

Uncharted Terrains
*New Directions in Border
Research Methodology,
Ethics, and Practice*

EDITED BY

ANNA OCHOA O'LEARY, COLIN M. DEEDS,
AND SCOTT WHITEFORD

The University of Arizona Press
© 2013 The Arizona Board of Regents
All rights reserved

www.uapress.arizona.edu

Library of Congress Cataloging-in-Publication Data
Uncharted terrains : new directions in border research methodology, ethics, and practice /
edited by Anna Ochoa O'Leary, Colin M. Deeds, and Scott Whiteford.
pages cm.

Includes bibliographical references and index.

ISBN 978-0-8165-3055-7 (pbk. : alk. paper)

1. United States—Emigration and immigration.
2. Emigration and immigration—Government policy—United States.
3. Border security—United States—Research.
4. United States—Boundaries—Mexico—Research. I. O'Leary, Anna Ochoa.
IV6465.U43 2013
325.73—dc23

2013009922

This research was supported by the United States Department of Homeland Security through the National Center for Border Security and Immigration under grant number 2008-ST-061-BS0002. However, any opinions, findings, and conclusions or recommendations in this document are those of the authors and do not necessarily reflect the views of the United States Department of Homeland Security.



Manufactured in the United States of America on acid-free, archival-quality paper containing a minimum of 30% post-consumer waste and processed chlorine free.

18 17 16 15 14 13 6 5 4 3 2 1

This book is dedicated to Raquel Rubio Goldsmith, whose lifelong struggle for social justice has been an inspiration to all who know her, and whose love of science and methodology provided us with the illuminating vision for this book.

*The editors thank the following research assistants for their invaluable efforts in organizing the Border Research Ethics and Methodologies workshops, conference, and manuscript:
Lisa Gardinier, Adrian Mendoza, and Azucena Sánchez.*



CHAPTER NINE

Reflections on Methodological Challenges in a Study of Immigrant Women and Reproductive Health in the U.S.–Mexico Border Region

Anna Ochoa O'Leary, Gloria Ciria Valdez-Gardea, and Azucena Sánchez

Introduction

In this chapter, we reflect on the methodological challenges arising from research conducted in the U.S.–Mexico border region in 2008–2009.¹ In particular, these emerge from the increased vulnerability of both migrant and immigrant women whose limited access to health care in transit and settlement communities subject them to numerous risks. Such trends force researchers to be ever more cognizant of the relationship between social scientists and vulnerable research participants (Bliger and Van Liempt 2009). This is especially true when gathering data about sensitive topics that may include legal status, clandestine activity, intimate partner relations, and sexually transmitted diseases (see also Careaga, this volume). To be sure, within the research process even a routine or in-depth analysis of the methodological issues—let alone a robust reflection of methodology—often remains peripheral and outside our “field of vision” (Sprague 2005). Perhaps, as Sprague suggests, critical reflection on the methods we use is uninspiring, or worse yet, intimidating. It goes without saying that a reflection on this process should be considered along with the analyses of the data and the formal presentation of results. In the case of our research,

we address several issues emerging from context rife with apprehension among migrant and immigrant populations due to environments that are notably antagonistic towards immigrants. The shift in migration patterns dominated by migrants from nontraditional sending states in an almost perpetual state of flux also complicates our ability to accurately identify the contours of researched populations (O'Leary 2012).

This project was a binational study where teams of researchers addressed related questions on both the U.S. and Mexican sides of the border. Gloria Ciria Valdez-Gardea (Colegio de Sonora, Mexico) was the co-principal investigator responsible for the research in Altar, Sonora, and Anna Ochoa O'Leary (University of Arizona) was the co-principal investigator responsible for the research in Tucson, Arizona. For the research in Altar, our discussion concentrates on the unequal distribution of resources, which contributes to the vulnerability of immigrants who find themselves insufficiently supported. In Tucson, our discussion concentrates on the challenges of participant recruitment in a state increasingly vexed by anti-immigrant measures, making migrants more fearful (O'Leary and Sanchez 2011, 2012; O'Leary 2009a). After a brief summary of the research, we will proceed to discuss the following eight methodological issues that were resolved for completing research:

- Recruitment in Altar
- Tucson Recruitment Procedures
- Fieldwork Challenges
- Contending with the Political Climate in Arizona
- Ascertaining Immigration Status
- Mitigating Sample Bias
- Locating Participants
- “Safe Place” Bias versus Improved Respondent Response Rates

Brief Summary of the Research

The research project, “A Multidisciplinary Binational Study of Migrant Women in the Context of a U.S.–Mexico Border Reproductive Health Care Continuum,” was designed to document and analyze the reproductive health care strategies of im/migrant women, and their access to reproductive health care services.² The reproductive health-care strategies that im/migrant women adopt are analyzed in the context of increased exposure to various types of risks that come with the migratory process,

including the risk of death (Cornelius 2001; O'Leary 2008; Goldsmith et al. 2006); sexual assault (Falcon 2001); and illness when health care services in settlement communities are restricted, denied, or underutilized (see for example Fuentes-Afflick, Korenbrot, and Greene 1995; Gendelman, Thornton, Gould, and Hosang 2005; Ojeda 2006). Such services are critical to women's health and safety in the course of migration, and ultimately, for settlement in destination communities. In this way, the research reflects the use of a feminist methodology and approach as gender is central to our attempt to critically understand how social, economic, and political systems intersect with inequality (Sprague 2005).

