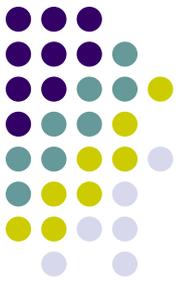


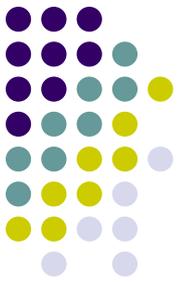
# Women living without legal immigration status: Health consequences and barriers to healthcare



Research on Healthcare for the Undocumented and Uninsured: Systems, Policies, Practices and their Consequences. University of Toronto, February 12, 2010

Nazilla Khanlou, RN, PhD (York University)  
Tahira Gonsalves, MA, PhD student (York University) &  
Catriona Mill, RN, MHSc (Toronto Public Health)

# Policy Report



- Context:
  - Newcomer statistics<sup>1</sup>
  - Destination cities
  - Precarious status
- Immigrant health in Ontario. Commissioned by MOHLTC as part of Equity in Health and Human Services Strategic Initiative <sup>2</sup>

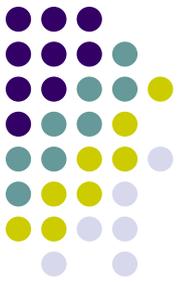
1. Citizenship and Immigration Canada. (2009). Facts and figures 2008 – Immigration Overview: Permanent and temporary residents.

2. Khanlou, N. (2009). Equity in Health and Human Services Strategic Initiative: Immigrant Health in Ontario. Ontario: Ministry of Health and Long-Term Care.

# Social Determinants of Health

- **Socio-economic status (SES)**
- **Housing and neighbourhoods**
- **Social support and networks**
- **Social inclusion, engagement, and participation**

# Identity Markers

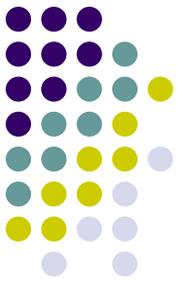


- **Age**
- **Gender**
- **Sexuality**
- **Ability**
- **Race**
- **MIGRANT STATUS** <sup>3</sup>

3. Oxman-Martinez, J., Hanley, J., Lucida, L., Khanlou, N., Weerasinghe, S. & Agnew, V. (2005). Intersection of Canadian policy parameters affecting women with precarious immigration status: A baseline for understanding barriers to health. *Journal of Immigrant Health*, 7(4), 247-258.

Simich, L., Wu, F. & Nerad, S. (2007). Status and health security: An exploratory study of irregular immigrants in Toronto. *Canadian Journal of Public Health*, 98(5), 369-373.

