Intersectional Exposures: Exploring the Health Effect of Employment with KAAJAL Immigrant/Refugee Women in Grand Erie through Photovoice

Bharati Sethi MS
Wilfrid Laurier University, seth3820@mylaurier.ca

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Intersectional Exposures: Exploring the Health Effect of Employment with KAAJAL Immigrant/Refugee Women in Grand Erie through Photovoice

by

Bharati Sethi

(Bachelor of Arts, Wilfrid Laurier University, 2007; Master of Social Work, Wilfrid Laurier University, 2009)

DISSERTATION

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ABSTRACT

The purpose of this community-based participatory research was to understand the employment-health association for immigrant/refugee women from Korea, Asia, Africa, Japan, Arab world and Latin America (KAAJAL) in Grand Erie—a mid-sized urban/rural region in Ontario, Canada. The study utilized photovoice—a visual qualitative research methodology in which participants were given cameras to record their experiences. Intersectionality analysis of 525 participant-generated photographs, diaries, and in-depth interviews of twenty women revealed that various markers of difference such as nationality (i.e. native or foreign-born), immigrant status (i.e. family class sponsorship), geography (i.e. rural or urban residence), socio-economic status, sexuality, age, ability and race intersected to influence women’s health and employment experiences. The results have several policy and practice implications including highlighting individual, organizational, and family factors that lead to health related absenteeism, stress and health problems such as backaches, muscular problems and depression. The study builds on scant literature on work stress and women’s health for this population in Canada’s rural and mid-sized cities.

Keywords: immigration, intersectionality, community-based, photovoice, rural, visible minority women.
DEDICATION

I dedicate this thesis to my grandmother, lovingly called Chachi, and my mother, Vidhya (meaning knowledge) whose struggles fired the desire in my heart to pursue academia. I hope you will be proud of me. May your souls rest in peace.
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Many hands joined together to weave the fabric of my thesis…

My most precious memories of childhood are listening to my grandmother’s stories as her frail hand stroked my thick black hair. Through her stories I travelled to exotic places, scary villages, and even sang with the angels. Through her stories I learnt that the world was a beautiful and a scary place. At every sunset as I closed my eyes and her voice faded in the stillness of the night, I knew that at sunrise there was hope and that I had the responsibility to make this world a better place. Stories kept me alive. Stories gave me hope. While writing the participants’ stories I travelled with them to their past, present, and sometimes their future. Without these immigrant/refugee women’s stories this thesis could not have come to fruition. It was an honour--Ding, Chinja, Janavi, Gayatri, Durga, Aishwarya, Sherman, Rudo, Ruvashe, Ramhia, Alive, Lyka, Susan, Silk Road, Enigma, Alma, Marcela, Harmony, Krishna and Arzoo – to journey with you. Thank you for your gift of stories. I hope they make this world a better place.

The seeds of ‘Intersectional Exposures’ were sown by the desire of the local Immigrant Settlement Transition Employment and Partnership—a newcomer taskforce—to foster immigrant/refugee settlement in Grand Erie. The origin of the thesis can be traced to a collaborative project between ISTEP and I entitled ‘Do you see what I see?’ I am very grateful to each and every member of the ISTEP committee for supporting my work in this community since my Master of Social Work research. There are three people in particular I would like to acknowledge:

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***

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***

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PROLOGUE

Seated wide-eyed in front of our new television set in Mumbai, India
Mouth open, barely breathing
My eight year old innocence gasped at the scenery in front of my eyes.
My father’s voice, loud and commanding
Distinct even amongst the screeching, laughing of other voices in the room
Echoed in my ears, “That is Canada.”
Voices in the room – other eight year olds from the neighbourhood
Clustered around me
Watched in wonder.
Eyes glued to the TV set they screeched, “dekho! dekho!” (Look! Look!)
Clean roads; white people; sky scrapers; no slums...that is a very rich country.
My brother laughed. Teasing me he said,
“Behna (sister) one day a gora (white man) will carry you away to KK AAA NN AA DD AA”
That is my first memory of Canada...
My view of a luxurious land on the other side of the world.

I still remember the day of my Bidai as if it was just yesterday that I bid my
family, friends and India farewell. When I left my father’s home I did not know what lay
ahead in a country that I had only glimpsed through a small television screen. My
departure wasn’t as my brother imagined. Single and young, I travelled for three days,
changing two flights along the way. For years I struggled in Canada; my immigration
status went through multiple transformations--student visa, foreign worker and non-status
person--before I finally received my landed immigrant status. A few years after becoming
a landed immigrant, I swore my allegiance to the Queen. My Canadian citizen certificate
still hangs on the wall of my home. Every now and then I glance at this piece of paper
firmly secured in a glass frame. I feel safe. I am in Canada. I am safe now.

On most days I am proud to be Canadian. The price of freedom to stay in this
country was heavy. For years I worked under very difficult employment conditions which
affected me physically, mentally and emotionally. Deskilling, abuse of employers,
racialization, and the unsafe work atmosphere ate at my body, mind and spirit like a
vicious cancer; yet, every morning I woke up and forced myself to go to work. After all, I needed the employers’ signatures to stay in this country. I had to eat. Over the years, even though I moved on to a better life, a better working world, those years of work turmoil still return as feverish flashbacks. There is incompleteness, an uncomfortable ache.

This dissertation, that explores the health effects of employment for visible minority immigrant/refugee women in Grand Erie, is fuelled by my passion, pain, and anger. Regardless of the participants’ reasons to come to Canada--to escape the political unease or to fulfill the sacred obligations of their marriage--I am familiar with their anger and anguish. The women in this study are familiar with my anger and anguish. We bear the scars of racialization. We each have our individual stories. We also share a collective story of employment and health as visible minority or immigrant/refugee women in Grand Erie. Laurel Richardson (2001) writes, “People who write are always writing about their lives, even when they disguise this through the omniscient voice of science or scholarship” (p. 34). For sure, the production of knowledge, in this thesis, is stained by my experiences as a visible minority immigrant/refugee woman in Canada and Grand Erie.

Visible minorities are defined under the Employment Equity Act as ‘persons, other than Aboriginal persons, who are non-Caucasian in race or non-white in colour’ (Chui & Maheux, 2011, p. 38). These include the following groups: Chinese, South Asians, Blacks, Arabs, West Asians, Filipinos, Southeast Asians, Latin Americans, Japanese, Koreans, and other visible minority groups such as Pacific Islanders. In this thesis, I have enumerated the above grouping of visible minorities by linking it to the word KAAJAL as follows: K-orean A-Asian (South-Asian, West Asian and Mainland
Asia) A-African J-Japanese A-Arab L-Latin American & the Caribbean. Thus, I will be referring to immigrant/refugee women as KAAJAL women or women from KAAJAL regions instead of ‘visible minority women,’ ‘racialized women,’ or ‘women of colour’. I explain below my reasons for replacing ‘visible minority women’ with the term ‘KAAJAL.’

KAAJAL in India means eyeliner. Adults and children wear KAAJAL to further beautify their appearance. This acronym emerged from discussions with the participants. Women clearly conveyed that despite their experiences of racialization, they considered themselves beautiful. Through their culture, language, food, skills, and education, they added to the rich diversity of Canada. In so doing participants rejected the labels, ‘women of colour’, ‘racialized women’ and ‘visible minority women’. Such labels are fraught with the risk of encoding those that are colored, racial or ‘visible’ with inferiority and difference. Bannerji (1996) argues, “Expressions such as ‘ethnics’ and ‘immigrants’ and ‘new Canadians’ are no less problematic. They also encode the ‘us’ and ‘them’ with regard to social and political claims, signifying uprootedness and the pressure of assimilation or core cultural apprenticeship (p. 112). In their self-identification as KAAJAL women, the participants hope to be perceived as individuals that contribute to the beauty and rich human diversity of Canada. For example, in the following quotation, “Immigrants like me come here with lots of skills. Immigrants from all over the world – brown skin, white skin, black skin with different mind, different education and different potential,” Alma made reference to the skills and educational diversity that immigrants bring with them, thus, further enriching Canada. Despite being racialized, Rudo declared boldly, “I am beautiful,” demonstrating that she did not accept her racialization passively.
There was a general consensus amongst the participants that ‘visible minority’ and ‘racialized women’ labels imply an inferior status meaning that these women were inferior to white women – a primary reason for the women’s disapproval of these labels. KAAJAL is symbolic and positive. This term is respectful for Canada and uplifting for immigrant/refugees as they are portrayed as enhancers and beautifiers of the rich diversity of Canada. It is mistake to assume that ‘KAAJAL women’ as a homogenous group. In ignoring within group differences, society is not able to appreciate KAAJAL women’s “cultural traditions, identities, experiences, values, beliefs, and lifestyles, as well as commonalities among them” (Freeman & Logan, 2004, p. 5).

It is through women’s stories and narratives that I hope to reveal the shades of the employment-health relationship. As my project is driven by the pursuit of social justice, it is important that I go beyond understanding women’s ontological narratives. I must also uncover the public and meta-narrative that shapes their lives. Below I offer the difference between narratives and stories, and I briefly describe the meaning of ontological, public, conceptual, and metanarratives. Often the terms ‘story’ and ‘narrative’ are used interchangeably in scholarship. I agree with Frank (2000) that the participants in my study told me “stories” of their lives. Indeed it would be odd to suggest that they told me “narratives.” Somers’ (1994, 1997) reconceptualised notion of narratives extends its meaning beyond the traditional emphasis on narrative as a form of representation or method to include an ontological dimension. She writes, “It is through narrativity that we come to know, understand, and make sense of the social world, and it is through narratives and narrativity that we constitute our social identities” (p.606). As I understand it, our life itself is storied and that narrative is an ontological condition of our
social world. Drawing on the work of Somers (1997) and Somers & Gibson (1994), Baker (n.d.) writes, “Narrative is the principal and inescapable mode by which we experience the world” (p. 5). A narrative may be comprised of many stories.

In this study I will primarily use the term ‘story’ when describing the participants’ experiences. I would confine the use of the word ‘narrative’ when referring to the essence of women’s collective stories (for example, their illness narrative or employment narrative). Further, where applicable, relying on Somers (1992, 1994) I will try to differentiate between the four inter-related dimensions of narrativity – ontological, public, conceptual, and meta-narratives as follows:

1) **Ontological narratives** are personal stories about self and our immediate world. It is through these narratives that people locate their place in the world. These narratives have an interpersonal and social dimension. Somers (1994) posits, Ontological narratives are used to define who we are; this in turn can be a precondition for knowing what to do. This ‘doing’ will in turn produce new narratives and hence, new actions; the relationship between narrative and ontology is processual and mutually constitutive. Both are conditions of the other; neither are a priori. (p. 618)

2) **Public narratives** can have a local, national or global dimension. Such narratives are “attached to cultural and institutional formations larger than the single individual, to intersubjective networks or institutions, however local or grand” (Somers, 1994, p. 619). Some examples include: family narratives, organizational narratives, employment narratives, and church narratives (Somers, 1994). Another example is the September 11
(or 9/11) episode which initiated various public narratives about security at airports as well as Anti-Islam narratives.

3) **Conceptual narratives** are macro-theories, analytic categories or vocabulary that may be discipline specific or exclusive to a profession. “Because neither social action nor institution-building is solely produced through ontological and public narratives, our concepts and explanations must include the factors we call social forces - market patterns, institutional practices, organizational constraints” (Somers, 1994, p. 620). For example, intersectionality theory emerging from Black feminist thought has considerable influence in various disciplines.

4) **Metanarratives**— Somers (1994) asserts that meta-narratives (also referred to as master or grand narratives) are entrenched in our stories, theories, concepts, and practices even though they “usually operate at a presuppositional level of social-science epistemology or beyond our awareness” (p. 619). Some examples include master narratives of Enlightenment, Marxism, Capitalism, Globalization, and Urban versus Rural master narrative. What is important to consider is that master narratives legitimize (or delegitimize) “knowledge”. A good example is the Eurocentric Bio-Medical meta-narrative that dominates Western medicine. As a master narrative it legitimizes Eurocentric medical knowledge as true knowledge. By uncovering the women’s ontological, public and meta-narratives within these textual spaces, I will able to negotiate the tensions around my immigrant identity, thus, finding some completeness to my story in Canada. In so doing, I can possibly offer some pathways to foster immigrant/refugee integration in Grand Erie and in other similar communities.
Currently, Grand Erie is my home and the home of the participants of this study. Rudo, Ruvashe, Harmony and Chinja are from Africa; Janavi is from Singapore; Aishwarya, Krishna, Durga, and Gayatri are from India; Ding and Enigma are from the Philippines; Alice, Lyka, Silk Road, and Susan are from China; Arzoo and Ramhia are from Iraq; and Sherman, Marcela and Alma are from Latin America.

***

Krishna recalls the day of her ‘vivaha’ (marriage) when she departed forever from her parents’ home. Blushing, she narrates the events that led to that day, “It was a romantic ‘barsat ki rat’ (stormy night) when a lean young man, whose flowing black hair was slicked back with coconut oil, visited my home with his parents.” He was one among others who had come before to explore the possibility of a suitable bride. This is an age-old tradition amongst Hindus (followers of Hinduism, a religious system in India) where a boy and his parents visit several girls before a suitable match is found. Krishna’s petite body entered the living room, face partly covered with a green silk sari and hands holding a tray of Indian chai (tea) and sweets. With grace, she filled the guests’ cups with chai. She offered the young man his cup of tea. Their hands touched. Her mother’s finest china crashed to the marble floor spilling steaming tea on his tailored suit. Silence. Embarrassed, Krishna ran to her room to escape her father’s fierce eyes. Six months later she wedded this man. In 1994 Krishna bid farewell to Punjab (northern India) and joined her husband in Canada under the Family Class Sponsorship Policy.

Reminiscing upon the day of her departure from the Philippines to Canada Enigma says, “I fell in love.” I capture this moment in my memo. It was one of the few times throughout the interview that she permitted a smile to escape her lips. She met her
fiancé William—a pro-life activist, writer, and 18 years her elder—through internet dating. Even though she rejected his marriage proposal a couple of times, he continued to pursue her. At last, in 2007 she accepted William’s third proposal and tied the matrimonial knot. A year later, she bid good-bye to her rewarding career as an executive trainer on a cruise ship and to family and friends and joined William in Canada as a sponsored wife under the Family Class Sponsorship Policy.

When Ruvashe fled from Africa without her infant son she did not know if she would ever see him again. During the interview her eyes fill with tears as she recalls that painful mother-child separation. Even though Alma, a native of Mexico, never met Ruvashe she knows intimately a mother’s pain, having left behind her 18-year old daughter alone in Mexico. While Alma’s love story to a pilot culminated in a happy marriage, for several years her post-migratory life challenged her mind, body and spirit. She endured many dark nights in Canada. After three years in Canada, like the rest of the participants, Ramhia still aches for her Arab roots…..

The stories of these women who migrated in the 1990’s and 2000’s are linked by their status as immigrant/refugee KAAJAL women. Participants in this study experienced migration at least twice. First, they left behind their native home to join their husband and his family. Then, they followed their husband to Canada leaving behind their country, family and security to fulfill their obligation of marital vows. The journey through international migration brought all the participants initially to a large urban centre (e.g. Toronto). Later they migrated to Grand Erie in search of employment.
Grand Erie: Places to Grow Community

With a total population of 237,339 Grand Erie is a middle-sized urban/rural region in Ontario consisting of the City of Brantford (population 93,650) and Brant (population 35,638), Haldimand (population 44,876) and Norfolk (population 63,175) counties. Overall, immigrants represent 12% of Grand Erie’s total population (Grand Erie Immigrant Partnership, 2012). The definition of middle-sized region in this thesis is consistent with the Organization of Economic Co-operation and Development’s (OECD) characterization of medium-sized urban areas. OECD defines medium-sized urban areas as settlements with a population of between 200,000 and 500,000 (http://www.oecd.org/gov/regional-policy/regionalstatisticsandindicators.htm).

Over the last decade KAAJAL newcomers have played a vital role in building the communities of Grand Erie (Grand Erie Immigrant Partnership, 2012). Participants in this
study live in diverse parts of Grand Erie, although most of them inhabit Brantford. Through photograph #1 of Harmony Square, Ding expresses a feeling of belonging to the ‘whole of Brantford.’ Harmony Square, named by Xin Su, a local resident, is a downtown civic square that opened in 2008. The development of Harmony Square is an important component of on-going downtown renaissance efforts. The city expects that this people-friendly square at the heart of downtown will attract residents, businesses, government, professional services, and tourists (Marion, 2007). It has become the city’s pride and is bustling with energy throughout the year with sports events, children’s activities, music shows, movie nights, and other festivities such as the Aboriginal Day celebration, Canada Day, and the New Year’s Eve gala. Ding often frequents the square. She declares, “Harmony Square is also my source of entertainment and recreation, my socialization and recently I am going there to do yoga.” Like Ding, Grand Erie is now Alma’s home. In the opening photograph of ‘Starting life in Canada’ Alma explains her experiences in a rural area of Grand Erie:

Map represents the world --where I came from and where I live now. Also represents geographical barriers. Now travel from Mexico to Canada is become very difficult so it makes it difficult to communicate and be in contact with people. Norfolk has economic barriers for success because it is a small town. It’s not like Toronto. People in small communities talk to each other and it is difficult to find another job if I lose this job.

Similarly, Enigma shows the photograph of the ‘Holy-Family Catholic Statue’. This statue is firmly planted in the backyard of her home, a home that she describes as a “sanctuary” in a remote area of Haldimand. “This is my sanctuary with my family: my
dear hubby and pet, Sunshine. I can breathe fresh air, relax and enjoy. We enjoy a simple peaceful quiet home. Our country cottage stands in the middle of a little hamlet or valley surrounded by nature.”

In the last decade, along with Ding, Alma, Enigma and 17 other female participants of this study, many immigrants/refugees from KAAJAL regions have made Grand Erie their home.

