

**IMPOVERISHED CONSUMERS:  
THE LIVED EXPERIENCE OF *COLONIA* RESIDENTS**

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**ABSTRACT**

The study of impoverished consumers is consistent with the "call to arms" voiced by Firat and Dholakia (1982) for macromarketing scholars to investigate consumption among different socioeconomic classes. The present research continues and extends the work done in social marketing (Andreasen 1994), retailing in poor communities (Alwitt and Donley 1997), and impoverished consumer behavior (Hill and Stephens 1997). An ethnographic study of colonia residents is used to understand the lived experience of impoverishment. Residents' narratives highlight problems in housing, water, retail, and medical services. Recommendations are offered for government, promotoras, and non-government agencies.

## **IMPOVERISHED CONSUMERS: THE LIVED EXPERIENCE OF *COLONIA* RESIDENTS**

The dire circumstances of the poor was brought out in Harrington's (1963) book "The Other America: Poverty in the United States" which described the impoverishment that was common in specific geographic areas. President Kennedy considered poverty cause for concern and started a series of programs collectively known as *The War on Poverty* (Seccombe 2000). These programs (Medicare, Medicaid, Head Start, and Food Stamps), were effective and brought down the overall poverty rates to 12.6% in 1970. Since then there has not been much change in poverty levels and currently, the poverty level is 11.8% of the overall population, with Black at 23.6%, and Hispanics at 22.8% (U.S. Census Bureau, Poverty: 1999 Highlights). Thus, despite a robust economy and low unemployment and inflation rates, poverty rates are slightly less than what they were in the 70s. The study of poverty therefore remains a critical issue as we move into another century (Seccombe 2000).

From a theoretical perspective the study of poverty and impoverished consumer behavior is consistent with the "call to arms" voiced by Firat and Dholakia (1982) for macromarketing scholars to investigate consumption among different socioeconomic classes. The present research continues and extends the work done in social marketing (Andreasen 1994), homelessness (Hill 1991), retailing in poor communities (Alwitt and Donley 1997}, and impoverished consumer behavior (Hill and Stephens 1997).

The premise of much of this work is the concept of exchange restrictions. Hill and Stephens (1997) note that close to 35 million U.S. consumers are poor and often live in decaying neighborhoods with high levels of unemployment and few options for affordable goods and services. According to Alwitt (1995), the combination of

restrictions in income sources, product availability, and mobility leads to an imbalance of exchange between marketers and impoverished consumers. One result is that the poor must dedicate more of their limited resources to survival than would be required in more affluent neighborhoods (see Bell and Burlin 1993).

Poverty is usually depicted statistically. Statistical data are important since they allow us to compare different groups within the population and to measure the growth or decline of poverty levels. However, numbers may not capture the full impact of economic, social, and material hardship. Consequently, there has been a growth in the number of qualitative studies that show what the experience of poverty is for those who experience it (Seccombe 2000; Jarrett 1994). The present research is a part of an ethnographic study of colonia residents. This paper reports preliminary findings on a subset of issues that contributes toward impoverished conditions for colonia residents. The objective of this paper is to present the lived experience of colonia residents in the areas of housing, water consumption, grocery, and health services. The above issues are a part of a larger enquiry and we have chosen these as an example of impoverished consumer behavior.

### **The Context**

Colonias mean a neighborhood or community in the Spanish language. Colonias are defined as unincorporated subdivisions, built outside city limits, on both sides of the U.S.-Mexico border (<http://www.hud.gov/texcol.html>). Many colonias have emerged in rural areas without formally sanctioned local governance and the collective services that local government customarily provides. Some colonias may be entire border communities while others are comprised of neighborhoods within incorporate communities. Colonias

typically have high rates of poverty, and the residents lack education, and job skills and this makes it difficult for the people to get jobs that help pay for roads, sanitary water and sewer systems, decent housing, street lighting and other services.

(<http://www.hud.gov/texcol.html>).

The following data highlight the characteristics of the colonial (<http://chud.tamu.edu>).

There are 1,450 *colonias* (1,193 in 1992) in Texas alone.

These settlements are home to an estimate 350,000 residents (280,000 in 1992).

Approximately half of Texas *colonia* residents do not have adequate water supplies. 1,190 out of 1,193 Texas *colonia* residents surveyed in 1992 have no approved wastewater services.

A large majority of *colonias* have dirt roads, not even including gravel surfaces, and have no surface drainage systems. Incidence of health problems is high. Flooding is common in many *colonias*, making the existence of privies an additional health problem.

Education levels are quite low and school dropout rates are high.

Median annual income is estimated at \$7,000-\$11,000 per household. Typical family size is 5-6 people.