# Barriers to Access

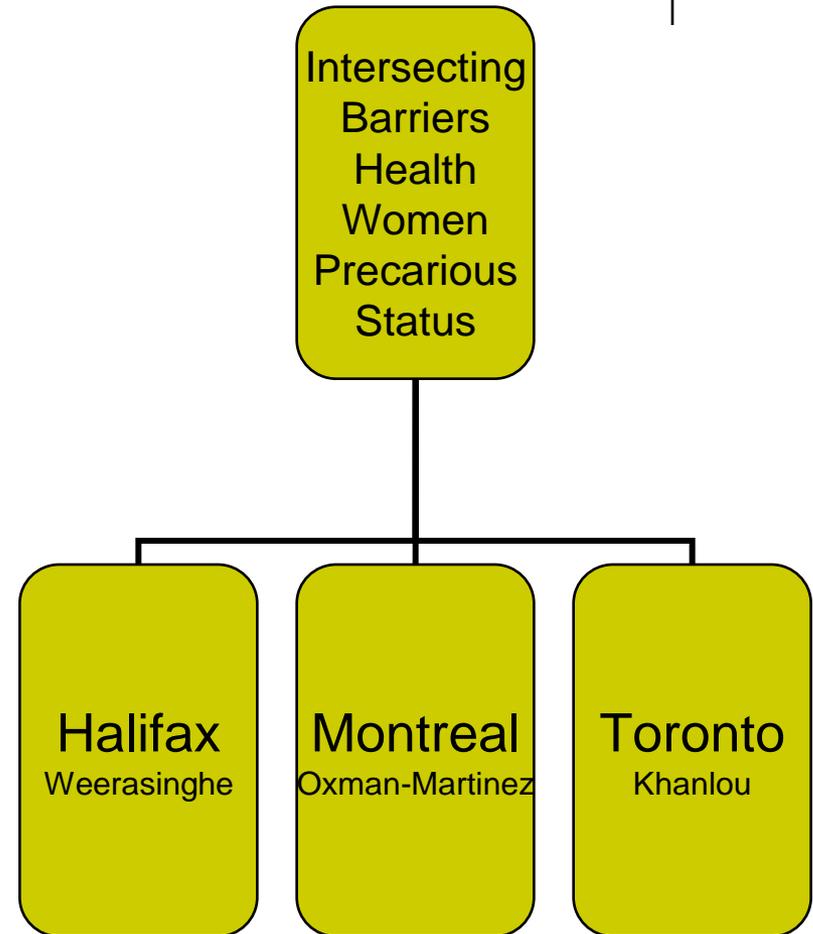


- Underutilization due to:
  - Socio-cultural and linguistic barriers
  - Structural-material barriers
- In pilot study similar barriers:
  - And FEAR (permeates each of the other barriers)

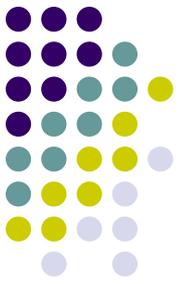


# Health and Social Consequences of Precarious Immigration Status for Women

- Toronto site: Khanlou N (Principal Investigator), George U, & Gastaldo D (Co-Investigators)
- Community Advisors
- Funded by Canadian Institutes of Health Research (2004-2008)



# Pilot Study: Toronto Site

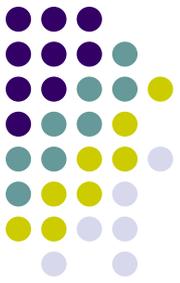


- Objective: to explore the health and social consequences for women who fall into the non-status category
- Research design: qualitative descriptive approach
- Triangulation of data sources
- Ethics approval from University of Toronto Research Ethics Board

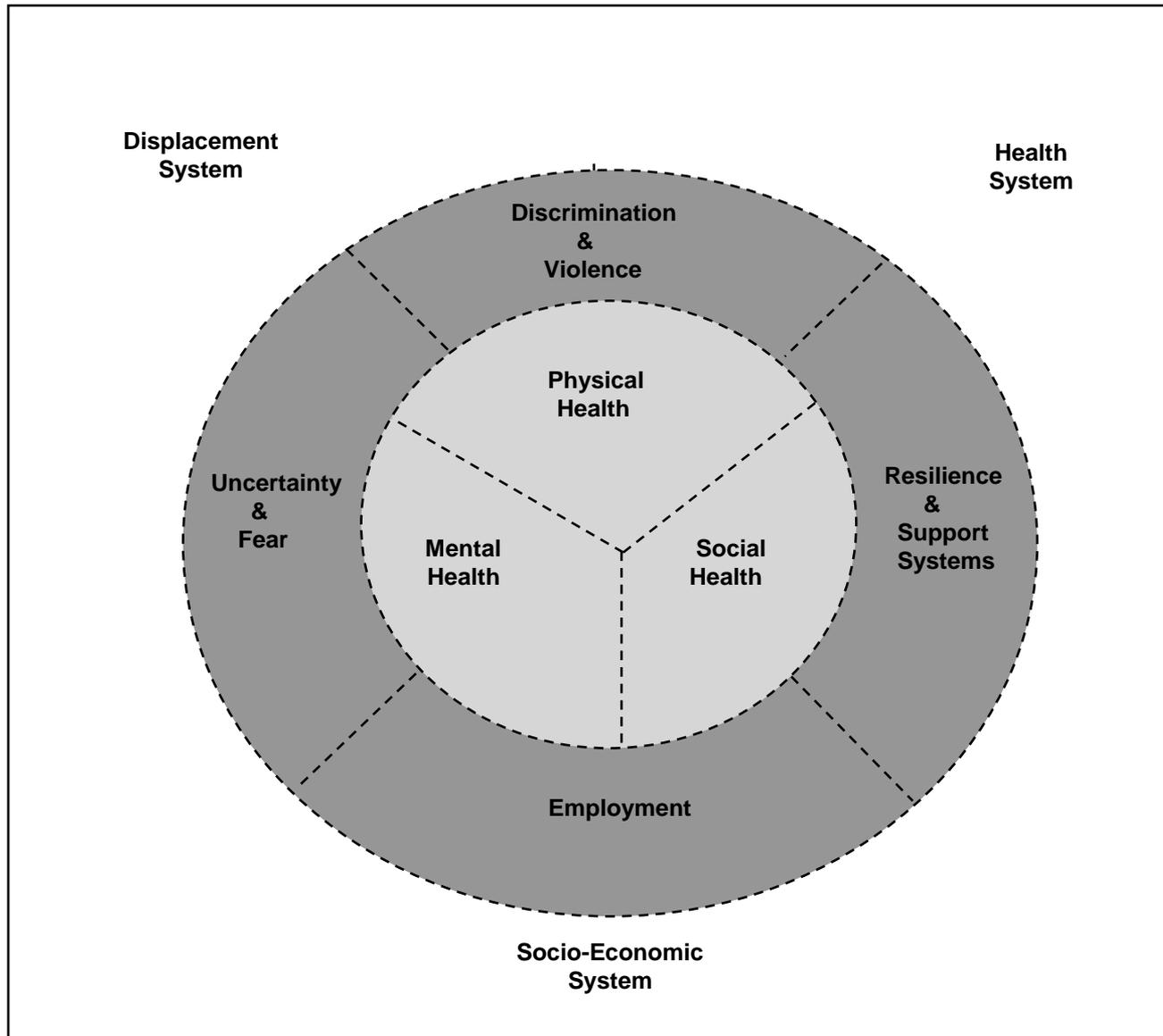
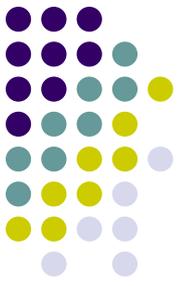
Sandelowski, M. (2000). Focus on research methods: Whatever happened to qualitative description? *Research in Nursing & Health*, 23(4), 3340-340.