According to the 2009 Grand Erie immigrant profile, Asia and the Middle-East are the top two immigrant source countries and immigration from Central America is on the rise (Grand Erie Immigrant Partnership, 2012). Most of the immigrants settle in the City of Brantford where jobs are located. Between 2001 and 2006 the proportion of visible minorities in the Brantford-Brant Census Metropolitan Area (CMA) has grown by 36.9% (City of Brantford, 2009) while the Ontario province saw an increase in its visible minority population by 27.5% during the same period. So, why is there an interest amongst KAAJAL immigrants/refugees to migrate to Grand Erie--a traditionally white town?

Several factors may account for newcomer attraction to this region. In 2006 the communities of Brantford-Brant County were designated as ‘Places to Grow’ communities under the Places to Grow legislation. The ‘Places to Grow’ legislation is the Ontario government’s 30-year plan to manage population and economic growth in communities in a manner that does not compromise the environment while assisting these communities to achieve maximum economic prosperity. The ultimate goal is to enhance the community’s quality of life (Ministry of Infrastructure, 2013). One of the desired outcomes of the Places to Grow plan is to increase Brantford’s population from 93,650 to
126,000 by 2031; 154,000 by 2036; and 169,000 by 2041 (Dworak, 2013, p.3). From a policy level, the attraction and retention of immigrants is crucial to the growth and economic prosperity of small and medium-sized communities and rural areas.

The *Provincial and Territorial Nominee* program, a brain child of the previous Minister of Immigration and Citizenship, Denis Codre, is another government strategy to achieve the goal of balancing immigrants throughout the nation and increasing the population growth in medium-sized communities such as Grand Erie (Krahn, Derwing, & Abu-Laban, 2005). In a cross-Canada consultation on immigration targets, Minister of Immigration and Multiculturalism, Jason Kenney, announced:

> Our government recognizes the importance of nominee programs in spreading out the benefits of immigration around the country…that is why we plan to admit about 40,000 immigrants in the provincial nominee category in 2011, five times more than the 8,000 welcomed in 2005 (Citizenship and Immigration Canada [CIC], 2011, para. 3).

According to the *Provincial and Territorial Nominee*’s policy, potential applicants are selected based on their professional skills. These selected nominees sign a contract where they agree to spend the first *three* years after arrival in government-designated locations. Similar to provincial nominees, government sponsored refugees also sign a social contract to settle in the government assigned locations for the first *two* years (Krahn et al. 2005). The provincial nominee program continues to grow even though the criterion for the employer to nominate an immigrant as well as the skills necessary for immigrants to qualify under this program have become more stringent. Currently the government is

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1 *Provincial or territorial nominees* are selected by a province or territory based on specific skills needed to boost the Canadian economy.
targeting Manitoba, Alberta, and Saskatchewan for provincial nominees to disperse immigrants away from Toronto, Montreal and Vancouver (CIC, 2011). These government policies, as well as a growing interest of smaller Canadian regions in attracting immigrant and refugees to manage their population and economic decline, are changing the composition of communities like Grand Erie that have predominantly consisted of a white population (Frideres, 2006; Radford, 2007).

Despite a downturn in the nation’s economy, Grand Erie’s quality of living, cost-of-living, and availability of jobs is expected to improve (Dworak, 2013). Lower housing prices are a major attraction to new residents. In addition, the expansion of Laurier Brantford and Laurier–Grand Erie partnerships has been a positive influence for the city. The City has embraced Laurier and most people agree that “Laurier Brantford has been a catalyst for positive growth, renewal, and even deep meaningful change in this city” (Senko, 2012) although the issue of ‘cleaning up downtown’ to make it safe for students remains a controversial topic rooted in Brantford’s downtown history. Senko (2012) notes, “Some believe that a sweeping-away of everything deemed undesirable or disconcerting would be counterproductive, in a fundamental sense, to building a healthy, inclusive environment for students” (para. 9). As Laurier continues to increase student enrollments each year, the city is active in revitalizing downtown and creating jobs in the construction sector (Dworak, 2013; Halyk, 2009). The lack of spaces for expansion in Canada’s larger urban centres has made Grand Erie a popular investment area for large companies. As a result, the residential, commercial and industrial real estate market in Brantford is booming (Marshall & Montague, 2009). Nevertheless, housing is much more affordable in Brantford in comparison to Toronto or Vancouver. Furthermore, for
immigrants who choose to settle here, Brantford’s strategic location (the city is located on Provincial Hwy 403) provides an easy access to the largest metropolitan areas and major consumer and industrial markets of Ontario.

Even though scholarship such as ‘Our Diverse Cities’ has drawn attention to issues facing immigrant/refugee women in medium-sized urban/rural communities such as Grand Erie, the systematic review conducted as part of my doctoral comprehensive paper revealed an acute need for an exploration of employment and other settlement experiences of immigrant/refugee women from KAAJAL regions in small and medium-sized urban/rural communities. I applaud the efforts made by Canadian Social Work Journal to address newcomer issues by devoting a special 2010 publication -- Settlement of Newcomers to Canada -- towards this topic. In the context of increased migration of immigrants/refugees to Canada, it is critical that social work academy educate students about the myriad issues related to newcomer integration not just in urban centres but also in rural regions so that upon graduation they are able to engage in ethical and responsible practice with this population (Sethi, 2013, p. 95).

The findings of the literature review corroborated my Master of Social Work (MSW) research findings. In my MSW I completed a Community-Based Participatory Research study. This study was built on my undergraduate research with Internationally Trained Professionals (ITP’s) in Brantford – a community psychology project. The results of my MSW thesis provided pivotal information in regards to the supports available and supports needed to foster newcomer integration in this area. However, it was not within the scope of that study to conduct a gender analysis of the barriers that newcomers face. It is worth noting that 66% of the study participants were female (Sethi, 2009). One of the main concerns that this study raised was with respect to the issues
impacting immigrant/refugee women from the KAAJAL regions settling in this area. For example, an underlying theme of depression, loneliness, loss of self, and lack of access to services from the female participants filled the pages of the survey questionnaire.

Moreover, to date, most studies have concentrated on structural factors while neglecting the agency of the KAAJAL female migrants and the strategies they employ to navigate their environment as subjects in their own right. This leaves an important knowledge gap.

My doctoral research aims to narrow this gap by putting KAAJAL female migrants at the centre as agents and exploring how in their capacity as women, mothers, wives, sisters, employees, and entrepreneurs they navigate their employment spaces within the Canadian society and the Grand Erie community. ‘Grand Erie community’ in this study broadly refers to Grand Erie residents “who will be affected by the research results, including lay residents of a local area, practitioners, service agencies, and policymakers” (Green & Mercer, 2001, p. 1926). More specifically, the goal of this study is to gain an in-depth knowledge of the association between women’s employment and health in Grand Erie. Very little is known for the employment-health link for this population outside of large metropolitan areas such as Montreal, Toronto, and Vancouver. The main purpose of the study is to understand the link between employment\(^2\) and health\(^3\). The overarching research question guiding this study is:

\(^2\) ‘Employment’ refers to paid employment in either part-time, full-time, and/or contract work in Grand Erie’s private or public sectors (industry, trade, or organization/agency). In this study employment, work, and occupation will be used interchangeably.

\(^3\) The operational definition of ‘health’ is adapted from the Public Health Agency of Canada (2006). It refers to 1) a state of mental, physical, and social well-being, 2) an absence of disease, and 3) a capacity to meet and adapt to life’s challenges and pursue one’s education, employment, and/or personal goals/dreams.
How do employment circumstances impact the health and well-being of immigrant/refugee KAAJAL women?

Creating Partnerships

I have been a Brantford resident for sixteen years. My partnership with Immigrant Settlement Transition Employment and Partnership (ISTEP)--a local non-profit newcomers committee that operates under Workforce Planning Board of Grand Erie--began in early 2008. ISTEP members include representatives from diverse community agencies including health practitioners, social workers, academics, and employers from Grand Erie and immigrants/refugees residing in these areas. ISTEP’s mission is to support the settlement and integration of newcomers into their host societies by facilitating the sharing of information between the immigrant service agencies and the service users and establishing diverse and effective community partnerships. As an MSW student, I completed my field placement with the Workforce Planning Board of Grand Erie (formerly known as Grand Erie Training and Adjustment Board [GETAB]) which culminated into an MSW thesis that was completed in collaboration with ISTEP. As a result of the findings from the MSW study, the Workforce Planning Board of Grand Erie was successful in its funding proposal to establish the Local Immigrant Partnership (LIP), a Citizenship and Immigration Canada (CIC) initiative. The goal of LIP is to identify and develop co-ordinated, comprehensive, and action-oriented strategies for the economic, social, cultural and civic integration of newcomers. These strategies are planned and developed through collaborative consultations with local residents, newcomers, community organizations, and businesses by taking into consideration the
current realities of each community (e.g. urban versus rural) (Grand Erie Immigrant Partnership, 2012).

In early 2011 the persistent theme at the ISTEP meetings was that in the face of evolving ethno-cultural diversity in this community and taking into consideration the MSW findings, it was important to focus on the unique issues experienced by KAAJAL immigrant/refugee women in this region. They were concerned about the findings of the MSW study that shed light on difficulties experienced by this population and the absence of a holistic understanding of their problems. Also, I was in agreement with ISTEP members that the flames of hope, diversity and partnership ignited by my MSW study would stay fuelled with continued research. Together, the ISTEP members and I decided on a CBPR design for my doctoral thesis to explore the health effects of employment for immigrant/refugee KAAJAL women in collaboration with ISTEP. I want to acknowledge that I did not enter the PhD research field with a blank slate. My journey as a community-based researcher in Grand Erie began with my interest and sensitivity to issues facing immigrants and how they experience resettlement. My own experiences as a KAAJAL woman and foreign worker and my MSW study alerted me to concepts such as work, health, and identity. I brought these concepts with me to the research field (Charmaz, 2006).

The goals of Grand Erie Local Immigrant Partnership (LIP) aligned well with ISTEP’s mission and my PhD study. LIP’s project co-ordinator was appointed as the chair of ISTEP. As the plans for the PhD CBPR study-ISTEP collaboration moved forward, Mohawk College and Grand River Community Health Centre also joined hands in the venture providing financial support. This research is the result of a mutually-
beneficial partnership between me and ISTEP, LIP, Mohawk College, and Grand River Community Health Centre. After conducting personal interviews, consultations and meetings with more than 250 individuals from June 2011 to March 2012, in 2012 Grand Erie Local Immigrant Partnership (LIP) identified five areas of focus as part of its community action plan: Employment, Education/Training, Health, Social Support and Community Readiness. Analyzing ‘Community Readiness’ is integral to understanding the level of preparedness of communities to attract, retain and integrate newcomers. A complete detail of the community action plan can be obtained at

www.workforceplanningboard.org

Even prior to applying for approval from the Wilfrid Laurier Research Ethics Board (REB), I worked collaboratively with the ISTEP committee to identify research objectives, finalize the research question, and operationalize the research variables and tools. We followed a Spiral Research Process, an emergent design that encompasses interdependent cycles of reflecting (individual and group reflections), planning, acting, and observing. New knowledge/insights gained during each cycle were integrated into the next cycle. It helped to clarify issues, refine research methods, interpret findings, and plan future actions (such as Knowledge Translation [KT] activities) (Centre for Collaborative Action Research, 2007; Denzin & Lincoln, 2005; Kincheloe & McLaren, 2005; McDonald, 2012; Sethi, 2009, Wadsworth, 1998). Appendix A is an illustration of the Spiral Research Process. As soon as I had obtained the REB clearance and was ready to begin my recruitment and data collection process, ISTEP members proposed that a community advisory committee should be formed to work closely with me throughout the rest of the doctoral project. Their rationale was to make the process more manageable as
well as to ensure that I was getting the support I needed in this study. It was agreed that the chair of the community advisory committee would regularly update the larger ISTEP committee, inform them of the progress of the research, and seek recommendations as necessary.

The composition of the Community Research Advisory Committee is as follows: four of the eight members are white Canadians and represent local organizations that sit at the ISTEP table. These members have long-term experiences working with the immigrant/refugee populations. The other two members are immigrant/refugee women from the KAAJAL population. I invited a local resident and doctoral candidate from McMaster University to sit on the advisory committee because of his expertise in research. He is a familiar figure in the immigrant circles and is committed to fostering immigrant/refugee integration in this region. ISTEP members agreed that Dr. Stacey Wilson-Forsberg, the eighth member, would chair the advisory committee. She is also a member of the ISTEP committee and of my PhD thesis committee. She is an active participant in other local committees that are working on immigrant/refugee issues in Grand Erie and her work is related to immigration in small and middle-sized communities. I ensured ISTEP advisory members’ maximum participation as “active partners throughout the study” (Green & Mercer, 2001, p. 1927) by collaborating with them at every stage of the research process including study design, data collection, data analysis, and dissemination of the research findings. Together, the ISTEP advisory committee and I followed a similar Spiral Research Process of reflecting, planning, acting and observing to understand the association between employment and health. Together, our hope is to add to recent government and community efforts aimed at fostering the
settlement and integration of immigrants/refugees in this region. We will also recommend strategies to establish services that are culturally and linguistically appropriate in Grand Erie.
CHAPTER II: DIALOGUE WITH THE TEXT

Photograph 2: Traffic Lights

Through the ‘Traffic Lights’, Alice is demonstrating that new immigrants must learn the rules to navigate their new terrain. Similarly, as a doctoral student, in order to answer the research question, it was critical for me to navigate the terrain of existing scholarship and knowledge. Such exploration enables the student to journey with past and current scholars, thus, becoming familiar with the knowledge base (e.g. theoretical and conceptual models) needed to effectively complete and ultimately, position their work.

The objectives of the literature review were 1) to explore scholarship on the employment and health experiences of immigrant/refugee KAAJAL women and, 2) to generate knowledge about the health effects of employment in relation to immigrant/refugee KAAJAL women from existing scholarship. In this chapter when I am referencing papers I will use the terminology that the authors use to refer to the KAAJAL immigrant/refugee population. It should be noted that for my comprehensive exam I utilized a “systematic search”--a step by step process that is followed in systematic
reviews\(^4\) of peer reviewed scholarship as well as some gray literature (e.g., newspapers, community reports, books, websites, and government documents not published through scientific venues) and completed an extensive review (Sethi, 2012, Comprehensive Paper) on employment and health of KAAJAL immigrant/refugee women. Before I present the key findings of this employment and health review, it is important to distinguish between ‘race’ and ‘ethnicity’ as well as clarify the meaning of class.

**Race and Ethnicity:** While race refers to an individual’s physical characteristics such as skin colour, the term ethnicity is associated with cultural factors such as language and beliefs that distinguish members of one cultural group from another. For example, there are many ethnicities within the non-Caucasian race. Ethnicity, as a form of social identity and social relationship has a “political, organizational aspect as well as a symbolic one” (Eriksen, 2010, p. 51). For instance, when the difference between people based on their ethnicity dictates access to an immigration visa or employment opportunities then ethnicity has a political element. The festival of Diwali, for example, is celebrated by particular ethnic immigrants from India. This points to the symbolic element of ethnicity.

**Class** is a socially constructed classification and ordering system that classifies and ranks people based on the economic, social, and/or political position they occupy in the social space. Pierre Bourdieu contributed our understanding of class in relation to forms of capital: economic, social, cultural and symbolic capital (Skeggs, 1997).

**Economic capital** includes financial assets such as income, investments and property.

**Social capital** refers to relationships and/or connections between individuals and groups. This capital is associated with group membership and network of connections.

\(^4\)A systematic review differs from traditional reviews in that it uses a replicable and transparent approach designed to minimize bias (Benach et al., 2010, p. 210).
Cultural capital: For Bourdieu, cultural capital can exist in three forms:

In the *embodied* state, i.e., in the form of long-lasting dispositions of the mind and body; in the *objectified* state, in the form of cultural goods (pictures, books, dictionaries, instruments, and machines) which are the trace or realization of theories or critiques of these theories, problematics, etc.; and in the *institutionalized* state, a form of objectification which must be set apart because, as will be seen in the case of educational qualifications, it confers entirely original properties on the cultural capital which it is presumed to guarantee (p. 47).

Symbolic capital is associated with power (or loss of power) and recognition (or misrecognition). It can exist in various forms and is “apprehended symbolically, in a relationship of knowledge” (Bourdieu, 1986, p. 54). It is important to recognize that legitimation is the main ingredient for converting cultural capital to symbolic capital. If in a particular society, cultural capital is not recognized as legitimate, then it cannot be converted into symbolic capital; such cultural capital will not have power associated with it even though it is meaningful to the individual (Skeggs, 1997).

**Literature Review Findings**

I begin with the *Employment review* which is followed by the *Health review*. I conclude this section by an examination of literature that explored the link between employment and health.

**Employment Review**

A substantial body of literature on the employment experiences of male and female immigrants in Canada (Aydemir & Skuterud, 2005; Bauder, 2003; Bloom, Grenier, & Gunderson, 1994; Frenette & Morissette, 2005; Houle & Yssaad, 2010; Hum
and Simpson, 2000; Li, 2001; Pendakur & Pendakur, 1998, 2002, 2007; Picot, Hou, & Coulombe, 2007; Reitz, 2001; Wald & Fang, 2008; and Zeitsma, 2007); United States (Borjas, 1987, 2003; Chiswick, 1978; and Hum & Simpson, 2010); and Australia (Cobb-Clark & Crossley, 2001; Evans & Bowlby, 2000)—countries with similar skills-based selection criteria—is quantitative and has focused on the objective predictors of economic success, namely, trends in earning and employment. In recent years literature examining the subjective predictors (such as discrimination) of immigrant economic success is emerging primarily from qualitative work.