In line with this analytical approach, a theoretical concept, the "reproductive health care continuum," was developed for the research. The "continuum" is conceived as the repertoire of reproductive health-care strategies and the associated knowledge that immigrant women draw upon in the context of their plans to migrate northward. The continuum develops in response to conditions in destination communities where other problems may arise, such as scarce resources, social hostilities, and/or restrictive policies (Wilson and McQuiston 2006; Wilson 2008). For example, Valdez-Gardea (2007) shows that the emergent concentration of migrants 120 miles south of the U.S.-Mexico border in Altar, Sonora—a major staging area for migration north—has produced a strain on services that support migrants. Sixty miles north of the border and along the migrant corridor, in Tucson, Arizona, there has been a curtailment of supportive services, largely driven by a highly politicized anti-immigrant sentiment and the implementation of anti-immigrant legislation like Proposition 200 in 2004, which requires that state and local governments verify the legal status of all applicants for certain state and local public benefits (Ferreira-Pinto 2005; O'Leary 2009a; O'Leary and Sanchez 2011). Known as "policies of attrition" (Vaughn 2006; O'Leary and Sanchez 2011), much of this legislation designed to discourage immigrants from settling or remaining in their destination communities places disparate burdens on women immigrants (Wilson 2008; Marchevsky and Theoharis 2008). Therefore, locations on both sides of the border were selected to gather data by binational research teams in 2008–2009, using both quantitative and qualitative methods. This binational approach is also consistent with Hannerz's (1998) suggestion for organizing transnational research, where instead of the conventional community study of migrants at the end or beginning of their migration journey, migrants are viewed as somewhere in between (Hannerz 1998).

Approach, Methods, and Procedures Used in the Research

Approach

For the research, binational research teams shared responsibility for gathering and analyzing the data, and training and supervising research assistants involved in the study. In Sonora, the researchers from the Colegio de Sonora (COLSON) brought to the project extensive experience in conducting research in Altar, Sonora, which is about 120 miles from the Arizona–Mexico border. The research in Altar focused on the reproductive health care continuum based on the migrant women who had settled there or were en route to the north. Here, the research focused on reproductive health-care strategies that migrant women used, including seeking reproductive health-care services such as contraceptives, medical attention for sexually transmitted diseases (STDs), or medical care for pregnant or nursing mothers. This information was seen as crucial for understanding the impact of migration on the immediate safety and health of migrant women in Altar as well as for understanding and comparing the structural determinants of reproductive health care in places where migrants settle, such as Tucson, Arizona (O'Leary and Sanchez 2012; O'Leary and Valdez 2013).

Parallel to the research in Altar, the research in Tucson, Arizona, was essential for providing a balanced and truly binational exchange of timely information between neighboring states. In Tucson, the work concentrated on the nature of the reproductive health care strategies and resources that were available to migrant women who had settled there, some of whom are undocumented. The term *undocumented* is saturated with ambiguity and its variety of meanings have both real and symbolic consequences for immigrants that have been difficult to identify and measure (Plascencia 2009). In the United States, where this is an issue, there are different ways for individuals to fall into an immigration category that prevents most from legally working and residing in the United States. We relied on Cornelius (1982: 378) to help us formulate a description of "undocumented" as that individual who enters the United States without inspection and without official authorization, who may have entered legally but has subsequently overstayed the term limit of their visa, or who may have entered legally and is legally present but is not a legal *resident* (and therefore not entitled to public benefits). As immigrants and as women, the participants in our study were doubly marginalized, first, because as females they face inequality in

most realms of social and integration when compared to men; and second, because as immigrants, they face greater risk of being racially profiled and detained and questioned by law enforcement officials, and potentially deported (Goldsmith, Romero, Goldsmith, Escobedo, and Khoury 2009).

Methods

In Altar, the research team used mixed research methods in three phases, with rapid appraisal techniques (RATs) used at different phases of research.³ These techniques are historically rooted in anthropological research, having emerged initially from development research (Carruthers and Chambers 1981). However, with greater frequency they have been used in the design and assessment of public health interventions. These techniques were deemed suitable and appropriate for the research in Altar as it involved trips to the area to gather data by the research team from the Colegio de Sonora. The choice of method is also consistent with theoretical approaches that help researchers identify the contours of the field site when populations are no longer bounded but rather in a state of flux (O'Leary 2008, 2009b). This approach also follows Hannerz's (1998) suggestion for organizing transnational research. Instead of the conventional community study of migrants at the end or beginning of their migration journey, migrants are viewed as somewhere in between two points, temporarily suspended between systems that simultaneously regulate and impede their mobility. Cunningham and Heyman (2004) argue that national borders are particularly well suited to empirically examining the diametrically opposed processes that characterize borders and mobility: "horizontal" processes that enclose the state and impede mobility, and "vertical" processes that facilitate the movement of people, jobs, trade, goods, information, culture, and language. Both processes intersect at the border, and help conceive of a field site for unbounded populations under study (O'Leary 2008, 2009b).

In Altar, the first phase of the research included short visits to the field site to identify important variables and the population segments that were required for the study. This helped set up the "triangulation" necessary to effectively carry out planned RATs (Beebe 2001). Key informants were identified, including those working in shelters, boarding houses (*casas de huéspedes*), a mobile clinic, and private medical facilities. These also provided an inventory of the public health infrastructure that was available to migrants coming into the areas. Altar's commercial infrastructure has been well adapted to meet the dramatic rise in populations in transit,

with dozens of hotels, *casas de huéspedes*, taxis, vans, and an array of fast-food stands with regional variety to accommodate a population of migrants from various parts of Mexico. Other commercial ventures are attuned to the needs of migrants planning to journey into the United States on foot, selling caps, gloves, jackets, backpacks, and boots. It was calculated that 75 percent of the residents in Altar subsist on the sale of migration-related goods and services.