The population within *colonias* in which the Colonias Program is working appears to be continuing to grow at a rapid rate, as much as 7%-10% a year.

The rise of the colonial can be traced to an incessant population growth in Northern Mexico. Among the many factors for this growth in population are the NAFTA agreement and the rise of the maquiladoras. In fact, the U.S.-Mexico border population has grown from 6.97 million in 1980 to over 10.58 million in 1995, with about 5.8 million on the U.S. side and slightly less than 4.8 million on the Mexican side. (Peach and Williams 1999). This dramatic rise in population has created a number of serious urban problems, including a lack of drinking water, inadequate sewage services, substandard housing, insufficient garbage disposal, and air and water pollution, as well as

diverse negative environmental impacts outside city boundaries. In short, these urban problems have created slum like conditions reminiscent of poor countries, but the irony is that they are now located within the U.S., an industrialized country with a powerful economy and high standard of living.

The research issue (impoverished consumer behavior of colonia residents), is important not only for the border states but also for the country since it exposes living conditions existing within an overall affluent society. The United Nations Development Program (UNDP) defines human development as the process of enlarging people's choices. This is achieved by expanding human capabilities and functioning. The three basic capabilities-measured by the human development index (HDI) are for people to lead long and healthy lives, to be knowledgeable and to have access to the resources needed for a decent standard of living. (Boer 1998). The theme of UNDP's ninth Human Development Report (HDR) is "consumption from a human development perspective". It contains an analysis of the links between growth, consumption, poverty, inequality and the environment. The report states that worldwide, poor people in particular suffer from environmental damage. They are often forced to live on the edge: more than 500 million poor people live on marginal lands and 132 million in water-stressed areas. They are in particular hurt by local environmental damage, such as water pollution, air pollution and waste disposal, but also vulnerable to crossborder problems, such as acid rain and global warming. Poverty, along with ever-increasing wealth inflicts damage to the environment. Lacking alternatives the poor are often forced to exhaust resources in order to survive. (Boer 1998 ).

The Texas Colonias exhibit all the effects of environmental damage. Most colonias have dilapidated homes, lack potable water and sewer and drainage systems. These conditions make many colonias an ideal place for the proliferation of disease. On the U.S. side of the border, the rate of hepatitis A occurs at a rate three times the national average. According to the Texas Border Health Office, for instance, the hepatitis A rate for border counties in 1995 was about three times the state average (50.3 per 100,000 inhabitants versus 16.1/100,000). Tuberculosis is also a major problem on both sides of the border. In 1995, the rate of reported TB cases in the four U.S. border states was 13.3/100,000, compared to a rate of 8.7 elsewhere in the country. High rates of occurrence of vaccine-preventable diseases are another cause for concern. The rate for measles on the U.S. side, for example, is 50 cases per 100,000 people, versus a U.S. national average of 11. And the morbidity for mumps in the region has been documented as high as 41/100,000 (the national average is only 2/100,000) (Texas Department of Health 1997).

These health problems are compounded by a lack of medical services. In addition to a shortage of primary care providers, colonia residents' difficulty in accessing health care is compounded by other factors, including having to travel long distances to health care facilities, lack of awareness of available health care programs and no health insurance. As a result, many colonia residents' health care problems go unreported and untreated. Thus, it is important to address the issue of poverty in the Colonias not only from a human point of view but also from an environmental perspective, since poverty too inflicts a damage to the environment.

Considerable research has documented the structural conditions in the colonias however, not enough research attention has been given to the lived experiences of the residents. It is proposed that documenting the experiences of colonia residents regarding consumption of basic services will enable policy makers, community workers, and institutions such as community health centers, banks, retail stores, and public schools understand the need to design and provide customized services. Some of these services could be consumer education regarding vaccinations, inoculations and birth control, and access to financial services such as micro credit.

### **Research Methodology**

Our aim was to explore the scope and meaning of the phenomenon, specifically what it means to be unable to consume, what are the constraints, and how do people cope and improvise. We seek understanding of a phenomenon, not representation of a population (McCracken 1988b). Interpretivist methods offer us an opportunity to gain additional insights into how colonia residents think about the inability to consume, which would not be possible using close-ended measures of experimental research (Denzin 1989; Lutz 1991; McQuarrie and Mick 1992).