It is noteworthy that most economic analyses of earnings and/or employment rates comes from cross-sectional data, largely the Canadian Census Public Use Micro File (PUMF), as it allows access to a large sample size for both the Canadian-born and immigrant population. For decades problems have been noted in regards to cross-sectional designs (Banerjee, 2009; Chiswick, Lee & Miller, 2003; Evans & Bowlby, 2000; Reitz, 2007a; Reitz, 2007b). One limitation is that cross-sectional data provides a ‘snapshot’ of immigrant earnings at a single point in time (for example, Census year). The underlying assumption of this design that the immigrant’s future economic performance can be inferred from past immigrants who migrated to Canada in an earlier period can be problematic. Imprecise results may emerge due to ‘cohort effects’ such as changes in the characteristics of immigrants in subsequent cohort resulting from shifts in immigration selection criteria (e.g., university versus high school graduates) (Banerjee, 2009; Hum & Simpson, 2000). For instance, due to the changes in the point-system, immigrants arriving in Canada post-2000 are much more educated than the previous cohorts (Banerjee, 2009). Another issue with cross-section design is the heterogeneity
effect. Researchers use Canadian-born earnings as a benchmark to calculate immigrant wage and/or employment trend. As both these groups are greatly heterogenous, an unobserved difference in the characteristics of the comparison groups could bias the results (Banerjee, 2009; Chiswick et al., 2003; Evans & Bowlby, 2000; Hum & Simpson, 2003). For example, if Canadian labour market policies restrict the entry of an immigrant/refugee woman educated in a foreign country in highly skilled jobs, such as engineering, and/or high-paying jobs, it may impact the woman’s ability or motivation to seek such jobs forcing her to work in low-skilled jobs and/or low-paying positions. The labour market policies will interact with a woman’s ability or motivation. Immigration will have a negative influence on her wages as compared to a white woman born and educated in Canada who is able to enter skilled jobs, thus, shielding her from these wage losses.

Attempts have been made in Census-based studies to use alternate methods to overcome the shortcomings of cross-sectional designs and obtain a clearer and more accurate understanding of the immigrant’s labour market progress. Examples of alternate designs include cross-sectional profiles across time (e.g., Chiswick, 1978); Longitudinal Immigration Database (IMDB) (e.g., Li, 2001); panel data\(^5\) such as a Survey of Labour and Income Dynamics (SLID) (Hum & Simpson, 2000; Banerjee, 2009); and quasi-panel designs (e.g., Frenette & Morissette, 2005). Nonetheless as Chiswick et al. (2003) note, even though longitudinal data is the most effective approach to measure immigrants’ economic performance over time it is vulnerable to sample attrition due to death or migration or immigrants to another country.

\(^5\) Same individual is followed over time to gauge his economic progress (Hum & Simpson, 2000)
Main themes on Employment. The following discussions are framed around three main themes common to the employment papers reviewed from quantitative, qualitative and mixed-methods studies. The three themes - Economic welfare of immigrants, Gender gaps in wages, and Causes of poor economic welfare of recent immigrants are discussed below.

1/ Economic welfare of immigrants

There is a general consensus amongst researchers that the labour market outcomes among immigrants entering from the 1980’s have continued to deteriorate with post-2000 arrivals facing much more occupational downward mobility than their previous cohort in the 1990’s. George Borjas (1990) was the first to observe the declining trend in the wages for immigrants through his cross-country comparison of United States and Canada, sowing the seed for future examinations. Following Borjas, a proliferation of research emerged in Canada primarily aimed at calculating the earnings difference between immigrants (European and non-Europeans) and their Canadian-born counterparts (see for example, Bloom, Garnier & Gunderson, 1994; Pendakur & Pendakur, 1998; and Reitz, 2001). The release of the 2001 Census initiated a number of studies as the results of the poor economic welfare of immigrants caused much concern amongst policy makers and economists (Reitz, 2007a, 2007b).

Post-2000 studies suggest that the economic gap between immigrants and the Canadian-born population is widening (Bauder, 2003; Banerjee, 2009; Frenette & Morissette, 2005; Gilmore, 2008; Houle & Yssaad, 2010; Hum & Simpson, 2003; Li, 2001; McLaren & Black, 2005; Picot et al., 2007; Reitz, 2007a; Wald & Fang, 2008; and Zeitsma, 2007). This economic deterioration is worse for members of visible minority
groups (Aydemir & Skuterud, 2005; Banerjee, 2009; Frenette & Morissette, 2005; Gilmore, 2008; Li, 2001; Liu, 2006; Reitz, 2001). Economists use ‘entry’ and ‘assimilation’ rate to explain the immigrant economic performance. *Entry effect* refers to the employment/unemployment rate or earnings of the immigrant cohort upon arrival relative to those born in Canada. Economists agreed that upon arrival, immigrants would experience a *negative entry effect*, as their economic performance would not be comparable relative to the Canadian-born workers. *Assimilation or convergence* effect refers to the frequency at which the immigrants’ earnings/employment rate improves over time (Hum & Simpson, 2000). After a certain amount of time as they accumulate the relevant human capital skills, their earnings would ‘catch up’ or converge to the Canadian-born workers. Researchers concur that the conventional pattern of assimilation rate no longer holds true for visible minority immigrant men and women (Banerjee, 2009; Frenette & Morissette, 2005; Hum & Simpson, 2000).

2/ Gender gaps in wages

To identify earnings disadvantage specifically related to visible minority population researchers use a visible minority indicator. This indicator was included for the first time in the Canadian Census public use database in 1996. The formation of the 1986 Employment Equity Act enforced the need to collect data based on a group’s visibility.

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6 To determine the race of the person the following question was asked about each person in the household: “Is this person . . . ?” with the following response options provided: white, Chinese, South Asian, black, Arab/West Asian, Filipino, Southeast Asian, Latin-American, Japanese, Korean, and other—specify. Although the word ‘race’ does not appear in the question, the microdata file codebook describes the resulting data as a “visible minority indicator.” The response options are similar to those used in the U.S. Census question on race (Reitz, 2001; p. 588).
status, race or colour (Reitz, 2001; Stelener, 2000). Much of the earlier analysis was restricted to Europeans, blacks, Chinese, and Aboriginal. In addition, earlier studies exclusively focused on men as the small sample size did not allow for gender-based comparison. The rapid growth of female labour market participation motivated researchers to examine the gender earnings gap. Such gender-specific investigation is important, “to ensure that analysis of institutional change takes account of the changing labour market status of women” (Reitz, 2001, p. 588). For instance, even though 48.6% of very recent immigrant women are university educated, they were less likely to be participating in the labour market compared to their male counterparts between the core-working age of 25 to 54 (87.1% versus 62.7%) (Gilmore & Petit, 2008). Canada and Australia apply Gender-based analysis (GBA) – “an analytical tool that systematically integrates a gender perspective into the development of policies, programs and legislation, as well as planning and decision-making processes” (Health Canada, 2003, para. 1) -- to gather a comprehensive understanding of gender equality in the immigration process. GBA, Sex- and Gender-based analysis (SGBA) and Gender- and Sex-based Analysis (GSBA) consider sex and/or gender as the most important variables in shaping women’s experiences (Hankivsky, 2011). GBA analysis of employment rates for immigrant women found that in 2001, 63% of all visible minority women (foreign born and Canadian-born) aged 25 to 64 were active in the labour force compared with 70% of non-visible minority women and 79% visible minority men in the same age range (Statistics Canada, 2006).

7 Employment equity act was first passed in 1986 to address organizational policies that are discriminatory towards under-represented groups in the work place – visible or racial minorities, women, people with disabilities, and aboriginal people (Agocs, 2002).
In their influential Canada-wide study covering Halifax, Montreal, Ottawa, Toronto, Winnipeg, Calgary, Edmonton, and Vancouver, Pendakur & Pendakur (2002) describe the period between 1986 to 1996 for all visible minority women as “losing ground” (p.498). They analysed Canadian Census PUMF’s from 1971 through 1996 and found that, except for Vancouver, and exclusively to the 1971 period, minority women’s earnings dropped significantly compared to white women. For instance, from 1986 to 1996 the negative earnings differential experienced by visible minority women in Halifax, Montreal, and Toronto, in comparison to white women with identical personal characteristics, was 15%, 19% and 10% respectively. Other studies report that women who are foreign-born and of visible minority status experience weaker employment rate and negative wage differentials in comparison to Canadian-born non-visible minority women. There is, however, a minimal difference between immigrant visible minority women and Canadian-born visible minority women in wages or employment outcome (Browne & Misra, 2003; Gilmore, 2008; Pendakur & Pendakur, 2002; Reitz 2001).

Conversely, Hum & Simpson (2000) contend that while all immigrant women have a wage disadvantage in comparison to Canadian-born women, adding a visible minority status does not worsen their economic welfare. In their study the interaction between immigrant and visible minority status was statistically insignificant for women, though it was statistically significant for men.

3/ Causes of poor economic welfare of recent immigrants.

Research aimed at determining the general downward trend in immigrant labour market performance points predominantly to the following factors:
1. **Shift in the immigrant source country.** Aydemir & Skuterud’s (2005) analysis of the Canadian Census PUMF’s from 1966 through to 2000 showed that “the compositional shifts in region of birth across immigrant cohorts” played a major role in reducing the earnings of both immigrant men and women (p. 656). The authors note that the greatest decline occurred from the 1980’s, a period when the points regime shifted immigration from European to non-European regions. Looking specifically at female immigrants, Aydemir & Skuterud (2005) observed that between 1960 and the 1990’s, as the numbers of immigrant women from Asia, Latin America, Africa and the Caribbean continued to rise, simultaneously there was a deterioration in earnings of this cohort compared to the previous cohorts from mainly European regions. In the 1990’s, a time of a booming Canadian economy, this trend in earnings continued even though non-European immigrant women entering Canada were more educated than were the previous cohort of European immigrant women. Other studies also consider country of origin as a significant cause of decline in immigrant income (e.g., Bloom et al., 1994; Foroutan, 2008; Frenette & Morisette, 2005; Reitz, 2001, 2007a, 2007b).

2. **Language Barriers.** In the above-mentioned study, Aydemir & Skuterud (2005) attributed approximately one-third of the immigrant earnings deterioration to country of origin and language ability combined, of which a smaller percentage was associated with having a mother tongue other than English or French. Conversely, in the Longitudinal Survey of Immigrants to Canada (LSIC), language emerged as the primary obstacle to employment integration of immigrant men and women (Gordon, 2005). Even though it is now recognized that “language is one of the most important determinants of the speed and quality of labour market adjustment among entering immigrants to any
culture” (Picot & Sweetman, 2011, p. 12), the relationship between language fluency and finding a job that matches immigrants’ skills and education are less clear (Gordon, 2005).

3. Non-Recognition or De-valuation of Immigrant Education and Work Experiences. The foreign accreditation issue comes alive in stories that we hear from media and other sources of doctors from India doing manual labour and skilled women from the Philippines working as domestics. Reitz (2001) defines skill underutilization as “any employment of immigrants in work below a level of skill at which they could function as effectively as native-born Canadians” (Reitz, 2001, p. 351). While Canadian-born men and women may also experience the discounting of their skills, for visible minority groups the discounting of foreign credentials appear to be the major determinants that affects their prospects in the labour market (Buhr, 2010; Houle & Yssaad, 2010; Li, 2001; Picot & Sweetman, 2011; Reitz, 2001). Interestingly, Aydemir & Skuterud (2005) did not find any “evidence of a decline in the returns to foreign education for either immigrant men or immigrant women but a definite deterioration in the returns to foreign labour market experience, most strongly among men from non-traditional source countries” (p. 641). In another study, Buhr (2010) examined the link between foreign credentials and wages for a specific population: immigrant nurses. She found that all nurses who were educated outside Canada received a wage penalty relative to Canadian-born nurses. Nurses educated in Africa and the Caribbean faced the highest wage penalty of 13%. European and U.S. educated nurses experienced a wage penalty of 6 to 9% while those educated in Australia experienced the lowest wage penalty of 4%.

Li’s (2001) study made an important contribution to the subject of foreign credentials in demonstrating the effect of gender on the value of foreign credentials. His
results from the Canadian Census estimated that foreign credentials accounted for half of the income disparity between Canadian-born degree holders and immigrant visible minority degree holders. Further, gender interacted with visible minority status and immigrant status to create multiple negative effects in earnings for foreign-born visible minority women. Such multiple effects are increasingly being framed under the Double or Triple Jeopardy or Disadvantage hypothesis. The author concludes, “For all types of degree-holders, white men had the highest earning level, followed by visible-minority men who had an advantage over non-visible-minority women, as well as visible-minority women” (p. 32).

4. Double or Triple Jeopardy/Disadvantage. De Jong & Madamba (2001) tested the ‘Double Disadvantage’ economic hypothesis to examine its effect on underemployment (refers to a mismatch of job versus immigrant skills and education). The authors found overall underemployment among females was greater than that of males (similar to Li’s, 2001 results) and higher for immigrants than those American-born. Within the visible minority groups the greatest mismatch was seen amongst Asians as compared to blacks and Hispanics. The authors explain that the double disadvantage effect of minority status and immigration status proved true only for Asian immigrant men and women. Furthermore, Asian immigrant women were most likely to be unemployed, underemployed, and to experience poverty even after controlling for education, language, age, and work experience.

5. Discrimination. Employment discrimination refers to a “a negative employment decision based on statuses such as a birthplace or origins, rather than based solely on credentials and qualifications directly related to the potential productivity of the
employee” (Reitz, 2001b, p. 353). Oreopoulos’ (2009) interesting field experiment with 6,000 resumes produced some shocking results and provides evidence of such discrimination. He reported the following responses to resumes his research team sent out to potential Canadian employers. Resumes with English-sounding names were 40% more likely to receive a call back for an interview compared to resumes with Indian, Chinese or Pakistani names even when the two resumes listed similar Canadian experience and education differing only in their name. Call back rates that listed foreign experience from India, China or Pakistan was 8.8% compared to 15.8% for Canadian foreign experience and 14.1% for British foreign education. Call back rates did not differ significantly by gender. Similar to male applicants, English sounding female names were favoured. The author speculates that it is possible that employers could not distinguish gender in foreign sounding names. It is indeed disturbing that the “applicant’s name matters considerably more than his additional education, multiple language skills, and extracurricular activities” in employers’ hiring decisions (Oreopoulos, 2009, p. 26).

Scholars who have written on minority immigrant/refugee women’s employment experiences agree that discrimination against these women is the most pervasive barrier to women’s ability to find paid work, garner promotion, and achieve job satisfaction. Immigrant women were discriminated on the basis of individual characteristics such as gender (e.g., Saraswati, 2000; Espiritu, 1999), dress (e.g., Schmidt, 2010), accent (e.g., Pio, 2005; Schmidt, 2010; Syed & Pio, 2010), age (e.g. Guo, 2010; Schmidt, 2010), and/or culture, race, or religion (e.g., Evans & Bowlby, 2000; Man, 2004; Pio, 2005; Suto, 2008; Syed & Pio, 2010). Others experienced systemic discrimination due to their immigration status (Man, 2004; Schmidt, 2010; Saraswati, 2000); foreign credentials
(e.g., Guo, 2009, 2010; Man, 2004; Raghuram & Koffman, 2004; Shahrzad, 1999; Zaman, 2010); and pressure to conform to policies based on Western work culture such as dress codes and teaching styles (Pio, 2005; Evans & Bowlby, 2000).

In Mahtani’s (2004) study with women of colour (faculty and students) in the North American and British academy, accounts of racial and gendered barriers filled the pages of the questionnaires. It is paradoxical, this author contends, that “while scholarship in geography has been revitalized by its engagement with issues of diversity and difference, our policies and practices within geography departments continue to reflect a pervasive persistence of women of colour and gendered inequities in the workplace” (p. 91). The subject of ‘being out of place’ amongst the dominant white academy was frequently cited in this study. Mahtani (2004) suggests that the paucity of visible minority women (12% in 2002) in Canadian faculties make it difficult for them to negotiate hegemonic academic policies/practices.

From an immigration policy standpoint, Schmidt’s (2010) study deserves special attention. Her qualitative ethnography research examined the issues affecting immigrant teachers (European and visible minority) in Manitoba elementary schools. Her interviews and focus groups with immigrant women and the education-stakeholder community found that even after immigrant women attained their professional accreditation to teach in Canada, they continued to face employment instability, were unable to find full-time employment, and worked for low wages. The school staff treated participants who were working under the provincial nominee program as exchange students rather than as colleagues. While European and non-European teachers were perceived as foreigners, as a result of their immigration status, non-European women were discriminated against
based on dress and perceived language proficiency. Employers were reluctant to invest in their training or promote them due to their temporary visa status. It is possible, the author explains, that due to the employers’ inability to access the quality of immigrant education or work experiences and/or their lack of knowledge about immigration policies, the employers did not regard the immigrant woman as a ‘worthy investment’. Interviews with government officials suggested that there was an abundance of teachers in Manitoba. Employers were, thus, more likely to hire young graduates from Canadian institutes rather than spend time and energy in training foreign workers regardless of their years of experience and specialized skills that they bring to the workforce.

Interestingly, Moras’ (2010) interviews with white United States-born women uncovered colour-blind discourses in paid domestic work and illustrated how ‘language,’ ‘immigration’ and ‘culture’ are subtly used today as racial markers rather than an overt display of racial preferences. In this study, white women hired women of visible minority groups to clean their houses and paid them by the house rather than the customary payment by the hour. Some of the negotiations were strictly by ‘cash’ and undocumented. Interestingly, white employers reiterated that ‘colour’ or ‘race’ was not implicated in the hiring decisions, though English ability did matter. Further, employers failed to admit the benefit accrued from hiring migrant workers. They paid female workers less than they would have to pay a white U.S.-born house cleaner. Some of the employers insisted that they were only trying to help these poor disadvantaged women by giving them a job (Moras, 2010).

part of the twentieth century. Such racism, the authors argue is “characterized by lip service to equity, denial of racism in Canadian society, lack of accountability for inadvertently or inadvertently discounting people of colour, discourse of tolerance, and immunity from apology for white employers” (Sethi, 2013, p. 17). Turrittin et al. (2002) are referring to the experiences of black immigrant nurses in this study who were employed in various Canadian health agencies and/or hospitals. These authors are troubled by women’s stories that bring to light their supervisor’s discourses of racism. The participants in this study reported discrimination at work in regards to their job responsibilities even though they had successfully acquired all the Canadian credentials and work experiences needed for the job. For instance, some of the nurses who were not being allowed to work in high risk surgeries had higher credentials than the Canadian-born white nurses that routinely assisted at such surgeries. The issue here was not related to ‘credentials’, rather, nurses experienced discrimination based upon simultaneous and interacting axis of race, immigrant status and gender. Risking further exclusion the nurses asserted their agency and filed a Human Rights complaint. Their purpose was to “challenge racism practices, not on nationalist grounds, but rather out of concern for universal rights” (Turrittin et al., 2002, p.655). In other words in a Canadian post-modern, transnational, and global society, achieving equity based on minority status is no longer sufficient. If immigrants want to attain social justice for all then they must tackle racism based on the premise that we are human beings rather than citizens who are given a certain identity and rights by the state (Turrittin et al., 2002).