The first visits were organized around finding women at the migrant shelter in Altar, migrant assistance agencies, hostels, and medical professionals. Informal, fact-finding interviews were conducted with shelter volunteers and employees, as well as with migrant women. The initial phase was followed by the second, in which various ethnographic techniques such as participant observation, in-depth interviews, and focused interviews were used to gather data from the selected populations. Qualitative data were gathered from 12 in-depth interviews through which women provided accounts of their reproductive health-care strategies and the obstacles that they have encountered to receiving health care. This latter phase was seen as important not only for revealing the reproductive health-care continuum in concrete terms but also for understanding how different variables interact. For example, a study of contraceptive use by Mexican women by Romero-Gutiérrez, García-Vázquez, Huerta-Vargas, and Ponce-Ponce de León (2003) used 12 different variables (such as experience with previous birth control methods, level of education, and number of completed pregnancies) to study how women determined contraceptive use. However, migration experiences contribute to the formation of other reproductive health care variables that may be material (Organista, Organista, and Soloff 1998) or attitudinal in nature (Wilson and McQuiston 2006). The information gathered in the second phase of the research was the basis for the third phase of the research. In the third phase, a survey questionnaire administered to 66 respondents was used to collect basic demographic information (age, origin, education level, and reproductive health history). The short demographic survey data were entered in the software tool SPSS (Statistical Package for the Social Sciences) and the qualitative interviews with women migrants were recorded and transcribed.

Like their COLSON counterpart, the Tucson research team used mixed methods that entailed a similar demographic and health indicators survey and in-depth interviews with immigrant women. The Tucson team partnered with the Mexican Consulate's health referral program, *Ventamilla de Salud*, to identify 40 respondents who solicited reproductive

health-care services or resources for "Sample C." It was hoped that a snow-ball sampling process would produce another 40 women who were responsible for the health care needs of at least one undocumented individual and therefore not eligible to receive services for "Sample D." This anticipated outcome failed and is one of the issues discussed below. The closed-ended questions were also entered in SPSS for quantitative analysis and the open-ended, qualitative interviews were tape-recorded and transcribed for later content analysis. Binational sets of data were thus gathered to help us determine a transnational reproductive health-care continuum and to draw comparisons in terms of the reproductive health care of women who are migrating, and of immigrant women who have settled in their respective communities.

Methodological Issues

Recruitment in Altar

In Altar, migrants were recruited from the *casas de huéspedes*, dining rooms, hotels, and the migrant shelter, Centro Comunitario de Asunción al Migrante y Necesitado (CCAMYN). These sites also served as places for conducting interviews. However, a disadvantage of conducting interviews at these sites was that we were frequently interrupted by migration-related activity in these areas. Very often, we had to abruptly terminate the interview because the person being interviewed was called away or because of the need to attend to a pending matter such as work responsibilities, family matters, or the care of children. If such was the case, we returned the next day to finish the interview.

Another issue that complicated the data gathering process was that the women migrants we interviewed for the survey expressed insecurity in the community. Many preferred to omit some information because they felt it would take too much time and they were in a hurry. This predicament was also found to be true in Tucson when women were initially recruited at the El Rio Community Health Center.

In spite of a thriving commerce dedicated to meeting the demands of migrants coming into Altar, the environment is hostile to migrants (see also Careaga, this volume). The insecurity migrants sensed is an important aspect to consider as tensions logically negatively impact the goal of establishing trust and rapport with interviewees and informants. This is especially true when interviewing migrants who are in a vulnerable

situation, not knowing the area and the people who surround them. The scarcity of basic services due to the exorbitant demand placed by a growing population in transit has promulgated the creation of informal and clandestine industries and black-market commerce where "[*nadie controla, nadie gobierna, y nadie ordena*]" [nobody controls, nobody governs, and nobody orders] (Sanitbáñez 2004: 5; see also Magaña, this volume)

Tucson Recruitment Procedures

In Tucson, the research team partnered with the Mexican Consulate's office, through its program Ventanilla de Salud, where the immigration status of potential clients does not preclude them from accessing services. This program provides its clients with referrals to social service and health-care agencies. Reliance on the Mexican Consulate was key to the proposal for research, and its design. Foremost in considering the research design were the possible insecurities and fear that potential respondents might experience when a member of the household is unlawfully residing in the state. Given the current social and political climate, it was reasonable to expect that respondents would be hesitant to divulge information to strangers that might jeopardize their well being or that of their families. However, the research also contemplated identifying 40 respondents who had solicited reproductive health-care services or resources and who may have been or had in their households a member who was not eligible to receive health-care services of any kind due to his or her irregular immigration status. At the same time and due to the political climate in Arizona, we were reluctant to follow procedures such as the one described by Granberry and Marelli (2008) where a series of questions about residency status led indirectly to the conclusion that a respondent was undocumented. Therefore, we decided to partner with the Ventanilla de Salud, which collaborates with the El Rio Community Health Center to organize binational health fairs held in October of every year. The Ventanilla is thus well known and has earned the trust of the immigrant community living in Tucson. The proposed procedure was to approach recruiting potential subjects, female clients of the Ventanilla de Salud program. The procedure was initiated by approaching women who came to the consulate's office. They were handed a flyer that summarized the project in Spanish and asked if they were interested in participating in the project or having the project explained in more detail. Permission was requested for the researchers to conduct the survey and interview. The original plan was to ask potential participants provided they agreed to

provide a convenient time for them to meet the researchers for the survey and interview.

The consulate also initially provided the researchers with a space to conduct the interview. The interviews were all conducted orally in Spanish. Permission to waive an informed consent document was requested from the university's institutional review board (IRB) for the protection of human subjects. Given the political climate in Arizona, we suspected that subjects would be wary of persons inquiring about access to health service agencies since they may be members of "mixed immigration status" families, i.e., families with members with varied legal status, including "undocumented." The rationale for requesting and receiving a waiver of the standard requirement for informed consent from potential research subjects was that omitting a document in which a respondent's signature was required would put subjects at ease. Because of this, a disclaimer document was considered appropriate and received approval by the university's IRB.