Field interviews took place during spring and summer of 2000. Five field researchers conducted thirteen semi-structured interviews in Spanish with colonia residents. The interviewers were recruited from the Social Work program at Texas A&M International University. Most of the interviewers were taking a class on Border studies which made them highly suitable to conduct the interviews. The interviewers had the skills and the ethnic similarity required to gain the confidence of the Colonia residents. The first author trained the interviewers in the techniques of deep interviewing through

role playing techniques. The interview schedule was translated into Spanish and later back translated into English to ensure consistency. The interviews lasted between 75 and 150 minutes and were conducted in the colonias, often in the participant's residence. The first author accompanied the interviews on four interviews which enabled the author to study the research site and document the physical features.

### **Methodology for Analysis of Data**

Data analysis was conducted according to grounded theory procedures (e.g., Glaser and Strauss 1967; Strauss and Corbin 1990). Verbatim transcripts of each interview was transcribed from either audiotapes or field notes. During the first phase (open coding), data was broken down into discrete events and ideas, then conceptually similar phenomena were grouped to form categories and subcategories. In the second phase (axial coding), relationships among categories were articulated: an attempt was made to seek patterns both within and across informants. Finally, in the third phase (selective coding) the central or core phenomena were identified; one that appeared most comprehensive and revealing of the colonia resident's individual and collective experience.

Multiple steps were taken to enhance the trustworthiness of the findings (Wallendorf and Belk 1989). Both internal and external audits were conducted on a continuous basis, covering all research materials. This process was conducted by the author of this grant. Trustworthiness of interpretation was achieved by ensuring triangulation across researchers (primary author and the second author). The majority of informants reside in the colonias in the United States but in other respects represent considerable variation in location of colonias, age, and gender.

## **FINDINGS**

The findings of this qualitative study are presented with the objective of juxtaposing the lived experience alongside findings from secondary research. We hope to take you into the lives of the colonia residents and show you what the experience is like for those who are impoverished. The themes explored include: (1) Housing - A Work in Progress; (2) Consumption Constraints - The Retail Experience; (3) Isolation - The Transportation Experience; and (4) Habitus and Home Remedies - Overcoming Lack of Medical Services.

### **Housing - A Work-in-Progress**

The nearly 1,500 Texas colonias are the visible symptom of the region's dearth of decent, affordable housing opportunities. An estimated nine of every 100 border Texans live in a colonia (Henneberger, 2000). Low-income border families are completely priced out of the conventional housing market. For example statewide in 1999, 34% of households needing a one-bedroom apartment couldn't afford it; in border cities, the percentages ranged from 37% to 47%. Thus, a large number of people living in Texas border towns cannot afford to pay the Department of Housing and Urban Development's (HUD) "Fair Market Rent" in their city. Their ability to obtain affordable housing is therefore dependent upon securing some form of government subsidized housing. In the absence of such subsidies, these families find themselves unable to afford housing in border cities, so they buy lots in rural colonias and build homes for themselves.

The residents themselves construct houses in the Colonias. They buy inexpensive rural lots for about \$20 and make payments of \$40 a month and set up permanent homes (The Colonias Program; [chud.tamu.edu](http://chud.tamu.edu)). These houses are usually made of shacks of

recycled materials, cardboard, old pieces of wood, or other related materials. These houses are constructed little by little as money is available. Maria Davila, is 35 years of age. She and her husband Juan live along with her seven children in El Cenizo. This is what she told us about her home:

"The property owner rents us this trailer home and we pay for the water. I had to pay \$120 to CPL to run the electricity to the trailer home we are renting. We have to pay the electricity bill monthly at HEB (a local grocery store) and the light bill is under my husband's name. I wanted to leave this trailer because there were a lot of roaches and I could not stand it any more. I told the owner and he said he would reduce the rent to \$175 dollars from \$200 and this would include the water bill. To fumigate they will charge me \$ 1.00 dollars but I have no money to pay. I have no telephone. The trailer we live in is not centered properly and there is a hole in the bathroom because this trailer is so old. There are no homes available and the ones that are available are worse than the trailer I live in and the school will be to far away."

Neighborhood residents get their water from a variety of sources. Some fill containers at a nearby clinic or church, others at the homes of friends and family in areas that have water. Those who can afford it pay to have a *pipa* (water truck) deliver water to their homes, but this can cost from \$80 to \$120 each month. And stored water, even if obtained from a reliable source, can pose a health threat, as it can easily become contaminated if stored incorrectly. Most of these homes lack facilities for safe sanitary water for cooking, bathing, cleaning, and drinking. Sewage facilities are also not available for these residents. Often times people have to use an outhouse but these outhouses pose many problems because they are either too small or improperly installed and can overflow. The problem is magnified during heavy rains when wastewater elevates forms a pool on the ground and the whole area smells for weeks. After reading the above description is not difficult to understand the health and disease related statistics for the colonias.