7. Enclaves. Ethnicity-based social capital (common language and culture) is considered a pull factor that benefits the immigrant’s success in immigrant enclaves.
Then again, discrimination, poor economic outcomes, or inability to speak in the country’s official language may be a push factor away from mainstream residence or employment towards ethnic enclaves where there is a dense ethnic network (Nakhaie, Lin, & Guan, 2009). Although I could not locate any comprehensive study on enclave employment effect specific to women of colour in Canada, Warman’s (2007) study demonstrates that ethnic employment impedes earnings for both immigrant men and women in Canada who migrated as adults but not for those who came here as children or teenagers.

Similarly, studies on self-employment of women of colour (immigrant or Canadian-born) are scarce. In this context Nakhaie et al.’s (2009) analysis of the data from the 2001 Ethnic Diversity Survey identified that the self-employment rates were higher for European than visible minority immigrants and rates varied within specific ethno-cultural groups. Gender-based analysis of this study found that self-employment rates were consistently higher for European and visible minority men than women and for those living in smaller towns rather than large metropolitan areas. These authors refute the hypothesis that ethnicity-based social capital helps self-employed visible minority populations to prosper.

Health Review

Contrary to employment review, where most papers utilized census data or national surveys, a larger proportion of papers in health review were qualitative, followed by quantitative methods and very few adopted the mixed-methods approach. The main findings from these papers are related to the following themes: Physical health, Mental health, Expression of health, Unmet health care, Barriers to services, Service providers’
perception, Settlement regions, Coping, and Enhancing service utilization. These are discussed below.

1/ Physical health

Wong & Wong (2003) were the first in Canada to examine the heart risk factors for cardiovascular diseases in immigrant women. Their results from the 1996 Canadian National Health Survey revealed that visible minority immigrant women had the lowest risk for obesity, hypertension, and smoking compared to white immigrant women from Europe, Australia and United States as well as Canadian-born women. These authors propose that white immigrant women’s risk profile was comparable to European women due to a similarity between the two cultures in regards to lifestyle and diet. Wong & Wong (2003) also observed that the risk for cardiovascular diseases reduced with the rise in income-level for all three groups – Canadian-born, European and visible minority immigrants -- with lower and middle class-women having a higher risk profile of disease and obesity than women in high income levels.

The health benefits of physical activity to reduce cardiovascular disease, obesity, maintain healthy weight, and decrease stress are well documented. However, literature is limited in regards to the physical activity behaviour of minority immigrants. Tremblay, Bryan, Perez, Arden & Katzmarzyk’s (2006) analysis of Community Health Survey from 2000-2003 narrows this gap in scholarship by examining the physical activity levels, an important public health issue, amongst minority migrants to Canada. Their study illustrated that white immigrants were more physically active than visible minority immigrants. Women of all ethnicities were less physically active than visible minority men independent of the length of migration. Their results support Wong & Wong’s
(2003) findings that Asian immigrant women are less active than Canadian-born women and Asian men. Trembley et al.’s (2006) study reflects the Healthy Immigrant Effect (HIE). HIE postulates that on arrival immigrants are generally healthier than their Canadian-born counterparts, as they have successfully completed their mandatory medical screening process prior to arrival (Beiser, 2005). However, over time, their health declines and converges with the health of the Canadian-born population. Amongst other factors, resettlement experiences (e.g., downward economic mobility), weak social capital, changes in the determinants of health (e.g., dietary), poor access to health care, no time for leisure or physical activity, are some of the factors that have been suggested for immigrants’ health status worsening (Beiser, 2005; Dunn & Dyck, 2000; Newbold, 2009; Oxman-Martinez, Abdool, & Loiselle-Leonard, 2000). In contemplating Trembley et al.’s (2006) results that minority women were at the lowest gradient of physical activity, it is possible that their multiple roles (engaged in domestic and paid employment) gives them little time for leisure or engaging in physical activities. Further, in my work I found that immigrant and refugee women experienced hardships in accessing community services due to transportation issues, child care, and linguistic barriers in rural areas (Sethi, 2010). Lack of accessibility could be another major contributing factor for minority women’s lack of participation in physical activity as compared to Canadian-born women and Asian men.

Other studies have documented the low level of participation of immigrant women in health examinations. In one study, Ahmad & Stewart (2004) administered a cross-sectional questionnaire to South Asian immigrant women in Toronto. Only 38.5% women in their sample ever had a clinical breast examination. Six years later, Sun et al.’s
(2010) study in St. John’s, Newfoundland also found persistently low mammography participation rates amongst South Asian immigrant women compared to Canadian-born women, confirming Ahmad & Stewart’s (2004) results. Similarly Xiong et al.’s (2010) analysis of Community Health Survey data revealed that 52% of Asian immigrants (Chinese, East Indian and Filipino) in comparison to 75% of non-immigrants ever had Papanicolaou smears (Pap tests), a cervical cancer screening procedure. Looking at these statistics, it is not surprising that the low rates of physician or hospital visits amongst immigrant population are of concern for scholars. It is worth mentioning that immigrants’ use of health services increases with the duration of their stay in Canada (Ahmad & Stewart, 2004; Newbold, 2006; Sun et al., 2010; Wong & Wong, 2003; Xiong et al, 2010).

2/ Mental Health

The concept, ‘mental health’ is a contested issue in health scholarship and there is no universal definition. According to the Public Health Agency of Canada (2006) report, mental health refers to the positive sense of emotional and spiritual being and/or the capacity to feel, think, and act in ways that enhance an individual’s ability to enjoy life and deal with life’s circumstances while mental illness is considered a biological condition of the brain that causes alterations in thinking, mood or behaviour, or some combination thereof, associated with significant distress and impaired functioning. In their recent quantitative work, in response to a lack of ethnic-specific research tools to diagnose mental illness, Ganesan, Mok & McKenna (2011) developed their own questionnaire that was culturally and linguistically sensitive and reflected participants’ concept of mental illness. Their analysis of the semi-structured questionnaire identified
heterogeneity in mental health diagnosis within diverse ethnic groups. More South Asians (25%) or Southeast Asian (24%) had anxiety disorder in comparison to other ethnicities. On the other hand, East Asians (66%) and Middle Easterners (63%) were likely to be diagnosed with mood disorder. Further 30% of the refugees in this study characterized mental illness in terms of stress or stress-related factors in comparison to 13% of non-refugees. The authors did not find any gender differences in the diagnosis except that more women preferred the use of term ‘client’ and more men preferred ‘patient’.

Some qualitative studies report that there are in fact gender differences in mental health diagnoses of minority women. Merali (2009) and Oxman-Martinez et al. (2005) claim that immigrant minority women experience multiple oppressions due to gendered immigration policies (e.g., family class sponsorship policy). These authors identified rigid patriarchal norms, dependency upon their sponsor for financial needs, ineligibility for government funded services, and weak social capital post-migration as major contributing factors to women’s health issues supporting the social stress model. The epistemological position informing this model is that resettlement stressors (e.g. unemployment, loss of familial and social supports, discrimination, etc.) are risk factors for the development of psychopathology (e.g. depression). In contrast, social support from family/friends, ability to adapt to the host community through language ability, and other such social capital serve as protective factors that buffer acculturation stress (Beiser, 2005).

On the subject of acculturation stress, Samuel’s (2009) in-depth interviews with South Asian women demonstrated that participants experienced stress in varying degrees due to intergenerational conflicts, downward economic mobility, credential devaluation,
and racism. Some of the women were newly married and came to Canada through an arranged marriage and were trying to negotiate gender roles with their spouse. For older women who could not speak English fluently, parent-child conflict was common. Children were ashamed to been seen in public with their mothers who could not fluently converse in English. Participants volunteered extensively as a way to gain Canadian work experience. In a similar vein, South Asian immigrant women in Ahmad, Shik, Vanza et al.’s (2005) study experienced acculturation stress, economic instability, loss of social support, busy mechanistic life, cold weather, and change in diet.

Both Samuel (2009) and Ahmad, Shik, Vanza et al., (2005) observed that the most profound stress-inducing factor for participants was not being able to meet their expectant gender-roles as wives and mothers. Samuel (2009) found that all the participants in their study experienced loneliness, trauma, and episodes of depression. Emotional stress made it difficult for them to support their children’s physical and emotional needs. It is worth noting that some of the women in Samuel’s study were physicians engaged actively in health service provisions in their home country.

3/ Expressions of health

In providing culturally appropriate services to ethnic populations, Wong & Tsang (2004) convincingly argue for a need to understand their perception of mental health. Their qualitative study with women from five Asian communities – Korea; Hong Kong, China; Mainland China; Taiwan, and Vietnam – now living in Toronto, problematizes the Western conceptualization of mental health. The focus groups with participants suggest that they experienced their mental, physical, social, and spiritual life worlds simultaneously with no dualistic conceptualization of objective versus subjective self.
There is no doubt that women’s stories of mental health were embedded with a multitude of meanings such as self, society, family, work, religion, spirituality, hope, and suffering (Wong & Tsang, 2004). Similarly, in the aforementioned study, Ahmad, Shik, Vanza et al. (2005) established that South Asian participants did not draw a solid, clear line between their physical and mental selves but provided a holistic design of their health status. Moreover Ahmad, Shik, Vanza et al. (2005) suggest that a participant’s acculturation stress manifested as joint pains, headaches, hair loss, and other physical ailments. It is notable that most studies on immigrant women’s health report that the participants did not experience these health concerns pre-migration (Ahmad, Shik, Vanza et al., 2005; Samuel, 2009; Wong & Tsang, 2004), validating the healthy immigrant effect thesis.

4/ Unmet health needs

While a majority of national health surveys have used cross-sectional data, Setia, Quesnel-Vallee, Abrahamowicz, Tousignant & Lynch (2011) conducted a longitudinal study to explore health care access to immigrants over a 12-year period. Their first conclusion that immigrants have equal or better access to health care than the Canadian-born population contradicts Newbold’s (2009) study. He used data from the National Population Health Survey drawn from the longitudinal components of the 1994/95, 1996/97, 1998/99, and 2000/01 cycles. Contrary to his expectations, he did not find any significant difference between immigrant and Canadian-born men and women’s use of a general practitioner or hospital visits. Due to a strong evidence of healthy immigrant effect in his sample, he predicted that an immigrant’s use of services would have increased. He concluded, “It remains possible that the foreign-born are actually
underserved, particularly given the observed and dramatic declines in health status in the period immediately after arrival” (p. 559, italics, my emphasis). On the same note, Asanin & Wilson, (2008) reported that immigrants were disadvantaged in their access to health care due to structural barriers; in some instances, it took about 9 years for them to find a physician.

Setia et al.’s (2010) second finding that visible minority immigrant women had fewer unmet health care needs than Canadian-born women are at odds with other qualitative studies (Bottorff et al., 2001; Donnelley & McKellin, 2007; Newbold & Wellinsky, 2009; O’Mahoney & Donnelly, 2007) and quantitative studies (Fung & Wong, 2007) that reported a higher unmet health care need in visible minority female population than white women. Setia et al.’s (2010) third finding, that minority women are less likely than white immigrant women and non-white immigrant male to report unmet health care needs is supported by other studies (Wu, Penning & Schimmele, 2005). Collectively Setia et al.’s results that there is “little evidence that immigrants have worse access to health-care than the Canadian-born population” (p. 70) is not supported by an increasing number of studies that provide evidence of major barriers to minority women’s health-care access (see, for example, Ahmad, Cameron & Stewart, 2005; Ahmad, Shik, Vanza et al., 2005; Samuel, 2009; Sethi, 2010; http://orwh.od.nih.gov).

5/Barriers to health services

Previous studies have highlighted several individual and contextual barriers in regards to immigrant/refugee women’s limited access to health care. These included: discrimination or marginalization (Bottorff et al., 2001; Sethi, 2009, 2010), transportation (Sethi, 2009, 2010), unawareness of services (Bottorff et al., 2001; Sethi, 2012), language
(Oxman-Martirez et al., 2000; Merali, 2008a, 2008b; Sun et al., 2010), immigration status (Oxman-Martinez et al., 2005; Merali, 2008a, 2008b), lack of culturally sensitive approaches (Grewal, Bhagat, & Balneaves, 2008; Oxman-Martinez et al., 2000; Sethi, 2009); time constraints (Bottorff et al., 2001; George, & Ramkissoon, 1998; Xiong et al., 2010), poor doctor-patient interaction (Grewal, Bhagat, & Balneaves, 2008); and long waiting times (Ahmad, Shik, Vanza et al., 2005). Cultural and religious barriers emerged as a major reason for visible minority women’s resistance to access mainstream physical and/or mental health care (Ahmad, Cameron & Stewart, 2005; Ahmad, Shik, Vanza et al., 2005; Ganesan, Mok & McKenna, 2011; Grewal, Bottorff & Hilton, 2005; Grewal et al., 2008). Other scholars point to the cost of fresh vegetables, lack of time to cook food, and unavailability of certain ethnic foods as contributing factors to women’s ill health (Ahmad, Shik, Vanza et al., 2005; Hyman, Guruge, Makarchuk, Cameron, & Micevski, 2002).

Fung & Wong (2007) administered a structured questionnaire to a sample of 1000 immigrant and refugee women from Hong Kong China, mainland China, Taiwan, Korea and Vietnam. They reported that perceived accessibility to health services influenced help-seeking behaviours. In communities where there was inequitable health care services combined with the immigrant’s perception that there are many barriers to accessing these services, they are unlikely to seek help for their problems. Specific to low rates of mental health service utilization, Wong & Tsang (2004) put forward the argument that in some cultures there is no clear demarcation between physiological and psychological symptoms. Consequently, women may not know they have a mental health issue and would not seek help. Similarly, Whitley, Kirmayer, & Groleau’s (2006) face-to-
face in-depth interviews with 11 female and four male West Indian immigrants highlighted three reasons for their underuse of mental health services: overreliance of Western practitioners on pharmaceuticals, doctor-patient relationship, and immigrant’s preference for folk medicine and healing through prayers. Participants in this study preferred a holistic approach to care and expressed grief about the lack of time in the doctor-patient interaction as well as the uncaring attitude of the physician. They expressed the need to have sufficient time to ask questions in regards to their use of medications, side effects, and other health related issues. From the context of culture, Fung & Wong’s (2007) aforementioned study provides some important information. These authors explain that Hong Kong Chinese participants were willing to reach out to mainstream health agencies as they had a positive attitude towards the Western medical model but participants from all other regions (mainland China, Taiwan, Korea and Vietnam), regardless of their age and education, were resistant to seek help as their cultural beliefs were at odds with the science-based model of Western medicine. It should be noted that the medical model of mental illness conceptualizes human experiences of suffering such as distress and sadness as a form of biological or neurological disorder. The diagnosis of mental illness is based on an etiological framework, such as the American Psychiatric Association’s *Diagnostic and Statistical Manual* (DSM VI) (Beiser, 2005).

Tiwari & Wang (2008) suggest that the low rate of mental health service use in the immigrant population may be due to the low rates of psychopathology or psychosocial impairment in some ethnic populations. They were the first to conduct a population-based study (large sample size) to examine mental health service use in the
white, and Chinese, South Asian, and South East Asian ethnic communities living in Canada. Their analysis from the 2003 Community Health Survey data documented that overall the Asian population was healthier than the white population but white Canadians were more likely to use mental health services (except those with less than a grade 13 education) than Asian immigrants regardless of a chronic mental disorder diagnosis. Overall, the authors note, female participants were more likely to utilize mental health services than men were. The notable exceptions were Chinese and South Asian immigrant women. They were least likely to get help from mainstream mental health facilities regardless of their income, education levels, and employment status.

Often health care providers’ Western bio-medical epistemologies clash with non-Western women’s cultural health practices and create barriers to service accessibility and provision. Grewal et al. (2008) document an ongoing conflict between South Asian women from rural India and Western health care providers (physicians and nurses). Their naturalistic inquiry aimed to deepen the understanding of the perinatal experiences of new immigrant South Asian women in British Columbia. The authors’ interviews with first time mothers and focus groups with health care professionals suggested a clash between Eastern and Western health care practices on perinatal health. South Asian participants in this study reached out to other mothers and elders of the same ethnicity as a source of support and advice who recommended that women follow traditional birthing rituals: get lots of rest, eat *hot food* like lentils to balance their energy, use traditional herbs and spices, pray, and meditate. Overall, the South Asian community did not welcome the Western doctors’ focus on exercise, blood tests, and regular checkups that involved heart monitors and other hospital technology. Women were afraid that
technology would cause harm, they disliked the cold food (salads), sandwiches and Jell-O served in the hospital, and were ambivalent about the purpose of a postpartum visit by a public health nurse.

Given the aging Canadian population, it is a concern that the issues of older minority immigrant/refugee women in Canada are rarely addressed in scholarship. A notable exception is Kinch & Jakubec’s (2011) study that frames their issue as “multiple margins” (being older, a woman, or a visible minority) (p. 128); ethnic elders experience manifold obstacles in accessing mental and physical health services due to their age, gender, language barriers, transportation, culture, and heavy reliance on family for their financial and social support needs.

6/Service provider’s perception

As an immigrant and service provider I contend that in understanding immigrant settlement it is essential to examine the perception of service providers and how they are responding to increasing cultural diversity in their communities. Nonetheless, research in this area is quite limited especially outside major Canadian cities. To this end, Newbold & Wellinsky (2009) argue that service providers are experiencing challenges in providing reproductive health care and family planning services to immigrant women especially those from the minority refugee population. The evidence from their study conducted in the Greater Toronto and Hamilton areas of Ontario using grounded theory approach supports other scholarship that minority women, especially refugees, lack knowledge about their body and are unaware about the benefits of preventative health measures and/or family planning options (Ahmad, Shik, Vanza et al., 2005; Sun et al., 2010; Xiong et al., 2010). As a result, health care providers needed much more consultation time with
minority women in comparison to white women to adequately explain normally known medical related issues (Newbold & Wellinsky, 2009).