Once respondents agreed to be interviewed, researchers entered the information on the survey instrument. If participants agreed (and very few did not), their interviews were audio-taped for more accurate data entry and transcription. After the survey and interview, respondents were asked if they could refer the researcher to someone they knew who was responsible for the health-care needs of at least one undocumented individual and therefore not eligible to receive services (for Sample D). This procedure did not work out for recruiting participants for Sample D. Although researchers were told by many respondents that they would call with information, no call was ever received. This left researchers with the problem of recruiting a subsample of women who were, or were responsible for, someone in their household who was ineligible for health-care services while remaining faithful to the proposed research plan.

Fieldwork Challenges

The greatest challenge in implementing fieldwork in Altar was that researchers quickly became aware of the need to adjust their planned techniques to accommodate the constraints on migrants' time. Thus, in addition to finding women to interview who were at some stage of movement through Altar, information was gathered from a range of related key informants who were identified during phase one of the research. These actors within the migration process were shelter owners, personnel working at the mobile clinic and private medical facilities, hotel managers, taxi

drivers, van operators, and those involved in an array of fast-food stands. Fortunately, it turned out that many of these were former migrants from various parts of Mexico who were now engaged in the booming commerce of the migration industry. However, again, it was not uncommon for commerce to take priority during these interviews, resulting in numerous interruptions. Often, these interviews could not be completed.

Researchers also quickly came to the conclusion that the design of the questionnaire was based on an outdated and traditional concept of the border in which analysis is premised on the geographical delineation of state boundaries, known as "methodological nationalism" (Wimmer and Schiller 2003). In this regard, the research parallels trends toward newer conceptualizations of state boundaries as fluid and nonconforming to territorial limitations and constructs. Consequently, researchers in Altar reconsidered the research design to include the realities of migrant movement, primarily the fact that women migrants often cross the border in experimental or repeated fashion. The borders they overcome are not necessarily those that define states but rather include those boundaries demarcated by ethnicity and culture, in Mexico and in the United States. In this way, their mobility revealed more about migrant agency and social organization than it did about borders.

With this reassessment, the questionnaire was reformulated and applied to 66 women who had resided in Altar for a minimum of five years. It included topics related to family unity and family separation, the migration process, their time in Altar in relation to their point of departure to the United States, and their general state of health.

In addition, 21 women in transit to the north were interviewed in depth about their plans to cross into the United States. One of the findings from these interviews was that women in general perceived their vulnerability in light of scarce resources and the lack of public health infrastructure. They were unable to find needed medications at their pharmacies and increasingly opted for home remedies for their medical needs.

Meanwhile, the research efforts in Tucson, Arizona, concentrated on identifying participants for two purposeful subsamples of immigrant women to appreciate changes in the reproductive health-care continuum as women move northward. The first subsample of immigrant women (C) was composed of those eligible for health services. The second subsample (D) was composed of immigrant women whose legal status (or that of someone in their care) might pose problems for accessing health care. What follows is a discussion of related methodological and ethical issues that emerged from the research conducted in Tucson.

Contending with the Political Climate in Arizona

Issues of recruiting participants for the study are largely blamed on the contemporary social and political climate that became codified with a series of legislated measures in Arizona since 2004 (O'Leary 2009a). In this way Arizona provides an appropriate context for understanding the threat to immigrant integration into destination communities. For example, in Arizona alone, about 37 immigration-related bills flooded the second regular session of the Arizona State Legislature in spring 2006 (O'Leary 2007, Appendix). These were but a fraction of the more than 500 anti-immigrant state-level bills introduced that year across the United States, many of which replicated established federal immigration enforcement responsibilities (Harnet 2008). Harnet (2008) reports that in 2007, the number of bills nationwide dealing with immigrants tripled to 1,562, as every state in the union considered some form of immigration regulation. Kohout (2012) reports that from 2005 to 2010, over 6,600 immigration-related measures were considered throughout the nation.

The research, conducted in 2008–2009, tested the proposed procedures for subject recruitment in this environment. The assumptions that informed the design had considered the insecurities that potential respondents might feel about questions regarding health-care access. We also considered the apprehension that those harboring others whose immigration status might be questioned might feel. They, too, might be hesitant to participate in the research, fearing that any information would jeopardize their well being or that of others. The state's recent history informed these assumptions. Similar to California's debates over Proposition 187 in 1994, nativist responses in Arizona since 2004 have coalesced around immigrants' use of public resources. In Arizona, as in other states, the widespread myths about immigrants' use of publicly funded programs, especially health care, has been blamed for the underutilization of services by even those who are entitled to them (King 2007). Arizona House Bill 2030, passed in 2006, was premised on the misrepresentation of Latinos as welfare-seeking intruders, and it focused the electorate's attention on immigrants' access to public programs. This bill made it a requirement for Arizona state government employees to verify an applicant's immigration status with the Department of Homeland Security's Secure America with Verification and Enforcement (SAVE) program before providing services.

Media attention on propositions, anti-immigrant rhetoric, and fear of being discriminated against and humiliated have all converged to erect

barriers to health care, in particular for women (O'Leary and Sanchez 2011; Wilson 2008). In 2006, section 36-2903.03 of the Arizona Revised Statutes related to the indigent health-care system, known as the Arizona Health Care Cost Containment System (AHCCCS), was amended to obligate its employees to verify the immigration status and eligibility of applicants through the alien verification system administered by the U.S. Department of Homeland Security. The bill replicated the provisions already contained in the federal 1996 Personal Responsibility and Work Opportunity Reconciliation Act, which among other things imposes a five-year ban before recent legal immigrants become eligible for federally funded public benefits programs. Arizona HB 2030 impacted Department of Economic Security (DES) public assistance programs through the Department of Education (DOE), and Arizona Health Care Costs Containment System (AHCCCS) (its Medicaid system). Inda (2006) argues that placing entitlements at the center of public debate allows discriminatory tendencies to proliferate by making immigrants increasingly visible and increasingly singling them out for additional scrutiny (see also Michelson 2001). Indeed, ethnographic research by Marchewsky and Theoharis (2008) shows that immigrants, based on their appearance, language use, and facial characteristics, may be more likely to be more scrutinized by welfare officials charged with implementing policies. Moreover, they argue that because officials are influenced by the public discourse and public prejudices, their decisions result in eligible applicants being denied much-needed public benefits. A prevailing assumption that informed the research and its design, therefore, was that respondents would be fearful of divulging information that might jeopardize their access to and participation in health-care programs and potentially endanger their well being or that of their families.