Sullivan-Bolyai, S., Bova, C. & Harper, D. (2005). Developing and refining interventions in persons with health disparities: the use of qualitative description. *Nursing Outlook*, 53(3), 127-133.

# Methodology: Interviews

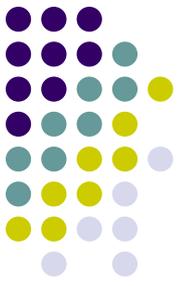


- Semi-structured one-on-one interviews with professionals in Toronto working directly with individuals with precarious immigration status of working on issues related to this population
- Purposive sampling method
- 6 participants (2 policy makers & 4 health care professionals)



**Figure 1 - Social determinants of non-status women's health** (Khanlou, N. et al. Health and social consequences of precarious immigration status for women. (In progress)).

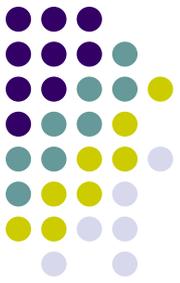
# Findings: Health Consequences



- 1. Physical health:
  - Process of migration and settlement involves life changes and as a result, exposes individual to various stressors
  - Zimmerman et al. (2003)<sup>4</sup> suggest that non-status migrants may be at a particularly high risk for negative health consequences
  - Precarious nature of migrant's lives may exacerbate existing health issues

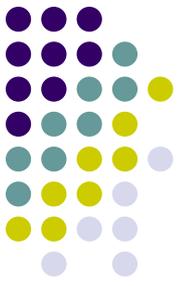
4. Zimmerman, C., et al. (2003). The health risks and consequences of trafficking women and adolescents. Findings from a European study. London: London School of Hygiene and Tropical Medicine.

# Participant Quote



“I can say what I see and that is that the health concerns are increasing because of the precarious status... there is a high prevalence of diabetes in that [African and Caribbean] population but for those who are precarious immigration status this will be more acute of a problem or it will take on a different dimension. Often it will increase the vulnerability because they don't have access, for example, to the machine that measures their glucose” (P1, p.8)

# Findings: Health Consequences cont'd.

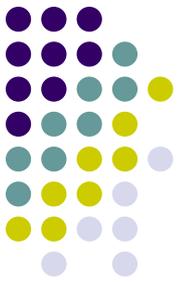


- 2. Mental health:
  - Several studies have revealed higher rates of psychiatric illness among undocumented migrant populations than other migrant groups <sup>5</sup>
  - Exact causes of higher rates of mental health issues remains contentious
  - Same mental health issues existed prior to settling in Canada, while others arise from the volatile and stressful nature of current lives

5. Gushulak, B. & MacPherson, D. (2000). Health issues associated with the smuggling and trafficking of migrants. *Journal of Immigrant and Minority Health*, 2(2), 67-78.