Furthermore, nurse practitioners in Newbold & Wellinsky’s (2009) study observed that immigrant women were less receptive to the use of birth control pills than non-immigrant women. Immigrant women equated pills with promiscuity, preferred an intra-uterine device (IUD) to the pills, and were reluctant to speak about their sexual health (menstruation) or sexual violence with male health care providers. Some of the reasons for resistance to the use of pills may be cultural. Since other countries have over the counter alternative forms of birth control including medications, gels, pastes, ointments, drinks, and IUDs, women do not have to consult a health care practitioner for a prescription to contraceptives. This may explain their discomfort in discussing these issues with another person, especially a male health practitioner (Newbold & Wellinsky, 2009). Bottorff et al.’s (2001) community work with South Asian women support Newbold & Wellinsky’s (2009) findings that minority immigrant women are not comfortable discussing sexual health issues with male health care providers. They preferred female practitioners, preferably of similar ethnicity. Conversely, Boehmer & Case’s (2007) interviews with sexual minority cancer patients of diverse ethnicity (African, Hispanic, Asian, and mixed race) unveiled the participants’ desires for a ‘patient-centered’, compassionate and non-judgmental physician regardless of the doctor’s gender.

Wang, Rosenberg & Lo (2008) wanted to understand if the ethnicity of the physician played a role in immigrant service utilization. Their mixed-methods study used 2001 Canadian Census data, focus groups, and physician data from the College of
Physicians and Surgeons of Ontario (CPSO). Their results demonstrate participants’ overwhelming preference for ethnically-and linguistically-matched family physicians regardless of study areas and socioeconomic and demographic status. Deliberating over some of the reasons for Toronto mainland Chinese immigrants’ preference for Chinese-speaking family physicians, the authors note “culture and ethnicity are intertwined in a complex way to influence the choice of health care providers and health management strategies in the host society” (p. 1410).

Other scholars reported that health care practitioners’ misconceptions about minority women’s cultural and religious beliefs could negatively influence doctor-patient relationships (Boehmer & Case, 2007; Newbold & Wellinsky, 2009). Health care providers may not know how to negotiate gender roles in instances when it is quite clear that women under their care have very little power to make decisions about their health or when women seem to lack support from their spouses in regards to their health (Bottorff et al., 2001; Newbold & Wellinsky, 2009). Grewal, Bottorff & Hilton’s (2005) ethnographic study with South Asian women in British Columbia uncovered various layers of women’s adherence to gender roles. For example, the level of submissiveness towards their husbands varied amongst participants. In some families, the husband made all the health related decisions for the women. Regardless, women relied heavily on their husbands and other family members for their health care needs such as transportation to appointments, as interpreters and educators of health information, and for social support. Boehmer & Case (2007) and Newbold & Wellinsky (2009) recommend that health care providers must be aware that patriarchal family structures and an increased dependency of women’s post-migration on their husbands can be detrimental to their mental health.
Settlement Region

Literature exploring the mental and/or physical health of women of colour outside the larger Canadian urban areas is scarce. Wang (2004) did not find urban and rural differences in prevalence of major depression in the immigrant population. His results did reveal that non-immigrants and white population in rural areas had lower rates of major depression than those residing in urban areas. Differences in an individual’s work status, age, marital status and other such characteristics may account for these differences (Wang, 2004).

In my Community-based study in Grand-Erie (Sethi, 2009; 2010) I observed that women largely from Asiatic and non-European regions identified several barriers in accessing mental and/or physical health services including the shortage of physicians and the lack of culturally appropriate health services. Further, women acknowledged climate, time pressure, work situation, and financial crisis as sources of great stress. I also found a consensus amongst service providers and immigrants in relation to the lack of affordable and culturally appropriate childcare and poor transportation infrastructure as barriers to women’s access to counseling (Sethi, 2009; 2010). Similarly, Walton-Roberts’ (2006) study with South Asian immigrant/refugee women in Squamish, a small town in British Columbia, shows that overextended health care infrastructure and poor transportation facilities creates accessibility issues for immigrants/refugees in these regions (Walton-Roberts, 2006).

Coping

A limited number of studies paid attention to the coping strategies amongst women of colour. Coping is defined as “constantly changing cognitive and behavioural
efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person (cited in Samuel, 2009, p. 27). Samuel (2009) observes that South Asian immigrant female participants utilized emotion-focused coping to deal with their acculturation stress. In emotion-focused coping, participants try to strengthen their weak social capital by reaching out to friends, family, religion, and ethnic organization as a way to relieve stress. Building social capital and networking as a coping strategy also surfaced in Ahmad, Shik, Vanza et al.’s (2005) study where South Asian women engaged in cooking rituals with family and friends, prayed, self- reflected on their situation, and attended religious ceremonies rather than reaching out to pharmaceuticals as coping strategies.

Boehmer, Linde, & Freund (2005) provide a comprehensive understanding of sexual minority cancer patients’ coping strategies using a scale that contained four maladaptive coping styles – “helplessness-hopelessness, “anxious preoccupation,” “cognitive avoidance,” and “fatalism”, and one positive coping style: fighting spirit (p. 309). These authors also interviewed the participants’ support providers: spouse, family, work colleagues and/or friends, to understand their perception of women’s coping strategies. They found a moderate agreement between cancer patients and their support providers’ perception of cognitive avoidance, anxiety preoccupation, and fatalism; a fair agreement on fighting spirit; and the least agreement on helpless-hopeless coping. An important result from this study is that interviews with support providers suggested that they were able to provide a higher level of support, in terms of quality, to women who were open about their sexual orientation. It also lessened the support provider’s stress level if these women had a large network of friends and were less fatalistic about their
disease. As sexual minority women continue to be subject of “society’s negative attitudes, stigma, prejudice, and discrimination”, adding a cancer burden and ethnicity, makes self-disclosure difficult and it interferes with their access to care (Boehmer & Case 2007, p. 312).

9/ Enhancing health care utilization: This literature review identified an urgent need for culturally and linguistic education programs, promotion of preventative health-care amongst ethno-cultural groups, and access to nutritional and other health information in multiple languages (Ahmad, Cameron & Stewart, 2005; Ahmad, Shik, Vanza et al., 2005; Donnelly & McKellin, 2007). Ahmad, Cameron & Stewart (2005) propose a tailored intervention to motivate participants who have routine medical exams, such as breast cancer screening. By tailored intervention, these authors mean that material should be language specific to a specific ethnic group, programs must incorporate the participant’s culture, religious and familial context, and material should be distributed through ethnic media channels such as community newspapers. Authors agree that an active involvement of physicians in women’s health, cost-effective physical recreational programs, health promotion initiatives at the community level, and culturally appropriate service provision are important strategies to increase service utilization by minority women (Ahmad & Stewart, 2004; Ahmad, Cameron & Stewart, 2005; Ahmad, Shik, Vanza et al., 2005; Donnelly & McKellin, 2007; Hyman et al., 2002; Sun et al., 2010; Walton-Roberts, 2006; Xiong et al., 2010).

Immigrant women in the Grand Erie study stressed the need for outreach programs where mental health workers who could speak their language would visit them at home (Sethi, 2010). Grewal et al., (2008) document an informal ‘kitchen meetings’
outreach program in British Columbia that has achieved much success in delivering health information to immigrant women. Bottorff et al., (2001) assert that enhancement of health care policies and provisions for ethno-cultural groups requires a *woman-centered* approach that takes into consideration “respect for diversity, respectful interactions, shared decision-making, autonomy, and a focus on the whole person in their social and cultural context” (p. 34). One of the tenets of a woman-centered approach is to provide women with multiple options in regards to locations, time, and service provision so that women who are already marginalized do not suffer ill health as socio-cultural, geographic and economic barriers prevent them from seeking help (Asanin & Wilson, 2008; Bottorff et al., 2001). Likewise, Hyman et al., (2002), promote the recognition of “specific determinants of women’s health, including family, social and community support, stages of life cycle, ease of access to and degree of control over resources and women’s multiple roles such as family demands and burden of work” in delivery of health care to this population (p. 128).

**Employment and Health Relationship**

Although there are some studies on employment-health linkages for white women, my literature review found that there is very little scholarship dealing with this issue for immigrant/refugee KAAJAL women, especially those residing in Canada’s urban-rural areas. Some evidence from a 1990’s study suggests that employed women have better health compared to unemployed women (Rivera, Torres & Carré, 1997; Roberts & Roberts, 1982; Ross & Mirowsky, 1995). Roberts & Roberts (1998) reported that employed, married participants in their study were less depressed than unemployed married women. Rivera et al. (1997) used the United States Panel Study of Income...
Dynamics/Latino National Political Survey (PSID/LNPS) Early-Release to explore the effects of employment and family responsibility on the perceived health status of Latino women. While demonstrating better health outcomes for employed married women as compared to employed unmarried women, it in interesting, that their study also revealed that women who engaged in low levels (less than 20 hours) of house work perceived their health as better than women who engaged in over 41 hours/week of housework. This finding confirms the social causation hypothesis that “since housework is demanding and burdensome and is perceived to be both devalued and socially isolating, the less a women engages in this endeavor, the better her health will be” (Rivera et al., 1997, p. 110).

Similarly Ross & Mirowsky’s (1995) U.S study utilized cross-sectional anlaysis to demonstrate that for both white and non-white women employment fosters health while homemaking weakens health (social causation). It is possible that employment provides women with avenues to enhance their social network and gain social support, thus contributing to their enhanced health status; whereas women outside the labour force may not have opportunities to foster their social integration (Hibbard & Pope, 1985; Roos, Lahelma, Saastamoinen, & Elstad, 2005).

In another United States study, Lennon & Rosenfield (1992) draw attention to the relationship between the levels of control women have in their work and family life and their health status. Their sample included blacks, Hispanics, and non-Hispanic whites. After controlling for demographic characteristics (age, education, family income, and race) the study results revealed a positive correlation between the amount of control at work and the psychological well-being of women. Specifically, higher levels of control at work (for example, number of work hours and how closely women were supervised)
were associated with good psychological health and well-being and low levels of control were associated with poor psychological health and well-being. When Lennon & Rosenfield (1992) examine the joint influences of aspects of job and family condition they find that “low levels of control at work appear to be particularly detrimental for well-being among women with greater family demands” (p. 323).

In Canada, Simich, Hamilton & Baya’s (2006) CBPR with refugees revealed the link between unemployment, underemployment, and/or precarious employment status (part-time or contract work) and mental stress. These authors attribute the declining mental health of male and female participants to their disappointments after migrating to Canada. The authors note: “most expected to work, to support and to restore the integrity of their families, in short, to live a productive life” (Simich et al., 2006, p. 438). As a result of these economic difficulties and disappointments, the participants suffered loss of sleep, constant strain, unhappiness and depression, and bad memories.

Similar to Simich et al. (2006), Reid, Ponic, Hara, Kaweesi, & LeDrew (2011) utilized a participatory framework to understand the association between women’s employability and health/well-being. In her large Feminist Participatory Action Research (FPAR) project on employability and health she and her team recruited their sample from four socially, economically, culturally, ethnically and geographically diverse communities in British Columbia (B.C). The results illustrated that lack of recognition of education and employment attained in the country of origin posed a strong barrier to women’s employability along with inability to speak English or lack of computer skills. New immigrants did not have the necessary finances for upgrading their credentials which were critical for securing employment in the Canadian labour market. Reid et al.
(2011) and Reid & LeDrew’s (2013) studies show that location (living in a remote community), cultural norms and expectations (such as having the sole responsibility for childcare) age, and gender intersected to shape a women’s employability in Canada. These authors argue that financial pressures often compel women to take up menial and unskilled jobs (as housekeepers, dishwashers, cooks, farm workers, and care aides). Deskilling experiences can lead to feelings of resentment and de-moralization (Reid et al., 2011; Reid & LeDrew, 2013). As most of the immigrant women in Reid et al. (2011) and Reid & LeDrew’s (2013) studies juggled paid and unpaid work, this double burden created mental and physical exhaustion. Along with fatigue and stress, participants in Reid et al.’s (2011) study suffered from several mental and physical health issues such as migraines and stomach aches, high blood pressure, depression, diabetes, and arthritis. Experiences of domestic violence further compounded their settlement experiences and work stresses.

In her Canadian study, Dyck (2006), did not set out to examine the link between work and health. Nevertheless, South Asian women’s health narratives in her study were connected to their experiences of paid labour in factories, farms or restaurants post-migration to Canada. Similar to Reid, Ponic, Hara, Kaweesi & LeDres (2011) study some of the participants in Dyck’s research had never engaged in wage labour in India. They were in good health until after a few years of migration when they experienced illness resulting from their laborious work, repetitive tasks, allergies to work environment, workplace injuries, lack of control in the work environment, and unhealthy work conditions. Women were stressed due to little time to cater to their gendered responsibilities at home as wives and mothers. Likewise, in her master’s thesis Bancej
(1997) found that immigrant women employed in manual labour and repetitive work experienced poor health. This author also found a link between precarious job status and poor health. Even though she observed a protective association between paid employment and the health of immigrant women, this association weakened for women burdened with major care-giving responsibilities.

In an Australian study, Kennedy & McDonald (2006) used the Longitudinal Survey of Immigrants to Australia (LSIA) documenting a strong relationship between unemployment and mental health - unemployed immigrant men and women had poorer mental health than those employed. It should be noted that Kennedy & McDonald (2006) report that participants were from nine different countries and differentiate them in English and non-English speaking groups however, it is not clear if their sample included European and non-European immigrants. Nevertheless, their finding even though tentative, is interesting. They found that in married couples, if only the female partner was employed, the mental health of the unemployed immigrant man declined. Conversely, women’s mental health was unaffected by the male members’ employment status. The authors speculate economic deprivation in the family due to male unemployment, the role of culture, experiences of envy by men, and/or feelings of inadequacy in relation to the male as a provider, are possible reasons for the worsening of male health. Their study brings forth an important finding in relation to downward economic mobility amongst minority male immigrants to Canada. In immigrant families, “Male employment remains an important and significant predictor of good mental health regardless of their partner’s labour force status” (p. 454).
Gaps in Literature

1. Cross-sectional designs, a primary methodological tool in Census analysis, cannot provide a temporal analysis of women’s employment experiences such as the long-term effects of deskilling. Longitudinal data is needed for this purpose. A further difficulty with Census data is that it is an analysis of the woman’s paid work, ignoring the effect of unpaid employment status (e.g., domestic work, volunteer activities and hidden economy) or other factors such as poor working conditions on women’s labour force participation (Bancej, 1997). A more detailed evaluation that considers both paid and unpaid work is important to gather a comprehensive understanding of employment and health link.

2. While quantitative studies on employment experiences of KAAJAL immigrant’s/refugees have provided useful information, more qualitative and mixed-methods work is essential research in order to understand the differential employment outcomes, patterns of employment and/or health service utilization, meaning of health, impact of gender roles, and other factors across various racial/ethnic groups in Canada.

3. Large-scale studies homogenize the experiences of the members of minority groups by pooling them together in the category “visible minority group”. Further, the subjective experiences of individual members within the visible minority population are also homogenized. Limited studies that do exist on the settlement experiences of sub-groups of the minority population are focused on South Asian and Chinese women, and understandably so, as these two groups constitute a growing proportion of immigrants to Canada (Statistics Canada, 2011). Nevertheless, from the context of providing ethnic specific services it is essential to listen to the voices of other minority subgroups.
More studies are needed on understanding the perspectives of sexual minority women and older KAAJAL women. Further, most reviewed papers pooled female refugee and immigrant participants together. It is commonly known that the pre-migration experiences of refugee women are often fraught with trauma related to war or natural disasters. Studies on refugee settlement experiences are needed to help health care providers and social workers adequately support them.

4. Given the scarcity of data on the employment and health connection, scholarship is needed to identify how part-time or full-time employment status, workplace conditions, union membership, and/or precarious work status influences immigrant/refugee women’s quality of health.

5. Despite the growth in the KAAJAL immigrant/refugee immigrant women in Canada’s smaller urban and rural communities (Krahn et al., 2005; Walton-Roberts, 2006), studies to date provide only limited information regarding the employment and health needs and patterns of health care utilization, creating a pressing need for the exploration of settlement issues for this population settling in these communities.

6. Even though the literature review identified the evidence of discrimination, surprisingly, the Canadian evidence regarding the link between discrimination and health is scarce. Research in this area primarily focused on discrimination based on race.

7. Scholarship exploring the KAAJAL men and women’s coping strategies and resilience factors and how these behaviors vary from the dominant cultures would help to create culturally sensitive support structures.
8. More studies on service providers, policy makers, and health care practitioners’ perceptions would be helpful to understand their experiences of service delivery to KAAJAL populations.

9. While employment papers were largely concerned with the employment outcomes based on a male-female binary, health literature primarily focused on women’s biology. Research on settlement and adaptation experiences of KAAJAL immigrant/refugee women must take into consideration how sex and gender intersects with class and immigrant status as well as other social categories to influence women’s acculturation experiences.

Limitations of the review

1) The review was based on my interpretation of the interpretation of other authors. Selection and analysis of studies is coloured by my biases and preferences.

2) While the review provided valuable information on important employment and health theoretical models, due to space considerations, I did not discuss researchers’ various epistemological positions (feminist, anti-racist, critical, and others) and their limitations and strength.

3) The quality of the review would have been enhanced through cross country evaluations (e.g., Canada and the United States).

Strengths of the literature review

1. Having completed a systematic search, though time consuming, this process of systematically and methodically selected papers for inclusion strengthened the review process.
2. Even though it was not possible to include many studies from outside Canada, inclusion of some studies from Sweden, Australia, and United States enhanced the review findings.

3. This review was broad and covered several topics in relation to both employment and health literature were covered as well as studies from various disciplines including Economics, Health/Occupational Health, Sociology, Geography, Social Work, and Immigration Studies.