Moreover, in November 2009, after the conclusion of the data gathering portion of the research, changes to Arizona Revised Statutes A.R.S. 1-501 and A.R.S. 1-1502 governing DES policies were implemented as the result of Arizona HB 2008. Section One of A.R.S. § 1-501(E) now states:

Failure to report discovered violations of federal immigration law by an employee of an agency of this state or a political subdivision of this state that administers any federal public benefit is a class 2 misdemeanor. If that employee's supervisor knew of the failure to report and failed to direct the employee to make the report, the supervisor is guilty of a class 2 misdemeanor.

Section Two of A.R.S. § 1-502(E) was also amended to include the same penalties for those administering any state or local public benefits. Like the provisions made under proposition 200 in 2004, this bill mandated electronic reporting to Immigration and Customs Enforcement when a violation of the law was discovered. We considered the timing of this law with the conclusion of our research as a fortunate coincidence as these types of developments have been known to further suppress the daily activity of immigrant community residents out of fear (see also Montoya Zavala, this volume).

Ascertaining Immigration Status

The issue of how fear influences research has been little studied, but Cornelius in 1982 addressed some of the “trade-offs” in research design where fear of reporting self-incriminating information is a potential factor. Cornelius pointed out some of the methodological challenges inherent in interviewing undocumented immigrants, where personal interviewing is the primary data gathering technique. In 1978 fieldwork among undocumented migrants in California, Cornelius made use of less threatening questions to ascertain the legal status of respondents. Similarly, in the current study also, no question about respondents’ legal status was asked. Instead, questions correlated with expected behaviors consistent with efforts to avoid unwelcome attention. These proxy questions used to determine “undocumented status” were informed by assumptions and known behaviors that immigrant families use to compensate for not having access to health-care programs. Combining such questions became the basis for determining the multifaceted construct of “undocumented.” Examples of survey questions that were combined to make this determination included:

- Example 1: What was the most recent date that member solicited services from a health or social service agency?
In some cases, a spouse or other member of the household had never solicited services. When combined with other answers to other questions, we presumed that this member of the household was undocumented.
- Example 2: In the last 12 months, was there any time or someone in your family did not have some type of medical insurance?
In some cases, respondents themselves or a member of their families had not solicited services, did not qualify, or did not have

insurance through an employer, conditions that may be used to determine the problem produced by undocumented legal status.

- Example 3: What was the reason that [respondent] had gone without medical coverage?
In some cases, respondents did not have the proper documents to register for services, or “earned too much” to qualify for health plans for indigent care.

In addition, and following Cornelius (1982), open-ended questions were included, which in some cases helped to obtain information that could be used to determine Subsample D (immigrant women whose immigration status—presumably undocumented—precluded them or at least one member of their family from accessing services:

Examples of some of the answers to open-ended questions and “testimonies” used to determine if a respondent (or someone in her household) was of a “mixed immigration” status (Subsample D).

- Although unsolicited, some respondents provided the information about their undocumented immigration status or that of a member of their family (e.g., spouse, child).
- Some testimonials provided information about an inability to travel to Mexico for services or prescriptions because of the difficulty in returning to the United States.
- Some testimonials provided information that someone in the family would go to Mexico for medical services or products, suggesting (a) that the respondent herself could not go, or (b) the respondent or family member had a tourist visa that allowed him or her to cross the border, which did not necessarily mean that he or she was a legal resident and therefore entitled to apply for health-care benefits.
- Some provided information that they were “no longer” eligible for prenatal care, or emergency care. Women, regardless of legal status, are eligible to receive prenatal care and delivery. However, once the child is born, the mothers are no longer eligible for health-care services.
- Some provided information of some children being born in the United States while sharing that other children did not have access to health-care programs, (presumably due to their immigration status).

The narratives from the open-ended questions were analyzed with the information provided in the closed-ended survey instrument to support

our suppositions about legal status. Upon inspection of the responses, certain patterns emerged to allow the research team to discuss, and later claim with reasonable certainty, that we had met our goal of interviewing at least 40 respondents in which at least one member of the household was undocumented. Forty-one households were determined with reasonable certainty to belong to Subsample D, "mixed immigration status" category. Nine were cases that no such determination could be made using the information that was provided. The remaining 39 cases (Subsample C) were households in which eligibility for health-care programs was not an issue, presumably because all members were in status. However, in adopting such a method, the research assumed certain limitations in terms of its resulting data, and consequently, its conclusions.

Mitigating Sample Bias

According to Cornelius, fear introduces systematic bias into the research results in two ways. The first is that fear produces "extremely high" nonresponse rates. In response to this first issue, researchers must often accept smaller samples that can improve response rates. However, in doing so, the ability to generalize to a larger population is weakened. The conventions of science are largely dominated by assumptions about the desirability of the ability to generalize. Researchers must weigh this convention against the goals of their research. According to Cornelius, to achieve a better response rate (and more generalizability), researchers must work harder to locate and engage participants *and* build trust at the same time. This usually involves more complex, time-consuming approaches designed to locate undocumented populations who reside in the shadows and wish to remain undetected. Thus, given time and financial constraints, researchers may need to accept smaller samples. Such compromises are necessary "if [researchers] want to find answers to many of the empirical questions that are at the heart of the debate over undocumented immigration" (Cornelius 1982: 381).

