal classes would be particularly valuable; the process of labor and delivery and the manner in which hospital deliveries are conducted in Canada could be addressed in these classes. Both hospital and public health nurses need to better prepare new mothers for the postpartum home visits by a public health nurse. In addition, education on breastfeeding is needed. New mothers not only need to be taught the skills necessary to successful breastfeeding, but need to know more about the benefits to both their child's health and their own.

Public health nurses themselves also require education. Inservices about the Mexican Mennonites would help nurses learn how to incorporate cultural and religious beliefs into health education, care delivery and community programs. A number of useful articles and videotapes are available, both on cross-cultural nursing in general and on Mexican Mennonites in particular.⁵

Most importantly, nurses everywhere simply need to be aware of the possibilities for cultural differences among their clients. Cultural assessments need to be incorporated by health care professionals in their everyday work world. By assessing cultural beliefs and practices, including the variations between families and individuals, nurses come one step closer to providing holistic, individually appropriate care. ■

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soins de santé pour les Mennonites mexicains du Canada. Les auteurs ont fait une étude auprès d'un groupe de Mennonites mexicains immigrés au Canada. Ces immigrants sont les descendants de Mennonites canadiens partis s'établir au Mexique il y a environ 50 ans. Quelque 27 000 sont revenus au Canada, principalement pour des motifs économiques.

Les Mennonites mexicains posent un défi au personnel de santé publique du Canada sur les plans éducatif, social et religieux. Pour beaucoup, la santé comme la maladie résultent d'une volonté de Dieu. Les Mennonites interrogés sont très peu renseignés sur la prévention des maladies et sur les déterminants de la santé. Ainsi, l'éducation sexuelle est presque inexistante, l'hygiène dentaire et les visites à l'optométriste sont rares et on évite l'immunisation. La nécessité d'une éducation sanitaire s'impose. À titre d'exemple, les infirmières de santé publique pourraient contribuer grandement à éduquer les jeunes femmes et les jeunes mères sur la reproduction, y compris sur la menstruation, la grossesse, le travail, l'accouchement, les soins post-partum et l'allaitement maternel. Elles doivent toutefois se rappeler que beaucoup d'adultes Mennonites mexicains sont peu instruits et que la plupart ne parlent que l'allemand.

Les infirmières elles-mêmes doivent être formées pour savoir comment intégrer les croyances culturelles et religieuses à l'éducation sanitaire, aux soins prodigués et aux programmes communautaires. Cette étude met en lumière la nécessité, pour les infirmières, d'accorder une place à la dimension culturelle dans leur travail de tous les jours.

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