As I navigated the scholarly terrain it became clear that there is an urgency of understanding KAAJAL women’s subjective experiences of the employment-health link. Not long ago, while wading in the post-migratory waters of Grand Erie as a KAAJAL woman, I had intuitively recognized the need for understanding the health effects of employment. Also, over the last decade, the community stakeholders in Grand Erie have been pushing the employment-health narrative. Thus, I entered the doctoral field with some theoretical knowledge about the employment-health link. Having arrived at the end of my literature review terrain, I found that the findings validated the personal and community dialogues on employment and health. It seems, then, the research question: How do employment circumstances impact the health and well-being of immigrant/refugee women in Grand Erie? came into being from the textual, personal, community, epistemological, and theoretical terrains. This question is deeply linked to my experiences in the academic and non-academic field. Entwined with the textual, personal, community, epistemological, and theoretical lenses, the aforementioned research question is positioned to address effectively the incompleteness and
uncomfortable ache that I spoke about in my prologue, and to bring KAAJAL women’s marginalized voices to the centre of employment-health narrative.
In this chapter I discuss my moral and philosophical orientations that form the frame of reference for my research with KAAJAL immigrant/refugee women. I also provide an overview of the tools of enquiry which refers to the conceptual framework and the theoretical lenses that form the foundation of my doctoral research.

**Research Orientation**

My philosophical and ontological formulations “problematize truth as partial, identity as fluid, language as an unclear referent system, and method and criteria as potentially coercive” (Denzin & Lincoln, 2005, p. 203; Ellis & Bochner, 2000). I claim an epistemological stance, which emerges from a relativist ontology that social reality is situated, co-constructed and limited (Charmaz, 2005; Denzin & Lincoln, 2005) and that the social construction of reality is a dynamic and an ongoing process (Berger & Luckmann, 1966). Charmaz (2005), writing from a constructivist position argues: “What observers see and hear depends upon their prior interpretive frame, biographies, interests as well as the research context, relationships with research participants, concrete field experiences, and modes of generation and recording empirical materials” (p. 509). As a self-proclaimed constructivist, feminist, participatory, and post-modern inquirer, I am interested in bringing interconnected issues of control or power (e.g. who decides which
variables are important for exploration), voice (who gets to speak and who is heard), representation (who defines what qualifies as “truth” or evidence) and identity into the discourse of inquiry.

Paraphrasing Denzin & Lincoln (2005), unlike traditional researchers who “see their task as description, interpretation, or reanimation of a slice of reality,” I regard my work as a critical researcher as a “first step toward forms of political action that can redress the injustices found in the field site or constructed in the very act of research” (Denzin & Lincoln, 2005, p. 305). As a scholar dedicated to post-modern inquiry, what Denzin & Lincoln (2005) identify as the fifth moment of qualitative research, I am focussed on the well-being of the marginalized and previously silenced groups and issues of social justice. As an activist, I privilege participatory-type methodologies, in which the researcher makes a conscious effort to move away from interrogating the participants as the ‘other’ or someone exotic, “alien, foreign and strange” (Denzin & Lincoln, 2005, p. 14) and engages in a process of enquiry where the research participant is an active partner. As an intersectionality scholar, I argue that in an extremely unstable and chaotic world dominated by economic crisis, threat of war, transnational and globalized sensibilities, we can no longer privilege gender while ignoring the interrogation of multiple differences and intersecting identities based on race, class, nationality, immigrant status, geography, ability, and sexuality. Davis (2008) is not shy about the consequences of ignoring such differences: “At this particular juncture in gender studies, any scholar who neglects difference runs the risk of having her work viewed as theoretically misguided, politically irrelevant, or simply fantastical” (p. 68).
Intersectionality -- a theory and research paradigm -- is a good fit with my ontological and epistemological position that there are multiple realities and that knowledge is situated and always changing depending on people’s social locations (such as the positions of power/privilege that they occupy in their private and/or public domains at a particular time, place and culture). Intersectionality, as “simultaneously epistemological and ontological” constructs ontological subjects as “multiple, constructed through difference, complex and non-essentialist and so subject to change” (Phoenix, 2012, p. 139). Intersectionality is exactly the theoretical prescription that is needed to address the realities of a complex world so that as scholars and researchers we can make a difference in KAAJAL women’s lives by examining their lived experiences in view of multiple differences and complexities.

**Intersectionality Theory and Research Paradigm**

Long before Crenshaw (1991) coined the term “intersectionality, “African American intellectuals were cognizant that the interplay of social identities (race, class, and gender) factored into the individual's epistemology of experiences and shaped his or her chances in life accordingly. In the 1970’s, for instance, black feminists argued against equating black feminists' experiences of oppression and meaning of liberation with those of white women. While white women’s skin colour positioned them in a privileged social stratum in society, black women were oppressed due to intersectional hierarchies of race, sex, and poverty (Murphy, Hunt, Zajicek, Norris, & Hamilton, 2009). Another critique of black feminists was that the mainstream feminist movement was concerned primarily with gaining gender equality, but women of colour activists, especially those from the lower economic class, acknowledged that even men within their social group were oppressed
socially, politically and economically. Thus, liberation for Black feminists was more about achieving class status than being on par with men (Murphy et al., 2009).

Born out of the social justice agenda, intersectionality tenets are grounded in lived experiences of marginalized populations. Yuval-Davis (2008) concurs. The goal of intersectionality theory has never been to merely replace one static ideology with another, rather its goal is “to encourage complexity, stimulate creativity, and avoid premature closure, tantalizing feminist scholars to raise new questions and explore uncharted territory” (p. 79). A common thread running through intersectionality literature suggests mutually constitutive relations among social identities where identities represent social categories in which individuals assert their membership and derive personal meaning from that membership (Shields, 2008; Warner, 2008). Mutual constitutive character of identities refers to the relations among various social identities where one category of identity, such as race, exists in relation to another category of identity, such as gender (Shields, 2008). This position is an epistemological shift from the ‘either/or’ approach where identities are neatly divided into individual categories such as race or gender.

Further, unlike Gender-based analysis (GBA), intersectionality does not consider gender as the primary factor influencing women’s lives (Hankivsky, 2011). Even though the enhancement of GBA to Gender-based Analysis Plus (GBA+) incorporates gender along with various intersecting identity factors including ethnicity, education, language, income, geography, ability, and age (Status of Women Canada, 2013), gender is still given primacy in the analysis. I would argue that intersectionality’s flexibility in considering “which intersecting forces are important and how they are experienced, internalized, managed, questioned, negotiated, and resisted” (Lee & Sum, 2011, p. 156)
by participants is important to understand the complexity of immigrant/refugee women’s lives. For instance, it is well known that women in general (immigrants and non-immigrants) often bear the burden of domestic and labour market production and experience many more difficulties than their male counterparts in integrating in Canada’s labour market due to their gender. However, immigrant women may experience additional difficulties as a result of their immigration status: for example, rigid patriarchy rules within their family, or they may hold a marginalized status as dependants of male sponsors in Canada. A woman who migrates under the Family Class Sponsorship Policy, and who, during the initial years of settlement, is dependent upon her spouse for her financial needs is an example of holding a marginalized status.

I am particularly intrigued by Prins’ (2006) constructionist approach to intersectionality as this view pays more attention to the agency of individuals than the systemic approach and is well suited for studies employing narrative accounts. Prins (2006) highlights three main differences between the constructionist and systemic intersectionality frameworks. First, the constructionist approach adheres to the relational aspects, rather than the unilateral aspects of power and social identity that are typical of the systemic approach. Within such a constructivist framework power and identity are dynamic and always shifting. Second, while the systemic approach considers individuals “to be passive bearers of meaning of social categories” within the constructivist framework individuals are active recipients of their social identities such as race, class, gender, and sexuality (p. 208). Third, within the systemic approach, an individual’s social identity is predominantly determined by the ‘what’ of the person such as a person’s race, class, gender, and sexuality. For a constructivist adherent however, an individual’s
social identity is determined by ‘who’ the person is. The important point here is that markers of identity such as race, class, gender, and sexuality are not mere categories to be named rather these markers of identity provide important resources for narratives (Prins, 2006). Prins (2006) powerfully articulates this point, “Since our stories are multilayered and contradictory the scripts of gender, race, ethnicity and class play a constitutive role, but never in the same way, never as mere determining factors” (p. 281). One of the poignant ways through which intersectional researchers can address questions of power, voice and representation is by undertaking a participatory enquiry.

**Community-Based Participatory Research (CBPR)**

In recent years, intersectionality literature has made great strides in advancing the understanding of how race, gender, class, and other social categories “operate as systems of oppression or power relations” (Murphy et al., 2009, p. 25). Such interrogation is vital to bringing marginalized voices from the periphery to the centre, thus, redressing power imbalances. Power is central to both intersectionality and participatory type research projects with marginalized populations. Despite the proliferation of community-based research with immigrant women, as well as an increase in the application of intersectional approaches to understand immigrant health inequities, to date, few scholars have integrated the intersectionality theoretical lens and CBPR design within their projects. As a social worker committed to social justice and improving individual and community health and well-being, I believe that CBPR is a good fit for this study. Arguing for social workers’ greater involvement in participatory approaches, Altpeter, Schopler, Galinsky, & Pennell (1999) take the stance that “participatory research is a viable hybrid that combines social work practice and research” (p. 32). As a comprehensive philosophical
method that integrates theory, practice, and ideological commitment for change, CBPR differs fundamentally from traditional expert driven research. In participatory approaches the researcher works in collaboration with community stakeholders who act as advisors to the study. Also, the researcher strives to promote an equitable relationship with those that are the focus of the study (rather than assuming the role of an expert), thus viewing them as ‘partners’ rather than subjects in the research endeavour (Altpeter et al., 1999; Schulz, Kreiger, & Galea, 2002; Tremblay, 2009).

CBPR is fast gaining popularity amongst funders, health care providers, and policy makers due to its unique ability to address health-care disparities, foster stakeholder collaborations, and address a myriad of equity and social justice issues by tapping into local knowledge and expertise (Agency for Healthcare Research and Quality, 2003, p. 149). As Schulz et al. (2002) have pointed out:

Community-based participatory approaches involves identifying and building on strengths and resources within communities, allowing interventions to tap into and mobilize, for example, social networks, social support, and other important social processes that influence health (p. 290).

It is noteworthy that CBPR is synonymously used with “participatory research”, “participatory action research (PAR)”, “action research (AR)”, “cooperative inquiry”, “participatory evaluation”, “collaborative inquiry”, and “empowerment evaluation” (Hankivsky & Cormier, 2009; Moffatt, George, Lee, & McGrath, 2005; Park, 1999). Regardless of the terminology used, as a community researcher I have come to understand that participatory work is a type of practice that is motivated by community issues, embodies a sense of ‘we-ness’ amongst people, and focuses on a collective effort
at creating and sustaining social change (Duffy & Wong, 2003). One of the hallmarks of CBPR is that community capacity building is a collaborative process. The researcher and the community work together to identify community strengths, address social problems and injustices, and foster social cohesion (O’Fallon, Tyson, & Dearry, 2000, p. 18). In my MSW work with ISTEP for example, there was shared ownership of the research project. ISTEP members promoted the research in the Grand Erie community; they contributed time, money, expertise and resources to the project and utilized the findings for the benefit of the immigrant/refugee community. For instance, some of the positive outcomes of the MSW study was that local stakeholders felt empowered enough to share the findings of the study with funders. They wrote proposals and succeeded in getting funding dollars for designing and implementing local programs to foster newcomer integration. The development of the Mentorship program, aimed at helping foreign trained professionals become integrated into the labour market, is one such example. As a participatory inquirer, I was committed to enhancing the active participation and engagement of the immigrant/refugee women as well as ISTEP members throughout the research process and in the dissemination of the findings.

Even though ‘participation’ is a term fluently used in participatory work, it is rarely defined. According to the Oxford Dictionary participation refers to “the action of taking part in something”. At best, this definition is superficial. Biggs (1989) and Wang, Yi, Tao & Carovana (1998), advise researchers involved in participatory projects to move beyond the simple definition of ‘participation’ and critically reflect on what participation means. Biggs (1989) identified four typologies to demonstrate the extent or
degree to which local people participate in the research process: Contractual,
Consultative, Collaborative and Collegial

Contractual participation – This form of participation is in the form of a contract whereby researchers contract with select individuals to participate in the experiment. People who agree take part in the research. It is not ‘participatory’ as participants have no decision making powers in regards to the research design (Biggs, 1989; Farrington & Martin, 1988; Wang et al., 1998);

Consultative participation – Researchers consult with the local people in regards to the research design, methods, and intervention strategies to develop solutions. Most of the decisions are made by the researcher (Biggs, 1989; Farrington & Martin, 1988; Wang et al., 1998);

Collaborative participation – There is an ongoing interaction (collaboration) between the researcher and local people in regards to the research design, methods and interventions used. Even though researchers and local people collaborate as ‘partners’ the researcher has the most control over the research process (Biggs, 1989; Farrington & Martin, 1988; Wang et al., 1998);

Collegiate participation -- Local people work together actively as “colleagues”. Each party brings skills to the table and learns from each other. In this instance, the local people have the most control over the research process (Biggs, 1989; Farrington & Martin, 1988; Wang et al., 1998).

While researchers in collaborative projects such as CBPR generally seek to enhance the maximum participation of the participants and/or community partners in the research process and engage them as co-researchers, (O’Brien, 1998; Park, 1999, Wang
et al., 1998) more attention must be paid to the researcher’s *authentic engagement* with the community where the research is being conducted. Otherwise, it is likely that such projects will fail to engage the most marginalized or underrepresented members of that community. While researchers in *collaborative* projects such as CBPR generally seek to enhance the maximum participation of the *participants* and/or community partners in the research process and engage them as co-researchers, in my experiences with several CBPR projects, the researcher’s *authentic engagement* with the community where the research is being conducted is integral to ensure the success of academic-community partnerships and engage the marginalized or underrepresented members of that community. Furthermore, we know now that conventional research methods are problematic for engaging immigrant communities, and particularly visible minority women (Aroian, Katz, & Kulwicki, 2006; Thomson & Hoffman-Goetz, 2010). Along with the authentic engagement of *researchers* in various community events, it is the *deliberate focused attention* on building rapport with immigrant/refugee populations and local stakeholders (service providers and policy makers) before and during the research as well as at the time of disseminating findings that determines the success of CBPR. During my doctoral work, for instance, I attended several multicultural events in the community, participated in rallies, and volunteered my time and expertise in community projects. By doing that I built a rapport with the stakeholders and the immigrant/refugee population. I learnt about the needs of the community and the challenges that the immigrant/refugee population were experiencing. Service providers articulated the issues they were dealing with in serving the immigrant populations. Such local knowledge is vital in undertaking research that has the potential to produce findings that benefit the
research and the host community. I found that by such authentic engagement with the immigrant/refugee population and ISTEP members before designing the study, it made the recruitment of participants seamless and enhanced the level of participation of ISTEP members and the recruited participants during the research (Sethi, 2009). Such an immersed process has the potential to upsurge community participation, break down barriers between the researcher and the participant as well as the local community and thus, facilitate dialogue between these parties. Most importantly, such an engaged process can build a ‘bond of safety’ between the researcher and the community that extends beyond a time-limited project, thus, contributing to the empowerment of marginalized groups.

Collaboration with the local community is not always easy. In my experiences with CBPR studies, I have worn the hats of a planner, leader, facilitator, listener, observer, reporter, motivator, and synthesizer (O’Brien, 1998). Accomplishing multiple roles successfully requires an ability to maintain effective communication, authentic dialogue, and a calm demeanour. O’Brien (1998) cautions researchers that in the dialectical and collaborative process of participatory research, every person’s contribution to the process is considered significant. Such collaboration is complex as people come from diverse backgrounds and may hold conflicting values. When they are challenged it can threaten the status quo of the practitioners and their previous ways of doing things. I view collaboration as a learned skill that requires practise and commitment. Even though, the CBPR process is very rewarding in terms of its potential to bring together community members for a common goal, in my experiences, that building and sustaining relationships with the community partners is laborious.
Despite its challenges, the success of the CBPR process with ISTEP members in my MSW thesis has resulted in my doctoral collaboration with them. In addition, community organizations such as Mohawk College, the Grand Erie Community Health Centre, the Local Immigrant Partnership and the Brantford Arts Studio came forward to provide financial support or other assistance in this study such as space, time and human resources. Immigrant/refugee women of diverse cultural background were motivated to volunteer their time as participants in this project. My partnership with the ISTEP members continues to evolve. Together, we are committed to disseminating the findings of this CBPR study to local employers, service providers and policy makers.

**Marrying Intersectionality and CBPR**

CBPR and Intersectionality have much in common for a successful theoretical union. Under the acronym COMMUNITY, I compare and contrast the guiding principles of CBPR and Intersectionality as I understand them:

- **Citizen Participation**: refers to any grass-root activity or a form of activism where individuals collaborate to influence decisions that affect their lives for the pursuit of social change (Duffy & Wong, 2003). Similar to CBPR, intersectionality is dedicated to issues of social justice, equity, and social change issues (Hankivsky & Cormier, 2009, Park, 1999). To undertake CBPR and intersectionality work is “to create coalitions and strategic alliances to alleviate poverty, social exclusion, marginalization, and subordination” (Hankivsky & Cormier, 2009, p. 8).

- **Ownership**: In CBPR, from the onset, even though the researcher may be hired to assist the community with a particular social, political and/or economic issue, there is collaboration and shared ownership of the research project between community members...
such as local leaders, representatives of community-based organizations, service users, and/or
government (Park, 1999; Sethi, 2009). In a recent project Reid, Ponic, Hara, Kaweesi, & LeDrew (2011)
integrated the intersectional research paradigm with Feminist Participation Action Research (FPAR)
principles. These authors assert that engaging in a meaningful inquiry with the research participants in
naming social categories for analysis, making sure that the research questions addressed local issues, and
paying attention to participant diversity (multiple identities) uncovered interactions that were relevant to
participant and community experiences. Bringing together intersectional and participatory research where
participants feel a shared ownership in the project has the potential to “generate analyses that cross-cut,
intersect, and expand thinking around social categories” (Reid et al., 2011, p. 108) and further social justice
issues.