The second way that fear introduces systematic bias is when research participants are reluctant to truthfully answer questions that may incriminate. With trends towards greater criminalization and harsher penalties for crossing the border without documentation, research participants may be understandably less inclined to state that they are in the country unlawfully. This is a problem if the goal of the research is to document the reality of undocumented immigrants. If immigrants have accessed public programs under a false identification, they may also be unwilling to share

this information with anyone. In either of these cases, a disincentive to answer questions truthfully weakens what we know about those present in the country without documents if ascertaining their status is not possible without creating more anxiety among research participants. As noted above, for undocumented immigrants, fear of intense scrutiny stems from the increased pressures placed on service agencies to ascertain applicants' legal status. While not much can be done about respondents' desire not to truthfully answer questions, researchers need to incorporate more trust-building methods and more sensitivity to the political climate as an alternative to the more direct questioning about legal status and certain behaviors in an effort to enlarge sample size (Granberry and Marcelli 2007).

The bias that a fearful population may introduce in terms of the answers they give may be reduced in yet another way. In our study, we enlisted the help of highly motivated community health workers, *promotores de salud*, from El Rio Community Health Center. The promotores were already actively engaged in the community by organizing and conducting diabetes prevention and education workshops. The networks they actively sought to expand for their own work became essential for participant recruitment. The reliability of the data collection process was thus improved by reducing the refusal rate of potential participants. The promotores were already well-trained interviewers with human research subjects protection training from previous collaborative research experiences. Coming from the same cultural background as many of their respondents within the research subject population, they were sensitive to and knowledgeable about the cultural and political contexts of their clients. They had extended personal contacts within the community from the many years that they had worked in the diabetes prevention and outreach program at El Rio and they subscribed to an ethic of respect for respondents who, because of the proliferation of anti-immigrant rhetoric and media, were suffering from a low-level but constant assault on their dignity and understandably may have been reluctant to participate.

Locating Participants

Cornelius (1982: 385) argues that the most difficult part of research among undocumented populations is locating and accessing interviewees. Historically, social service agencies, community organizations, and leaders with far-reaching personal networks have been key to persuading potential research subjects to participate in studies. A "snowball" sample technique is an example of how earlier successful interviews may lead to

other referrals. As Cornelius (1982: 392) explains, as the trust between the researcher and a network of acquaintances grows, so does the number of possible respondents:

Among the Mexican immigrant population, this approach to data collection enables the researcher to take advantage of a natural sociological phenomenon—the fact that the vast majority of Mexican migrants, both legal and illegal, temporary and permanent, who are now working in the United States, are tied to extensive kinship/friendship networks.

Snowball sampling has proven to be highly successful in keeping the refusal rate low, and in ameliorating the fear that can distort the data. In the initial phase of our research, we attempted to employ a snowball technique such as the one described by Cornelius, but with considerably less success. This changed significantly with the incorporation of the *El Rio* *promotores de salud*, as they were well versed in the snowball technique as part of their strategies for recruiting participants for their diabetes education workshops. Due to their years of service and commitment to the program, they had access to a broad base of potential study participants. Although this work resulted in our achieving a desired subsample of mixed immigration status households, it also favored a resultant sample in which individuals had already taken an interest in improving their knowledge about health. In this way, the study's dependence on community agents for recruiting participants introduced bias into the resulting sample in several ways. First, it favored members of the community already engaged in health-education programs, and more likely to be conscious of the need to adopt health-care and health-seeking behaviors. Secondly, it favored individuals who are long-term residents (as opposed to temporary or recent immigrants); and as such, women who were more likely to be more assertive and self-confident (as opposed to those who might be more fearful).

“Safe Place” Bias versus Improved Respondent Response Rates

The space initially available to the Tucson research team at the Mexican Consulate's office turned out to be too small and lacking privacy. The Ventanilla collaborative relationship with *El Rio* provided an expansion of space by going to the *El Rio* facilities. However, this presented problems for meeting our goals of obtaining interviews from women who would fit the mixed immigration status category. Most all of the participants

recruited at the *El Rio* facilities belonged to Subsample C, or were from households where eligibility for services was not contested. Moreover, our recruitment at the *El Rio* facility was repeatedly frustrated. As in the case of Altar, many potential respondents refused, citing busy schedules or pressing commitments elsewhere.

The research proposal had initially envisioned collaborating with *El Rio* personnel, so it was not inconsistent with the project proposal to adjust the procedure by engaging *El Rio* *promotores de salud* to help researchers find a solution to this problem. They resolved the problem of interviewing women who were too busy by leveraging the organization used by *promotores* to conduct workshops. Interviews (conducted primarily by research team members and on occasion by *promotores*) were thus added at the end of the time and in the same space for these diabetes education workshops. *Promotores* had received IRB training after working on other university research projects, so in this way conformed to IRB protocols.

Promotores thus served a dual role in this project: they provided a reliable “in” to the populations we desired to interview as part of the total sample, and they were able to provide safe [social] spaces in which to conduct research through their work in these spaces for diabetes prevention education. The high response rate (100 percent) of those invited to participate by the *promotores* is attributable to their years of experience in working in such settings. By comparison, without the use of *promotores* as recruiting agents, initial response rates experienced at the Mexican Consulate office and at the *El Rio* facility were extremely variable (around 15 to 50 percent).