Pueblo Nuevo is an example of a colonia that does not have adequate water and sewage facilities. Donna Petra, a resident of Las Aguilares had this to say when we asked her if she was happy with her water supply:

"Oh, no! First of all, we do not have clean water because we do not have sewage system so the water that we use es agua salada, salada (is salty, salty water) because it comes from the noria (water wheel)."

Very few people have the luxury of owning a water wheel. When asked if she had a water wheel. Donna Petra replied:

"No, only the ones that have the money to construct it because it's very, very expensive, it costs like more than \$2,000 to constructed it. Also the people that do not have norias (water wheels) they have tambos (water tanks) these are cheaper; but still expensive for others because there are some that get the water from the tap water located at the entrance of the Colonia. But they have to walk all the way there and go back to their homes with the heavy cubetas (buckets)."

Residents owning water wheel take advantage of others who do not own it and make profit by selling water from the water wheel. Dona Petra states:

"Los Martinez my neighbors owned a noria (water wheel) so I pay them \$50 a month for getting water from them."

### **Consumption Constraints - The Retail Experience**

Colonia residents have to travel many miles to shop at grocery stores. The colonias have local mom and pop stores, but the range of products and the prices of produce are very high. Unfortunately, access to grocery stores is difficult because most residents lack private transport and local transportation is either not available or the service is infrequent.

"Now the grocery ids a big problem to them because when they run out of food they have to go to the nearest store around the colonia, because they are not able to go to the city. They go to the city once a week if not twice a week. They usually buy canned foods, food that will not spoil within a few days. They eat meat when they can, and chicken is what they eat rather most, because it is allot cheaper than meat. The store in the colonia is too expensive almost doubled. For example, you can buy three or four cans of food per dollar while here in the colonia we are only able to buy one maybe two at the most."

Our research showed us that most colonia residents do not use any financial services. Most do not have bank accounts or own credit cards. Further, most buy used

merchandise like pots, pans, toys, and clothes. Rosa lives in Rio Bravo and has five children. This is what she told us when we asked her about her financial situation:

"My husband and I do not have a bank account. The money my husband makes doesn't last very long. The children would like to have new tennis shoes and blue jeans because they see how the other children go dressed to school. They tell me mom " I would really like to have new tennis and new blue jeans." I buy their clothes at second hand stores and the school nurse also gives me some clothes for my children. Now that the weather has been cold, the school nurse gave my children some warm jackets. The clothes that I buy my children at the second hand stores cost between 25 cents to 50 cents."

### **Isolation - The Transportation Experience**

The sense of isolation is a major theme that colors a large portion of the consumption phenomenon in the colonias. Isolation is not just physical but also social in nature. The most obvious cause of physical isolation is the location of the colonias and the lack of adequate transportation facilities. According to Gabby, a resident of Los Aguilares, buses do not enter the Colonias at all. Residents must walk two or three miles all the way to Highway 359 in order to catch the nearest bus.

"They [the buses] do not like to enter because none of the streets are pavimentadas (paved) and when it rains, it is even worst because se hacen charcos y mucho zoquete y los buses se quedan atorados en et zoqueten (puddles and mud form, therefore, buses cannot pass through). "So when it rains, we cover our shoes with plastic bags so they won't get dirty and run as fast as we can all the way to la parada (bus stop)" Gaby said.

School children have to wake up at about 5:30 a.m. so they can make it on time for the school bus which comes any time between six and seven a.m. The children's parents need to walk with them because dogs or wild animals are roaming around the so-called streets. Colonia children have long hours, leaving home at about 5:30 in the morning and returning by 6-6:30 in the evening. One of our informant commented that "if these students have to go through this hectic situation to go to school every day, they rather not go to school and avoid the situation" (Rocio). Not all children are unhappy

about their school situation. For many going to school means the chance to eat breakfast and lunch and get educated in the bargain!

Some residents own cars most of which are very old and often not functioning:

"Some one sold my husband a car but the brakes don't work very well. My husband's friends give him a ride to and from work. Sometimes we take a risk and go to the groceries in our car even though the brakes do not work very well." (Maria Davila)

### **Habitus and Home Remedies**

Bourdieu (1977; 1986) in his theory of political economy of symbolic power focuses on resource availability. According to this theory, individuals possess various assets, or capital and these assets influence power relations. Capital is defined as any resource that is valued, and comprises of three types: economic, cultural, and social. It is the distribution of resources that enables individuals to hold dominant or dominated positions (Bourdieu 1986; Swartz 1997; Lee et. Al 1999). One contradiction of social life is the juxtaposition of agency and structure. Bourdieu uses the concept of habitus to explain two apparently contradictory observations in social life: the fact that social actors' behavior appears to be patterned and regular, at the same time they seem to experience their behavior as free and purposeful (Bourdieu and Wacquant 1992). The concept of habitus can be used to understand colonia residents coping strategies and use of home remedies in the face of lack of medical facilities.

