

Affirming Immigrant Women's Health: Building Inclusive Health Policy*

Societies throughout the world have become more culturally diverse as the number of immigrants and refugees increases. Canada is no exception. In Prince Edward Island, approximately 150 immigrants arrive annually. Consistent with national statistics, slightly more than half of these immigrants are women. While their numbers are small compared to other provinces, immigrants to PEI face similar problems as other immigrants to Canada, as well as additional problems resulting from cultural isolation. Fewer cultural supports and services are available to them in PEI.

The Immigrant Women's Health Project addressed an area of research that has been given limited attention by scholars. Most research focuses on problems that immigrant women face in a new country and the effects of those problems on their health. Few, if any, studies address what health means to these women and what, if anything, they did before they immigrated to maintain their health, and whether they are able to continue these practices in their new home. This qualitative study addresses this gap in current research. It explores the experiences and perceptions of immigrant women in relation to the factors that influence their health, health maintenance behaviours, and the health services they use.

****The Immigrant Women's Health Project was conducted by Co-Investigators Marian MacKinnon, Associate Professor, University of Prince Edward Island and President, InterCultural Health Assembly of PEI, and Laura Lee Howard, Past Executive Director, PEI Association for Newcomers to Canada. Taped interviews were conducted with 22 women from 15 countries aged 20 to 70 years who had been in Canada for up to 20 years and now reside on Prince Edward Island.***

Findings

- ❖ The thesis that immigrant women have different health care needs was not upheld. The women were found to have similar health needs and health maintenance practices to Canadian-born women, but their resources are greatly reduced.
- ❖ The women had health needs related to several determinants of health. They identified social support, personal health practices and socio-economic factors (language and employment) as the most important factors affecting their health, as well as the most important factors in maintaining their health.
- ❖ The majority of immigrant women in the study identified language and the ability to express themselves as a major factor affecting health care for themselves and their families. They also identified transportation and lack of information about available programs as barriers to health care.
- ❖ The gender of the health care provider was a problem for more than half the women; the women often prefer a female physician, especially for gynecological examinations or when they have "female problems". If they must go to a male doctor, they prefer to keep their clothes on during an examination.
- ❖ Most of the women just wanted a competent and caring physician who would listen to their concerns before prescribing treatment. The women believe that Canadian physicians do not do complete physical examinations and do not spend enough time discussing with or listening to their patients.

Themes

Analysis of the women's comments reveals several themes related to health care issues and the determinants of health:

- ❖ a belief that physical, mental and spiritual health are closely related, that health in one area affects health in other areas, and in turn, their health affected their ability to take care of themselves and their families, to relate to other people in positive ways, and to financially support themselves or go to school
- ❖ despite strong beliefs about health and how to maintain it, it is difficult to maintain these health practices in PEI
- ❖ social support from family and friends is critical to their health
- ❖ language as a major factor influencing their health
- ❖ although they have "free" health care, these women still face the complexities of learning *how* to access health care services and face the barriers of language, obtaining the kind of health care they value (i.e., holistic assessments), and inappropriate or culturally insensitive care

Policy Implications

Language and Employment Programs: In order for immigrant women to gain sufficient skills to compete in the job market, they need higher levels of English language classes. Employment programs must continue to receive stable and adequate funding.

Health Promotion Programs: Immigrant women need health promotion material in their native lan-

guages. They also need food and nutrition classes on how to adapt their traditional cooking styles to the foods available in Canada. Such classes would serve the dual purpose of providing an opportunity to build a social network.

Community Outreach Programs: Immigrant women need community outreach programs to help them continue with their customary social and leisure activities, as well as to learn about their new location and the kinds of social and leisure activities available to them.

Affordable Child Minding Services: In the absence of social support networks, affordable child minding services are necessary to allow these women to continue with their social and leisure activities, to attend the suggested food/nutrition/ cooking classes, to attend English language classes, and to search for employment.

Cultural/Language Interpreters: Professional interpreters trained in health care interpreting are required. This, in turn, requires, a training program for interpreters.

Cultural Sensitivity for Health Care Providers and Support People: Health care providers need regular in-service and education programs promoting culturally competent and sensitive approaches to health care. Nurse educators must continue to ensure that nursing students have the opportunity to develop culturally competent and sensitive interventions and that they have experience working with immigrant populations in both acute care and community clinical settings. Strategies to promote culturally sensitive approaches by doctors and their staff must also be put in place.

Information Provision: An information booklet on the health care system must be developed and provided to women upon their arrival in Canada.

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