Conclusions

A deliberate reflection on the methodological challenges arising from research conducted in the U.S.–Mexico border region in 2008–2009 reveals here a nuanced approach to border research, one that invariably requires a certain level of flexibility on the part of the researcher to accommodate rapidly changing dynamics due to increased border enforcement and parallel laws on the U.S. side of the border intended to discourage immigrants from settling in the United States (O'Leary and Sanchez 2011; Vaughn 2006). In particular, the research tactics emerged from the vulnerability of immigrant women and issues of health-care access in transit in settlement communities where they are increasingly subjected to scrutiny, exploitation, marginalization, and victimization. Such environments

have forced us as researchers to be ever more cognizant of the social and political contexts where the research takes place, and the possibility that our research may have negative unintended consequences for the subjects of inquiry (Bilger and Van Liempt 2009; Sprague 2005). In this binational research project, we encountered, experimented with, and resolved methodological issues that led to adaptation and project redesign to accommodate emerging realities in the field. We find support from feminist approaches that such creativity is exactly what social science needs. Our approach not only emphasizes a nuanced approach to gathering data, it also parallels shifting theoretical perspectives that increasingly see border regions as antithetical to the current politics of border enforcement, which emphasize cultural, state, and national boundedness, known as methodological nationalism. Our feminist approach was also in keeping with our desire to focus on gender as an important dimension for shaping social interaction in a variety of contexts, including the transnational. In this way, we advance the process through which witnessed accounts of research participants—devalued by virtue of their social and legal status—inform efforts to make the policies more equitable.

Notes

1. Support for this research came from the Programa de Investigación de Migración y Salud (PIMSA).
2. Three areas of critical reproductive health were singled out: pregnancy (prevention, counseling, termination, and prenatal care); sexually transmitted diseases (including HIV/AIDS, detection, prevention, and treatment); and postpartum care and the risks to women and infants posed by malnutrition, anemia, infection, or depression.
3. Robert Chambers might be the scholar most commonly associated with pioneering “rapid rural appraisal” techniques. Beebe (2001) provides a comprehensive history of the adoption of the method in a wide range of disciplines. Often known by different names, RATs remains consistent with the early procedures advanced by Chambers and others.

References

- Beebe, James. 2001. *Rapid Assessment Process: An Introduction*. Walnut Creek, CA: AltaMira.
- Bilger, Veronika, and Ilse Van Liempt. 2009. Introduction: Methodological and Ethical Concerns in Research with Vulnerable Migrants. In Ilse Van Liempt and Veronika Bilger, eds. *The Ethics of Migration Research Methodology: Dealing with Vulnerable Immigrants*. Pp. 1–24. Brighton, England: Sussex Academic Press.
- Carruthers, Ian, and Robert Chambers. 1981. Rapid Appraisal for Rural Development. *Agricultural Administration* 8:407–422.
- Cornelius, Wayne A. 1982. Interviewing Undocumented Immigrants: Methodological Reflections Based on Fieldwork in Mexico and the U.S. *International Migration Review* 16 (2): 378–411.
- . 2001. Death at the Border: Efficacy and Unintended Consequences of U.S. Immigration Control Policy. *Population and Development Review* 27(4): 661–685.
- Cunningham, Hilary, and Josiah McC. Heyman. 2004. Introduction: Mobilities and Enclosures at Borders. *Identities: Global Studies in Culture and Power* 11: 289–302.
- Falcon, Sykanna. 2001. Rape as a Weapon of War: Advancing Human Rights for Women at the U.S.–Mexico Border. *Social Justice* 28(2): 31–51.
- Ferreira-Pinto, João B. 2005. *Impact of Arizona's Proposition 200: Final Report for the U.S.–Mexico Border Health Commission*. El Paso: Border Planning and Evaluation Group. Unpublished manuscript.
- Fuentes-Afflick, Elena, Nancy A. Hessel, Tamar Bauer, Mary J. O'Sullivan, Veronica Gomez-Lobo, Susan Holman, Tracey E. Wilson, and Howard Minkoff. 2006. Use of Prenatal Care by Hispanic Women after Welfare Reform. *Obstetrics and Gynecology* 107(1):151–160.
- Goldsmith, Pat, Mary Romero, Raquel Rubio Goldsmith, Miguel Escobedo, and Laura Khoury. 2009. Ethno-Racial Profiling and State Violence in a Southwest Barrio. *Aztlan: A Journal of Chicano Studies*, 34 (1):93–124.
- Goldsmith, Raquel R., with Melissa McCormick, Daniel Martínez, and Inez Durarte. 2006. *The “Funnel Effect” and Recovered Bodies of Unauthorized Migrants Processed by the Pima County Office of the Medical Examiner, 1990–2005*. Washington, D.C.: Immigration Policy Center brief. <http://www.aifc.org/ipc/policybrief/policybrief020607.pdf>, accessed February 18.
- Guendelman, Sylvia, with Dorothy Thornton, Jeffrey Gould, and Nap Hosang. 2005. Social Disparities in Maternal Morbidity during Labor and Delivery between Mexican-born and U.S.-born White Californians, 1996–1998. *American Journal of Public Health* 95(12): 2218–2224.
- Granberry, Phillip J., and Enrico A. Marcelli. 2007. “In the Hood and On the Job”: Social Capital Accumulation among Legal and Unauthorized Mexican Migrants. *Sociological Perspectives* 50(4): 579–595.
- Hammerz, Ulf. 1998. Transnational Research. In Bernard H. Russell, ed. *Handbook of Methods in Cultural Anthropology*. Pp. 235–256. London: Sage.
- Harnet, Helen M. 2008. State and Local Anti-immigrant Initiatives: Can They Withstand Legal Scrutiny? *Wildener Law Journal* 17: 365–382.
- Inda, Johnathan Xavier. 2006. *Targeting Immigrants: Government, Technology, and Ethics*. Malden MA: Blackwell Publishing.
- King, Meredith L. 2007. *Immigrants in the U.S. Health Care System: Five Myths That Misinform the American Public*. Washington, DC: Center for American Progress. http://www.americaprogress.org/issues/2007/06/immigrant_health_report.html, accessed July 21, 2008.
- Kohout, Michal. 2012. Local Anti-immigration Politics in California's Inland Empire. In Monica Vera, ed. *Anti-immigrant Sentiments, Actions and Policies in North America and the European Union*. Pp. 137–156. Mexico, D.F.: Centro de