Mobilizing for Power: Vigilance to power hierarchies/dynamics as they unfold in the research journey is critical to
CBPR and intersectionality scholars. In creating knowledge for practice and praxis, CBPR and intersectionality
practitioners do not address problems at superficial levels; rather, they problematize the underlying ideologies,
prevailing status quo, discourses, and power structures that contribute to the oppression of individuals/society.
Here, Freire’s (2005) concept of problematizing rather than problem solving is more relevant as the CBPR
researcher’s goal is to disrupt the dominant power structures and help the community uncover its economic,
social and political power needed to build an equitable and just society (Park, 1999). One of the ways that the
researcher can do that is through Knowledge Translation activities that highlight the inequities that exist in society.
Methods: CBPR and the intersectionality framework value a “bottoms-up approach to research, data analysis and planning” (Women’s Rights and Economic Change, 2004, p. 5). As CBPR and intersectionality are grounded in a social justice framework, the analysis and interventions used should highlight the issues of marginalized individuals and/or communities (Park, 1999; Women’s Rights and Economic Change, 2004).

Unanimity: Different CBPR projects employ different consensus criterion (e.g., 51% or 70% of the partner’s agreement); the key standard is that partners as a team unanimously agree. In my experiences, the more geographically dispersed the project, the harder it is to come to some form of consensus. For instance, in my MSW study when members from the rural area could not travel to the City of Brantford for meetings it took several weeks before a consensus was reached. The back and forth of emails and phone calls was quite time-consuming. When members are physically present it is easier to clarify issues and reach an agreement. Keeping lines of communication open in the decision-making processes is important to both CBPR and intersectionality research teams so that they do not lose sight of the project and remain invested in bringing the voices of the oppressed from the margin to the centre (Reid et al., 2011).

Networking: is considered an important strategy for creating social change. An unexpected outcome of CBPR is that “interconnected and interactive social relationships among various individuals or organizations” develop as a result of collective action and are maintained long after the research project is terminated (Duffy & Wong, 2003, p. 69). Reid et al.’s (2011) study demonstrates that when epistemological and methodological perspectives of FPAR and intersectionality are combined, networks and partnerships that
are created with the community and within the research team can extend beyond the project and develop into future partnerships.

**Investment:** As the primary goal of CBPR and intersectional work is social justice, knowledge transfer to social justice communities and policy makers demands an investment of time, funds, and other resources (Hankivsky & Cormier, 2009; Park, 1999; Sethi, 2009). Combining participatory projects with intersectionality requires not only a great commitment from the researchers but also additional “research structures, processes, and resources to support the research team in thinking across categories while simultaneously focusing on sites where multiple identities are performed” (Reid et al., 2011, p.104).

**Tenacity:** CBPR and intersectionality work is not easy. An academic ethics committee may not be accustomed to the additional flexibility that such projects may require resulting in difficulties and delays. As a result students may get disillusioned and lose motivation to continue research (Reid et al., 2011). Despite good intentions, reflexive processes can bring to light internalized oppressions and may cause conflicts with team members (Reid et al., 2011). Confronting various *isms* and processes of othering, problematizing taken-for-granted assumptions, and risking uncomfortable dialogues with the research team or the community can be exhausting. Social, political, and/or economic problems could further hamper research progress. It requires shared tenacity, passion, will, and discipline to bring complex CBPR and intersectionality projects to effective completion (Reid et al., 2011; Sethi, 2009).

**Yields:** refers to the type of learning, knowledge and/or outcome of the research. Both CBPR and intersectionality models produce knowledge that “goes beyond the technical
objective of a particular problem centred project to have implications for the life of the community and the social structure that moulds and puts constraints on individual behaviour and people’s life chances” (Park, 1999, p. 146). In CBPR, “reflective knowledge” -- a type of cognition that improves an individual’s judgment and decision-making process -- is generated due to its commitment to an open and dialogical communication (Park, 1999, p. 146). Similarly, intersectional analysts’ vigilance of what the interaction of processes of differentiation (racialization) and systems of domination (racism) at multiple levels reveal about power brings into awareness the process through which isms (racism, heterosexism, etc.) arise, the context within which subjects become objects, and how subjects resist the systems of domination (Dhamoon, 2011). Even though both CBPR and intersectionality models strive for a holistic understanding of lived experiences, knowledge that results from research is never complete. For example, in intersectionality, a researcher can never have complete knowledge about the working of the intersections or the matrix (Dhamoon, 2011).

To summarize, it is important to point out that when researchers utilize an intersectionality paradigm that does not integrate CBPR methods, the resulting scientific data might not be sufficient to enhance the targeted community’s well-being. As CBPR enquiry is deeply rooted in the concerns of the community the resulting data is responsive to the targeted community concerns and issues (Thomas, Donovan, Sigo, Austin, & Marlatt, 2009). My doctoral thesis enquiry, for example, was initiated by ISTEP’s concern for KAAJAL women’s integration in Grand Erie. Similarly, when researchers utilize CBPR without an intersectionality theoretical lens, they risk falling into the trap of binary thinking and most likely will miss addressing the complex and intersecting forms
of isms (racism, sexism, ableism, heterosexism, and other such isms), power relations and oppressions that reflect the lived experiences of immigrant/refugee KAAJAL women.
CHAPTER IV: THE RESEARCH PATH AND PROCESS

Photograph 4: Collaboration

The above photograph is an excellent example of the participatory process that underpins my study design. In the above photograph Rudo is clearly stating “we are not the same” but “when we work together we produce the same fruit.” Rudo believes firmly that regardless of employees’ diverse cultural backgrounds there is a need to work together for the common goal or to produce the same fruit (meaning increase company productivity). Rudo’s photograph reminds me of this thesis. ISTEP members and I differ in our cultural, economic and social background, yet, in this study we have worked together to accomplish the same goal (or to produce the same fruit). Our collective purpose is to understand the employment-health link. Our hope is that the study findings on employment and health will help to improve KAAJAL women’s settlement experiences and outcomes in Grand Erie.

Research Methodology

In collaboration with ISTEP members I decided on a qualitative project. Qualitative methodology fits the research objective of producing knowledge about the working lives of KAAJAL women as its focus on research processes allowed me to dig
deeply through the superficial layers of women’s lived experiences. I hoped to uncover the nuances and the hidden meanings of their employment and health experiences.

The complex and rich landscape of qualitative research includes diverse empirical materials, methods, and practices that are utilized to tap into a deeper understanding of human experiences (Denzin & Lincoln, 2005; Rubin & Babbie, 2005). As a qualitative researcher, I am always searching for new and alternate ways of representing women’s multivoiced texts (Denzin & Lincoln, 2005; Vidich & Lyman, 2000). Particularly, the artistic/creative, interpretive/revealing and political/social justice nature of qualitative enquiry that is committed to emic (rather than etic) idiographic (rather than nomothetic) and thick/rich description (rather than thin) attracted me to pursue this methodology (Denzin & Lincoln, 2005) in my doctoral work with immigrant/refugee KAAJAL women. Some general assumptions about qualitative design (Creswell, 2003; Denzin & Lincoln, 2005; Rubin and Babbie, 2005) are summarized below:

- Qualitative researchers conduct research in a natural setting (e.g., people’s home, institution or another natural setting) rather than a laboratory;
- Qualitative researchers are the principal instrument for data collection;
- Qualitative researchers are primarily concerned with process (how things occur) but also pay attention to the outcomes or products;
- Qualitative researchers are interested in an in-depth account of the research phenomenon and in capturing the nuances and deeper meaning of people’s lives;
- Qualitative researchers believe in multiple realities, truths and meanings;
- Qualitative research is an emergent design
• Qualitative data emerges in the form of *words or artwork* such as photographs or digital stories.

Within the qualitative project, I selected an arts-based inquiry in the form of modified photovoice. The potential of qualitative and arts-based inquiry allowed me to enter the private and public lives of KAAJAL migrant women and navigate the often neglected spaces between their experiences of employment and health.

**Arts-based Inquiry.** McNiff (2007) defines arts-based research as:

> The systematic use of the artistic process, the actual making of artistic expressions in all of the different forms of the arts, as a primary way of understanding and examining experience by both researchers and the people that they involve in their studies (p. 29).

The core values of arts-based inquiries reflect a constructivist stance on research in that it privileges multiple truths over one truth and assumes that knowledge is socially constructed, contextual, contingent, and evolving (Estrella & Forinash, 2007; Leitch, 2006; Oliffe, Bottorff, Kelly & Halpin, 2007; Wang & Burris, 1997). Arts-based methods include, but are not limited to, narrative inquiry, photography, poetry, music, performance, dance, and visual arts. I utilized photovoice as a participatory tool within CBPR to explore KAAJAL women’s employment and health experiences.

**Photovoice.** As a researcher I have lived with the haunting ache that the methods that I have utilized in the past (survey questionnaire and interviews) are limited in yielding a holistic and contextual understanding of the participants' experiences. In my MSW study, for instance, I found a discrepancy between the quantitative and qualitative data of the female participants. While their quantitative survey responses suggested that
their mental health was ‘good’ the qualitative responses painted a picture of depression, isolation, and sadness. Even though I made every effort to incorporate various data collection tools (quantitative and qualitative), I was left with a feeling that this research had obscured significant knowledge about women’s lives.

As a South-Asian immigrant woman, and an activist, I am in agreement with other scholars that photovoice -- an image-based methodology -- has the potential to empower the marginalized and vulnerable populations by giving them voice and visibility. What differentiates photovoice from other qualitative methodology is that the participants are fully in-charge of the creation of their images and the narratives that emerge from the photographic process. Photovoice method offers participants the flexibility to capture their experiences in different “behavioural and social settings,” and through thoughts, moments, and ideas (Wang & Burris, 1997, p. 372). In this way, participants’ visual images shed light on the varied crevices of society’s structures and provide a new insight into the political, cultural, and historical issues.

Building on the methodological foundations of CBPR, photovoice previously referred to as *Photo Novella* (Wang& Burris, 1994) was introduced by Caroline Wang (1999). Inspired by noted Brazilian educator Paulo Freire’s “education for critical consciousness,” feminist theorizing, and documentary photography, photovoice attempts to bring “new or seldom-heard ideas, images, conversations, and voices into the public forum” through a dialogic process between the participants and researcher (Wang & Redwood- Jones, 2001, p. 561). Paulo Freire (2005) utilized photographs to capture the lived experiences of the marginalized in society from their own perspective. Through a dialogic and participatory inquiry he assisted them to reflect on their oppression. He
argued that it is through the process of interpretation of the images that participants recognized their reality, raising their critical consciousness and thus, as informed subjects they participated in their own freedom from oppression (Gordon, 2005; Singhal & Devi, 2003). I am inspired by research that contributes to the construction of a better world. Also grounded in feminist thought, photovoice transforms the participants from objects of research to actors, bringing women’s voices to the forefront of community discourse, thus making their lived experiences visible in a patriarchal society. For example, Wang & Burris’ (1994, 1997) analysis revealed that their study participants reported increased self-worth and felt empowered to make changes that affected their lives.

Wang and Burris (1997) identified three main goals of photovoice: recording and reflecting upon the community’s strengths and concerns; discussing issues of importance to the community in large and small groups to promote critical dialogue and produce shared knowledge; and reaching policy makers (p. 369). Although I am aware that no methodology will ever provide a ‘complete’ picture of participants’ lives, yet, by combining the power of photography with women’s stories “we might better understand the context that women confer to their lives and health conditions” (Wang, 1999, p. 186). This vivid methodology is appealing to me as it seems to have a proven ability to generate new knowledge for marginalized populations who never previously had the opportunity to share, interpret and voice their lived experiences in a creative and nuanced way (Sutherland & Cheng, 2009).

**Participant Recruitment Strategies.**

My criteria for participant selection were as follows: female migrants from KAAJAL regions; engaged in paid work for at least two years within the region of Grand
Erie (it takes approximately two years for immigrants to integrate in the labour force [Pio, 2005]); were Grand Erie residents at the time of study; spoke English, Hindi, Punjabi, Arabic or Spanish (we had translation services available for these languages); and, were voluntarily willing to participate in the study.

In order to enhance the diversity of the sample in regards to gender, race, age, educational and professional background, ability, sexual orientation, and occupation, I employed a combination of recruitment strategies (Rubin & Babbie, 2005). First, in keeping with the principles of CBPR, I collaborated with the ISTEP advisory group to recruit participants from various visible minority sub-groups; second, I promoted the research at community multi-cultural and other events and through the local media; third, I consulted with key informants from diverse ethno cultural groups, such as religious leaders, on recruiting immigrant/refugee women of colour; fourth, I posted recruitment fliers (Appendix D) in laundromats, ethnic stores, grocery stores, and other such places frequented by KAAJAL women; and fifth, I sent out research information to local media in Grand Erie (Appendix B - Media Release). I gave a joint interview at the local Rogers TV with an ISTEP member.

Recruitment, data collection, and data analysis was a simultaneous process occurring between April 2012 to January 2013. Reflecting upon the strategic recruitment of participants in my study, this process mirrored theoretical sampling of Constructivist Grounded Theory Method (CGTM). In the spirit of advancing Grounded Theory (GT) methods in the 21st century, Charmaz (2006) advocates for a constructivist approach. Her reconceptualised Constructivist Grounded Theory Method (CGTM) contrasts with the objectivist Grounded Theory (GT) approach that disregards “the social context from
which data emerges” (Charmaz, 2006, p. 131). CGTM principles support my ideological imperatives and epistemological position that research is an interactive, intersubjective, and an interpretive process. In this view, data (and theory) emerges from the shared experiences of the researcher and participant in a particular context--such as time, place, and culture--rather than being discovered, as a positivist tradition of GT proposes, and is influenced by the researcher’s epistemology and ontology (Charmaz, 2005, 2006).

Gordon (2009) notes:

To assert that knowledge is constructed, rather than discovered, implies that it is neither independent of human knowing nor value free. Indeed, constructivists believe that what is deemed knowledge is always informed by a particular perspective and shaped by various implicit value judgments. (p. 39)

I reassert that I did not enter the field with a blank slate. The extensive systematic review as part of my comprehensive exam, my research interests, epistemology, social justice perspective, and my previous studies on immigrant issues in Grand Erie (Sethi, 2009, 2010) sensitized me and acted as “points of departure to form interview questions, to look at data, to listen to interviewees, and to think analytically about the data” (Charmaz, 2006, p. 17). Due to my difficult work experiences as a south-Asian immigrant woman in Canada, for example, I was interested in understanding the strategies participants’ utilized to cope with difficult work situations. That does not mean that I “imposed” these ideas onto the data, but, clearly I was analysing the data from this conceptual frame. I remained open to emerging concepts during successive level of analysis. Even though earlier versions of GT did not address issues of power, taking a constructivist approach to
data analysis means being alert to the conditions that produce and sustain “hierarchies of power, communication and opportunities” that marginalize individuals in society by “learning when and to what extent the studied experience is embedded in larger and often, hidden positions, networks, situations, and relationships” (Charmaz, 2006, p. 130).

In Charmaz’s CGTM, the researcher utilizes theoretical sampling to further refine and enrich their analysis. In my observation, theoretical sampling is often confused with recruiting to create a demographically representative sample or stopping the sampling when no new themes emerge. Rubin & Babbie (2005) describe theoretical sampling:

Theoretical sampling begins by selecting new cases that seem to be similar to those that generated previously detected concepts and hypotheses, but that once the researcher perceives that no new insights are being generated from observing similar cases, a different type of case is selected, and the same process is repeated until the observation of different types of cases seems to be generating no new insights. (p. 446)

The recruitment occurred in several phases:

A total of 43 participants contacted me directly expressing an interest in participating in the study. Aside from these 43 participants, I also had others who heard about the project and expressed interest. As a result, I had a rich and diverse pool to sample from. I started from excluding people who did not fit the criteria: for example, some European immigrant women wanted to participate, however, they did not fit the selection criterion because they were not born in the KAAJAL regions. I also excluded two Chinese women who did not fit the employment criteria of engaging in paid labour in Grand Erie. I kept the names of prospective individuals who had expressed interest but
had not attended the orientation session in case I needed them for future inclusion. I recruited ten women who fit the selection criteria.

It is important to note that the process of data collection, writing memos and analysis was a cyclical process. I discussed the initial findings from the analysis of ten interviews with my ISTEP advisory committee. We reflected on the initial codes. These initial codes guided me where to go next. For example, I wondered if a woman’s decision to work in the paid labour force, whether forced or voluntarily, impacted the relationship between work and health. At this stage, all the participants in my sample were forced into paid labour as their husband did not make enough money to support the family.

I recruited two women whose husbands made sufficient money and explored their reasons for engaging in paid employment. I realised that the women’s decision to work to support the family and to contribute to society had some impact on the work-health relationship. I then started wondering about employed women who were married and whose husbands’ income was sufficient to support the household; what were their reasons for engaging in paid labour?

I recruited the next three women whose husbands made enough money to support the family and probed into their reasons for working. I found that work was closely related to their sense of identity. I went back to the three women whom I had first interviewed and asked them “If you won a lottery, would you still work?” Or, “If your spouse made sufficient money to support self, would you still engage in paid labour?” They indicated that they would indeed continue to work because they wanted to use their university education and previous work experiences to earn income and benefit society. However, they would then be able to choose where to work rather than being forced into
menial labour. It was clear to me that while they cherished their primary role as wives and/or mothers, their decision to work was closely related to their sense of identity and self-worth.

Even though, I had now surpassed the sample size of 13 that collaboratively ISTEP members and I had decided was sufficient for the photovoice project, after I had completed another level of analysis from the transcript of 15 participants, I started noticing that women were comparing their life situations in Canada with their life in their country of origin. For example, I coded data as: Past self-versus present self; Life in Canada versus Life in their home; Work atmosphere in Canada versus Work atmosphere in their home country and Health in Canada versus Health in their home country. I shared my findings with the ISTEP advisory. An advisory member deeply contemplated on the women’s stories and photographs. He then asked me: “What is their point of reference for being happy/unhappy and/or satisfied/unsatisfied with life and work situation in Canada?” (J. Cowan, personal communication, July 22, 2013). I immediately connected his question to the codes I described above. Later I went back and revisited all of the data that I had collected. The initial codes described above became a category ‘Frame of Reference’.

