

# Voices Project: Immigrant Women Resources

## Health Trends:

*Stress and related conditions appear to be the most common health concerns for Immigrant women in Canada. Indeed, many of these women claim that the loneliness and depression associated with social isolation, actually intensifies their experience of other health problems. Mental health issues can also influence the onset and perception of chronic illnesses such as arthritis, rheumatic conditions, immune deficiency and chronic fatigue syndrome.*

*As a group, Immigrant women experience relatively high rates of hypertension, lupus, diabetes and thyroid disease. These conditions may be exacerbated, in part, by an increased incidence of obesity among some Immigrant women. In the case of women from pre-industrial societies, the health consequences of poor nutrition and inadequate dental care may represent a significant concern. Immigrant women, like many others who exist on the margins of society, experience lower survival rates of breast and cervical cancer than white, middle-class Canadian women.*

*For women who have immigrated from regions of Africa or from the Caribbean, HIV infection and AIDS represent major health concerns. Moreover, the health consequences of childhood genital mutilation, in the form of genitourinary problems, is an issue with which some Immigrant women must contend.*

## Health Determinants:

*In Canada, Immigrant women confront social barriers and environmental conditions that increase their risk of poor health. Isolation, loneliness and low self-esteem, related to acculturation (adjusting to a*

*new culture), are considered primary determinants of Immigrant women's health.*

*Poverty and its related challenges also represent critical determinants of the health of Immigrant women. Issues related to sex roles, education, literacy and language, form an impenetrable barrier for many women in terms of employment opportunities. Those who do find employment, often work for low wages in gender segregated jobs such as cleaning, sewing or kitchen service, with poor working conditions and limited job security.*

*The cultural traditions and religion of many Immigrant women represent significant obstacles to preventing disease and accessing health information and services. These barriers often take the form of sex role expectations that prohibit negotiating safer sex or the use of contraceptives. In many cases, a dominant male family member, in making decisions about family expenditures, excludes women's health treatments.*

*Barriers to accessing health care also present themselves as cultural beliefs about the origin and treatment of sickness and disease as well as traditions and taboos around sexuality, reproduction and childbirth. Unfortunately, reduced participation in screening programs means later detection of sexually transmitted infection as well as breast and cervical cancer, with reduced survival rates for these malignancies. Furthermore, barriers to accessing prenatal care often result in an increased incidence of prenatal and neonatal complications.*

*Like that of other visible minorities, the health of Immigrant women is influenced by the systemic racism and sexism of Canadian culture.*

*Unfortunately, this discrimination is also evident in the mono-cultural practice of many health care professionals who make no provision for differences in their client's language, values or health beliefs.*

*Lack of education, social isolation, and diminished social status contribute to the large number of Immigrant women living in conditions of poverty. Economic and social deprivation increase Immigrant women's vulnerability to the health consequences of under-nutrition, limited medical treatment, inadequate housing, poor sanitation and environmental contaminants.*

### **Research:**

*Despite the growing number of Immigrants to Canada, there is relatively little research on the determinants of their health. The majority of studies that explore ethnicity as a health determinant, focus primarily on differences between Black and white women. These inquiries often neglect other ethnic groups and fail to explore the triple-vulnerability of Immigrant women in terms of the overlapping barriers of ethnicity, language and culture. Some studies erroneously use race or ethnicity as a biological marker or as a proxy for socioeconomic status.*

*As a group, Immigrant women are under-represented in clinical trials that assess the effectiveness of drug regimens and medical interventions. The majority of epidemiological and clinical studies concerned with Immigrant women's health, focus primarily on the risk factors for and outcomes of birth complications. Critics argue that the impetus of this research relates to political concerns about the costs these women represent to the health care system. The bulk of remaining clinical literature concentrates on the origin of mental health problems experienced by Immigrant women. Given the overwhelming obstacles facing Immigrant women with respect to accessing health services, surprisingly few studies highlight this determinant.*

*In light of the reduced survival rates for breast and cervical cancer among Immigrant women, research related to this occurrence is remarkably scarce. Moreover, relatively little is known about the health consequences of care giving, domestic abuse and heart disease among Immigrant women.*

*A review of current health literature, reveals limited discourse related to language barriers in research, particularly with respect to the translation of concepts related to wellness, sickness and treatment. Researchers devoted to examining Immigrant's women health encounter unique challenges in terms of addressing differences in the meaning of concepts. In addition, non-Immigrant researchers must be attentive to issues of power in the researcher/respondent relationship and make every effort not to engage in "creative" translation of unfamiliar concepts.*

*Although some researchers are involved in examinations of the health effects of cultural transformation, few incorporate a gender analysis and many ignore the social context associated with social-ethnic identity. Studies that explore gender-specific barriers to accessing information and utilizing health service are limited and few allude to the compounding influence of gender, ethnicity, class and ability status.*