- Investigación sobre América del Norte (CISAN) de la Universidad Autónoma de México (UNAM).
- Marchevsky, Alejandra, and Theoharis, Jeanne. 2008. Dropped from the Rolls: Mexican Immigrants, Race, and Rights in the Era of Welfare Reform. *Journal of Sociology and Social Welfare* 15(3): 71–96.
- Michelson, Melissa R. 2001. The Effect of National Mood on Mexican American Political Opinion. *Hispanic Journal of Behavioral Sciences* 23(1): 57–70.
- Ojeda, Norma. 2006. Abortion in a Transborder Context. In Doreen J. Mattingly and Ellen R. Hansen, eds. *Women and Change at the U.S.–Mexico Border*. Pp. 53–69. Tucson: University of Arizona Press.
- O'Leary, Anna Ochoa. 2007. Petit Apartheid in the U.S.–Mexico Borderlands: An Analysis of Community Organization Data Documenting Workforce Abuses of the Undocumented. *Forum on Public Policy On-Line* (Winter 2007). <http://www.forumpublicpolicy.com/papersw07.html#crimjus>, accessed August 8, 2008.
- . 2008. Close Encounters of the Deadly Kind: Gender, Migration, and Border (In)security. *Migration Letters* 15(2): 111–122.
- . 2009a. Arizona's Legislative-Imposed Injunctions: Implications for Immigrant Civic and Political Participation. *Mexico Institute at the Woodrow Wilson International Center for Scholars*. www.wilsoncenter.org.
- . 2009b. Mujeres en el Cruce: Remapping Border Security through Migrant Mobility. *Journal of the Southwest* 51(4): 523–542.
- . 2012. Of Coyotes, Cooperation, and Capital. In Donald C. Wood and Ty Matejowsky, eds. *Research in Economic Anthropology* 32. Pp. 133–160. Bingley, UK: Emerald Group Publishing Ltd.
- O'Leary, Anna Ochoa, and Azucena Sanchez. 2011. Anti-Immigrant Arizona: Ripple Effects and Mixed Immigration Status Households under Policies of Attrition Considered. *Journal of Borderland Studies* 26(1): 115–133.
- . 2012. Mixed Immigration Status Households in the Context of Arizona's Anti-Immigrant Policies. In M. Vera, ed. *Anti-immigrant Sentiments, Actions and Policies in North America and the European Union*. Pp. 157–174. Mexico City: Centro de Investigación sobre América del Norte (CISAN) de la Universidad Autónoma de México (UNAM).
- O'Leary, Anna Ochoa, and Gloria Ciria Valdez Gardea. 2013. Neoliberalizing (Re) production: Women, Migration, and Family Planning in the Peripheries of the State. In Anne Sisson Runyan, Amy Lind, Marianne H. Marchand, and Patricia McDermott, eds. *Feminist (Im)Mobilities in Fortress North America: Identities, Citizenship, and Human Rights in Transnational Perspective*. Pp. 75–94.
- Organista, Pamela Balls, Kurt C. Organista, and Pearl R. Soloff. 1998. Exploring AIDS-Related Knowledge, Attitudes, and Behaviors of Female Mexican Migrant Workers. *Health and Social Work* 23(2): 96–103.
- Plascencia, Luis. 2009. The "Undocumented" Mexican Migrant Question: Re-examining the Framing of Law and Illegalization in the United States. *Urban Anthropology* 38(2–4): 378–344.
- Romero-Cutierrez, Gustavo, M. G. Garcia-Vazquez, Luis Fernando Huerta-Vargas, and Ana Lilia Ponce-Ponce de Leon. 2003. Postpartum Contraceptive Acceptance in León, Mexico: A Multivariate Analysis. *European Journal of Contraception and Reproductive Health Care* 8(4): 210–216.
- Santibañez, Jorge. 2004. *Migración Internacional*. Congreso de la Sociedad Sonorense de Historia, Hermosillo, Sonora.
- Spagane, Joey. 2005. *Feminist Methodologies for Critical Researchers: Bridging Differences*. New York: Altamira Press.
- Valdez-Gardea, Gloria Ciria. 2007. Geografías rurales olvidadas: menores migrantes en tránsito por Altar-El Sasabe, expresión moderna del proceso globalizador. Primer acercamiento. En Arquitecturas de la globalización. Eloy Méndez, Coordinador. Hermosillo, Sonora: Mora-Cartha Editores.
- . 2009. Revisando la Antropología de la Migración: Frontera, Actores y Trabajo de Campo. In Gloria Ciria Valdez-Gardea, ed. *Achicando Futuros: Actores y Lugares de la Migración*. Hermosillo, Sonora: Editorial Colegio de Sonora.
- . 2009. Crecimiento urbano en el contexto globalizador: migración en tránsito por Altar, Sonora. *Sonatrída* 14(28): 26–29.
- Vaughan, Jessica. 2006. Attrition through Enforcement: A Cost-Effective Strategy to Shrink the Illegal Population. Washington, D.C.: Center for Immigration Studies.
- Wilson, Ellen. K., and Chris McQuiston. 2006. Motivations for Pregnancy Planning among Mexican Immigrant Women in North Carolina. *Maternal and Child Health Journal* 10(3): 311–320.
- Wilson, Tamar D. 2008. Research Note: Issues of Production vs. Reproduction/Maintenance Revisited: Towards an Understanding of Arizona's Immigration Policies. *Anthropological Quarterly* 81: 713–718.
- Wimmer, Andreas, and Nick G. Schiller. 2003. Methodological Nationalism, the Social Sciences, and the Study of Migration: An Essay in Historical Epistemology. *International Migration Review* 37(3): 576–610.