Lipson, J. & Omidian, P. (1997). Afghan refugee issues in the US social environment. *Western Journal of Nursing Research*, 19(1), 110-119.

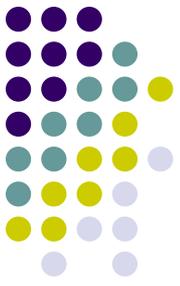
# Participant Quote



“... there is a huge incidence of depression and, um, dealing with past trauma and post-traumatic stress disorder amongst our patients....Except for women that are leaving violent situations, I would say that a lot of emotional problems are a result of their current situation here. It is incredibly stressful to come to a new country where you have no status and be entirely dependent on the people that you meet there.” (P2, p. 5)

# Findings: Health

## Consequences cont'd.

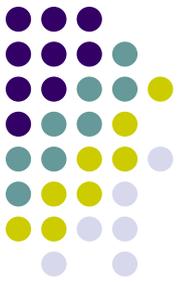


- 3. Social health:
  - Experiences of abuse and violence have profound implications on social health of non-status migrant women
  - Social isolation, fear of being alone, lack of culturally-appropriate community resources, and lack of awareness of services are cited as risk factors for immigrant women <sup>6</sup>
  - Fear of being reported to immigration officials

6. Burnett, A. & Peel, M. (2001). Asylum seekers and refugees in Britain: Health needs of asylum seekers and refugees. *BMJ*, 322, 544-547.

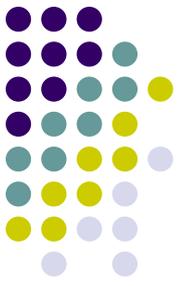
Raj, A. & Silverman, J. (2003). Immigrant South Asian women at greater risk for injury from intimate partner violence. *American Journal of Public Health*, 93(3), 435-437.

# Participant Quote



“... you will find that people live in relationships that are not healthy for them because they don't have status. So you hang around with someone who is abusing you. And a lot of women get threatened, 'if you leave me, I am going to tell immigration'. So women are stuck in these relationships that are not working for them but they are worried if they leave they [the abuser] will call immigration” (P3, p.6)

# Study Limitations



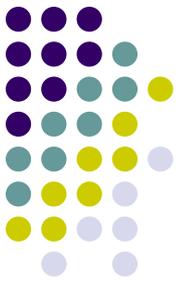
- Literature review

- Paucity of research
- Limited Canadian research
- Research has not caught up with reality of changing demographic in countries, such as Canada

- Interviews

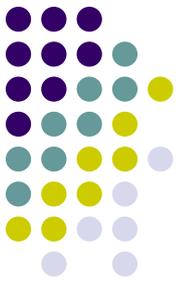
- Purposive sample technique
- Small sample size
- Difficulties working on non-status women due to hidden nature

# Policy Recommendations 7



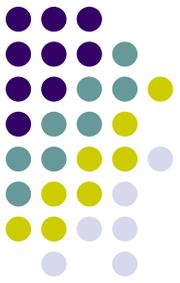
1. Intersectoral collaboration and initiatives are needed in order to better address the social determinants of immigrant health and the intersectional influence of identity markers with biological and social/ ecological factors
2. Specific barriers leading to under-utilization of services by immigrants require immediate policy/practice initiatives
3. Underemployment/ lack of employment and poverty are significant risk factors for the health and wellbeing of new waves of immigrants

# Funding Acknowledgments



- Policy report: Ministry of Health and Long-Term Care (MOHLTC)
- Pilot study: Canadian Institutes of Health Research (CIHR)

# Contact Information



- **Dr. Nazilla Khanlou**  
OWHC Chair, Women's Mental Health Research, Faculty of Health  
Academic Lead, Lillian Wright Maternal Child Health Scholars  
Program  
Associate Professor, School of Nursing  
York University  
[nkhanlou@yorku.ca](mailto:nkhanlou@yorku.ca)
- **Tahira Gonsalves**  
Research Coordinator, Office of the Chair in Women's Mental Health  
Research, Faculty of Health  
PhD student, Sociology  
York University  
[tagon@yorku.ca](mailto:tagon@yorku.ca)