We asked Guadalupe, a resident of Mis Ranchitos, about access to doctors and hospitals. She and her husband have three children and her husband has not been employed for the last three months. She chose to talk of emergencies, particularly her fear of rattlesnakes:

"...rattlesnakes come out during the heat of the day to look for cool shade. Thank god the snakes have never bitten my children. Medical assistance does not exist in case of an

emergency and there are no night clinics. If there is an emergency we have to go to the city in order to get medical assistance and that 20 minutes away."

After listening to Guadalupe we realized that our conception of medical services are very different from her conception. We were thinking of pre-natal, anti-natal care; inoculations, and regular medical check-ups including dental care. We realized that all these were a luxury for her, she was most concerned about emergencies!

In order to gain more insight we probed Maria, a resident of El Cenizo. One of the interviewers asked Maria what she would do if the children got sick:

"I take them to Cigarroa Bustamante (a local doctor). I go with all my children in the El Aguila bus when I visit the doctor. Five of my children have Medicare because they were born in the United States, but the other two do not, they were born in Guanajuato, Mexico. Rodrigo, one of my sons has asthma."

We learned that medical services for most colonia residents are rare. We [were] very therefore curious to find out how they dealt with sick children. What we discovered was a wealth of knowledge about home remedies. Maria informed us that she learned all this from her mother. As a child she lived in Guanajuato, Mexico and now lives illegally in South Texas.

"When the children have coughs, I use shortening combined with baking soda and I rub it on their neck and the bottom of their feet. This remedy helps with coughs. When the children have a headache, I use a pinto or black bean, split it in half and put oil on the halves and apply the half beans on their temples. This relieves them of their headaches. When the children have fever, I use banana peels and put them on the bottom of their feet with a sock over the peel. This method helps with their fever."

### **Public Policy Implications**

Poverty is the underlying cause that drives the existence and growth of the colonias. These families are poor and they live in colonias because urban and suburban housing costs are beyond their means. They live in unincorporated land because this all

they can afford. Unincorporation increases the possibility of absence of water, sewer, gas, and electric lines. The following initiatives can be suggested to address the problems of the colonias described in this paper.

### **Government Related**

Most of the state's initiatives have been directed at halting the development of new colonias. But substandard living conditions in colonias cannot be remedied nor can their growth be arrested until the underlying housing affordability problem is addressed. Several non-governmental organizations (NGOs) on the border have created programs especially tailored to meet the housing needs of low-income families and colonia residents. Building on the willingness of colonia residents to construct their own homes, these programs provide materials, instruction, and a team approach to construction. The combination has proven to be an effective means of making decent, affordable housing available to hundreds of border residents.

### **Innovative solution from Developing Countries - Promotoras**

Colonia residents need training and education especially in water management and use. Lacking access to potable water and sewage services, poor communities as in the colonias face an especially serious set of health threats associated with poor water quality. Long-term solutions will require the investment of billions of dollars in infrastructure and radical changes in the way water is used regionally.

However lessons from developing countries can be applied to address these problems. We refer to the Promotoras. The *promotora* model originated in developing countries and was used heavily in the 1960s and 1970s as a community-based approach to primary health care services, in which Local residents are trained to provide preventative

and simple curative care. The program stresses safe hygiene, water purification, and storage practices as means of solving and avoiding water-related health problems. Promotoras are trained to implement these practices in the communities where they live, teaching neighbors cheap and easy methods for disinfecting, protecting, and storing water.

### **NGO and Self-help Related**

Lastly, we focus on efforts of nonprofit grassroots groups who along with the residents can address problems like clean water and sewage management. One such group is AYUDA (Adults and Youth United Development Association). NGO's involve local residents and use a combination of methods. For instance, families wanting to get a new septic system through AYUDA are required to attend environmental justice classes that discuss the connections between well water, septic systems, and health-related illnesses afflicting the neighborhood. Prior to the sessions, adds Meléndez, many people did not know why they were plagued by chronic illnesses. "Once they find out, they are surprised, and their lives change. They start making changes," she says. (Patterson 2000).

This ethnography enabled us to understand that poverty affects one's total existence. The experiences of *Colonia* residents show that poverty forces them to live in the colonias, an area that is largely unregulated. This study exposed the "sting" of deprivation, the health related dangers of being poor, and the coping mechanisms colonia residents use to overcome obstacles. Finally, these narratives provide ideas for public policy initiatives.

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