I re-examined the interview transcripts to understand how those comparisons impacted the participants’ sense of well-being and happiness. I was intrigued by their comparison. I noticed women’s sense of wellbeing or ‘satisfaction with life’ was closely connected to their expectations about their life and/or work situation in Canada prior to migrating as well as whether they perceived their current life situation better or worse than prior to migrating. In my efforts to refine and challenge this category, ‘Frame of
Reference’, I recruited more women who had been in Canada for a longer time (about 10 years) to understand if after spending ten years in Canada they continued to perceive their current life and/or work situation with the quality of life they had back home. Until this point, most women in my study had portrayed a life that was more comfortable in their home country than in Canada.

In my effort to further test the theory and understand the relationship between the women’s sense of emotional well-being and their perception of life in their country of origin I recruited women whose quality of life (due to economic, social and/or political situation) was worse than their current situation in Canada. I recruited Arzoo, an Arab lesbian for whom, even if the political situation improved in Iraq, being “open” about her sexuality would pose a risk to her life. This strategy is known as negative case sampling where the researcher searches for a case to disconfirm their findings. At the end of 20 interviews, I was confident that I had completed data collection until theoretical saturation. It is important to note that in CGTM it is not necessary that the initial code becomes a definitive code (Charmaz, 2005). It is at this junction when I had completed recruiting 20 participants that I truly began to gain insight into the complexity of the work-health relationship.

**Data Collection**

I used modified photovoice methodology to collect data. In a typical photovoice project, participants meet in groups to share, discuss, and analyse participant generated photographs. I modified the photovoice data collection procedures to suit the needs of the participants. I gave the participants the choice to be interviewed individually, in dyads, triads, or small groups of 4-5. While I recognize the importance of group dialogue in
identifying community issues, I was interested in hearing women’s individual employment and health narratives pre and post migration. Below, I outline the reasons for modifying photovoice by first summarizing the rationale for giving women a choice to engage in the photovoice process individually, in dyads and/or triads. I will follow this with the procedural aspects of data collection.

**Reasons for Modifying Photovoice.**

1. Women had a choice to do the interviews individually, in dyads, and triads rather than rely on data generated through large focus groups. This was important because predominantly researchers have explored the post-migratory experiences of immigrant/refugee women neglecting their pre-migration history of employment. Without gathering pertinent pre-migration history, it would be difficult to gain a holistic understanding of their experiences. In large focus groups, it would be challenging to explore individual women’s life stories; that is, to understand how participants experienced their health based on their pre and post-employment experiences and in the neglected spaces in between (the temporal spaces of transition from pre to post-migration).

2. As a researcher and an activist, I want to bring issues of power, inequality, voice, and consciousness into the discourse of inquiry. The integration of stories from the participants ‘standpoint, and understanding their interpretation of what is ‘helpful’ and ‘unhelpful’ to them is integral in developing policies and programs for immigrant women. My concern in using large focus groups exclusively to generate themes and categories is that participants may not be comfortable discussing intimate issues. Any doubts I had in regards to modifying the photovoice methodology and choosing
individual interviews rather than focus groups were erased when some participants shared intimate information about their reproductive lives and childbearing decisions, which they themselves acknowledged they would not be able to reveal in a group setting. Knowledge about women’s reproductive health and childbearing decisions remains largely underexplored. Such insight is essential to develop employment and health policies and programs since Canada continues to rely upon immigrant women for its population growth. Giving women a chance to be interviewed either individually or with another female participant with whom they are comfortable sharing their “collective story” allowed me to capture the nuances of women’s settlement experiences.

3. Often, immigrant/refugee women are working two jobs and are responsible for domestic and workforce production and unable to voice their concerns within the time-limitation of focus groups. I wanted to allow women the flexibility of time.

4. My MSW study clearly documented the transportation difficulties experienced by immigrant/refugee women due to the poor transportation infrastructure in Grand Erie, especially in the rural areas. As a service provider in this community, I am aware that certain vulnerable populations are excluded from important discussions because of transportation barriers. By altering the photovoice methodology to accommodate dyads and triads of women’s choice, I was able to conduct separate sessions in the City of Brantford, and Brant, Haldimand and Norfolk counties, thus, gathering information from rural geographical areas. By interviewing women individually, I was able to travel to the participant’s choice of destination or interview them at the location of their choice thereby reinforcing inclusiveness, an important tenet of CBPR. Below I describe the various phases of data collection.
Phase one: Orientation to photovoice

Recruited participants were invited to attend an orientation session. I gave the participants a choice of location—the participant’s residence, coffee shop, the local library or at Wilfrid Laurier University campus.

Phase two: Completing the Paper work

Participants were asked to sign the consent form (Appendix C) and complete the ‘Getting to know you’ questionnaire (Appendix E).

Phase three: Photovoice Ethical Procedures

Participants were given digital cameras to record their employment and health experiences. They were also provided with a notebook that they could use for recording details of their photovoice training and/or any thoughts and feelings emerging from the interviews and photographs. As digital cameras are expensive, Powers, Freedman, & Pitner (2012) recommend that researchers have participants acknowledge the receipt of camera in writing. Upon receiving the cameras, the participants signed the Acknowledgment of Camera agreeing to return the camera in the event that they withdraw from the study. After the paper work was completed, I explained the ethical guidelines that were necessary to adhere to while taking photographs (See Appendix F for Photovoice Privacy and Ethics Form that includes the camera acknowledgment section and explains the ethical guidelines).

Phase four: Camera Training

I retained a photographer who signed the confidentiality agreement and provided training to participants in the use of camera. For their safety, women were also advised that they should use the buddy system when taking photographs.
Phase five: Interviewing

In this phase, I gathered the participants’ employment and health stories. With the women’s verbal permission, I downloaded the participant generated photographs to my computer. When necessary, I utilized a semi-structured interview guide that consisted of few broad and open-ended questions and short phrases as probes to prompt conversation (Appendix G).

As an intersectionality researcher, it was important to be vigilant about how various power relations such as race, class and gender simultaneously intersected to influence these women’s pre and post-migratory lives. To capture these intersectionalities, Murphy et al., (2009) advise that the researchers must be “intentional” in their questioning and articulate questions that allow them to identify the intersectional dimensions embedded in participants’ stories (p. 53). An example of an intentional question that I asked the participants in this study was ‘Tell me about your employment or health experiences as a KAAJAL immigrant/refugee woman living in Grand Erie?’ rather than ‘Tell me your employment or health experiences.’

Like Murphy et al., (2009) Bowleg (2008) has recommended that the intersectionality researcher must be cautious of the wording of their questions because the consequence of asking additive questions is that the researcher will get additive answers. While I paid attention to these authors’ recommendations, I was also cautious to ensure that I did not impose any categories onto my questioning or ask participants to rank categories. For example, I did not ask, “Do you think you were marginalized more due to race or class?” Rather, I allowed them to name their categories of oppression. For example, I wanted to know about participants’ biggest barrier to finding work as
immigrant/refugee KAAJAL women. Here participants ranked the categories according to their experiences. While most of them named ‘lack of Canadian experience’ as the biggest barrier, others then categorized the remaining barriers based on their individual social context. For some, it was age, for others it was geography, and so on. I must add that even though I was vigilant about the wording of my questions so as not to fall prey to ‘additive’ or ‘multiplicative’ claims of oppression/domination (for example, race plus class plus gender is triple oppression) I struggled with framing my questions in ways that were “intersecting, interdependent, and mutually constitutive, without resorting, even inadvertently, to an additive approach” (Bowleg, 2008, p. 314). Most times I invited “the interviewee to discuss her identities and experiences however that best resonated with her” (Bowleg, 2008, p. 315).

To locate the nuances of women’s self-generated photographic images, in my questioning I integrated a similar technique as Wang’s (1999) “SHOWeD” (p. 188) approach but changed my questions. Using acronym SHOWed, Wang (1999) asks participants the following questions: “What do you See here? What is really Happening here? How does it relate to Our lives? Why does this situation, strength or concern exist? and What can we Do about it?” (p. 188). I felt my questions would be more suitable for individual interviews and to extract information related to the research question. The questions were designed around the following themes: 1) Choice -Why did you choose this particular photo? 2) Theme-Tell me about the person, place, thing, colours, etc. in the photograph; 3) Relationship- How does the photograph relate to you, your family, community, nation, work and health link? 4) Issues- What are the individual and/or
societal issues your photograph addresses?; and 5) Message - What message do you want to give employers, health care practitioners, and/or policy makers through these images?

The process of interviewing that I followed can be described as a dialogue between two people that was not tightly structured or linear. Women’s employment and health stories flowed freely between their description of the photographs, answering my questions, and other stories that they found relevant to the project. The discussion of their self-generated photographs did not follow a numbered sequence. When they felt that the response to my question was depicted in a photograph, they pointed to it and explained what that photograph portrayed. At other times, they explained their meaning of the photographs in the form of a theme or a pattern, even suggesting a certain sequence of time. For example, Marcela took a photograph of a green and partially red tomato (Photograph 38). She explained that the green tomato depicted the time when she was raw and ‘unripe’ (her first year in Canada), and the red tomato signified a time in Canada when she had opportunities to retrain (such as upgrading her education skills). However, in the future she would like to ripen into a fully red tomato, meaning that she would one day like to be able to live to her full potential in Canada.

The interviews were approximately 60 to 90 minutes in length. All interviews were audiotaped, transcribed verbatim, and checked for accuracy. I asked transcribers to record the nonverbal ‘umms’, ‘aaahs’, and other such essences of verbal dialogue. The participant’s voice is more than verbal sound and authentic dialect. It includes social context and embedded meanings (Bird, 2005).
Phase six: Photo-selection and Naming

The purpose of this meeting was to select the photos that the participants were willing to share with the ISTEP members, advisory committee, local community, and the public. In this meeting participants also named their photographs. While most participants selected the photographs from those they had shown me during the first interview, others had taken additional photographs. My sense is that the first interview ignited the creative task that photography requires. Once they had articulated their experiences in words during the first interview, it helped them visualize better how to portray their experiences in images. I asked women to describe the meaning of their new photographic images. I found using the format Choice, Theme, Relationship, Issues and Message that I used during the first interview was helpful to understand the participant’s perspective of what they found relevant and important in their lives. I also gave women the opportunity to further elaborate or clarify the meaning of the photographs that we had already discussed during the first interview. This meeting lasted between 20 to 30 minutes. Most women utilized the notebook to record their thoughts about the photographs and some of them simply read what they had written, providing me with a copy of their reflective notes. It must be noted that phase six was repeated several times with certain participants until they were satisfied with their photographs.

Phase seven: Focus Group

Participants were invited to come together to hear the main themes and to reflect on these findings. A volunteer and I took detailed notes of this session.
Phase eight: Knowledge Translation (KT)

Another way, Denzin & Lincoln (2005) assert that validity and credibility of action research is measured is “by the willingness of local stakeholders to act on the basis of the results of the research” (p. 34). As CBPR work is grounded in solving local issues it is critical to showcase the findings, the good and the ugly, the simple and complex, and unmask the hidden truths. In April 2014, a Knowledge Translation activity is planned of the women’s photographs at the Wilfrid Laurier University Brantford campus in the form of an art exhibit. Service providers, employers and policy makers will be invited to view these photographs.

Data Analysis

Except for the demographic information which was analysed using SPSS statistical software, the data analysis was qualitative. I emailed the participants a copy of the transcribed interview to check for accuracy. In regards to the two participants who did not want to be audiotaped, as per their request, I met with them and shared my detailed interview notes.

Even though intersectionality as a theory is now well developed, my literature search on doing intersectionality data analysis yielded very little information. Thus, from the limited literature on ‘how to do intersectionality’ in regards to qualitative data analysis I drew on the procedural insights of Bilge (2009), Bowleg (2008), Charmaz (2005, 2006), McCall (2005), and Murphy et al., (2009). Data analysis emerged in three main stages.
Stage one: Using the constant comparative process common in CGTM (Charmaz, 2005, 2006), data analysis progressed in the following sequence: Initial Codes, Focused Codes, Categories, and Themes.

Level one - Initial Codes: I coded every line of the transcript with active initial or open codes. I identified phrases that suggested action and processes most significant to the participants such as ‘being the sole bread winner of the family’. Overwhelmed with the line-by-line coding, I found NVivo -- a qualitative software package -- a valuable tool to sort, organize and index data (Welsh, 2002). Even though line-by-line coding is wearisome, it allowed me to capture the nuances embedded in narratives that can be easily missed if I coded larger segments (Charmaz, 2005, 2006). Using Nvivo’s ‘memoing’ tool I was able to link my memos to particular texts, thus serving as a reflective and time-saving device. Line-by-line coding acted as an analytical safeguard guiding me during the building stage of my analysis to create codes that reflected the participant’s reality rather than my views on the matter. This strengthened the foundation of my analysis. For example, a participant’s statement, “This is my Karma (fate)” had stirred up many negative emotions for me. At the time of the interview I responded by ‘shutting down’ and missed a great opportunity to probe further into her meaning of her Karma. As I reflected on my reaction to the participants’ statements, I later followed up with them on their meaning of Karma. Thus, I was able to place it in the context of their lives rather than on the teachings on Karma that I grew up with. I saw that Aishwarya and Gayatri had a good life with their parents and spouses. Their belief of Karma did not include that they deserved the hardships that they experienced in Canada. Despite their hardships they were resilient and worked hard to make a good life for themselves in
Canada. They believed they deserved the best. This reflection offered insight into the concept of ‘Agency’ that materialized as one of the categories in this study.

In vivo codes, as symbolic markers, reflect uniqueness of social worlds, condensed meanings of a general term, and the individual’s perspectives of a situation (Charmaz, 2006). Consider the In vivo code in this study: ‘I was the only Black Dot’. At first glance I would have interpreted it as related to racism. However, through reading and re-reading each line of the text the ache in Janavi’s voice and her desire to belong and connect with her colleagues became alive. It alerted me to her meaning of ‘Black Dot.’ She was the lone black employee in her department populated by White people. I interpreted her statement as an expression of isolation rather than discrimination. This notion of ‘Black Dot’ resonated with the other participant’s post-migration context although they used simpler terms such as ‘only black woman’.

Level two- Focused Codes: I grouped multiple initial codes to develop focused codes. For e.g. the focused code ‘Expectations do not meet reality’ was create by combining codes such a deskilling, discrimination, and moving from good situation. The focused code, ‘Sex and Gender’ is a result of grouping and open codes related to women’s biology.

Level three -Categories: I constructed the Categories by identifying similarities, differences, key words, phrases common ideas, and variations in the data. Memoing helped to link the various levels of analysis and clarify the studied experience of the participants. For example, I wrote the memo on ‘Biology and Work’ (Appendix G) during the initial coding phase when Gayatri described how factory work was hard on her body. I returned to literature on the economic and health integration of KAAJAL women
but could not find much scholarship on the direct relationship between age or biology and type of work. I made a deliberate effort to seek this information from the other participants by asking them questions about the nature of their work and the impact on their body. Some meaning units fit more than one category. For example, ‘deciding not have children’ fits categories, ‘Expectations do not meet Reality’, ‘Health Issues’ and ‘Agency’. Once I was satisfied that the categories explained the phenomenon under exploration and it reflected the participant’s experiences, I stopped constructing categories.

**Stage two: Bringing intersectionality into the Analysis**

At this stage, the goal was to move beyond the individual data and understand how the participants’ lived experiences were possibly shaped by their membership in different kinds of groups such as race, class, immigrant status, geography, and other socially constructed categories. This approach was deductive as I was using knowledge of pre-existing codes or categories of difference (e.g. race, class, sexuality etc.) to analyse my data (Bilge, 2009). Another difference between inductive and deductive approach is that “while the inductive analysis is grounded in the data, a theoretically informed analysis framework guides the deductive analysis” (Schadewitz & Jachna, 2007, p. 2).

The demographic information that I gathered in the ‘Getting to know you’ (Appendix E) sheet provided some background information about the participant. It was vital to interrogate the complexity of race, class, immigrant status, geography and other socially constructed categories as locations of power and how they intersected to influence the participant’s social identities and experiences (e.g., liberate or oppress them?). As I have argued earlier from a Prins’ (2006) constructionist intersectionality
stance, race, class, gender, and sexuality are not mere categories to be named, rather, these markers of identity provide important resources for narratives (Prins, 2006). As participants’ realities are co-constructed, multiple and subjective, using a constructionist intersectionality stance for data analysis (Prins, 2006) meant paying attention to women’s shifting identities, their agency, and relational aspects of power. I was interested in bringing to the surface of my analysis the complexity of women’s diverse experiences and their particular historical, political and social standpoint in relation to employment and health within a single category of KAAJAL women. This stage involved two levels of coding:

*Level one-* I read through the transcripts (raw data) line by line to identify the various markers of difference. My focus here was not on demographic information such as “I am a black immigrant woman” rather on what that marker of difference (race) revealed about power and thus, how it shaped the participant’s employment and/or health experiences. For instance, when I came across participant statements, a line or a paragraph that suggested that women were marginalized or privileged due to a certain marker of difference (such as race, class or immigration status) I coded that particular section as ‘Race’ or ‘Class’ or ‘Immigrant Status’ depending upon the context. Harmony’s statement clearly identifies ‘Race’ as a barrier at work since colour is the defining marker of race and so I coded this section as ‘Race’.

I think it was because of the colour that I don’t get jobs, because when I go for the interview, and you could see like…I could see, I feel bad, I was so well prepared for my interview (being well prepared), but I don’t know what happened. *(Code: Race)*
Consider Enigma’s statement, “I was dependent upon him when we are here first...I think three years” (Code: Immigrant status). Enigma came to Canada under the Family Class Sponsorship Policy and as a result she was restricted to certain privileges that other immigrants had such as access to certain government programs during the first three years as her husband, the sponsor, was responsible for her financial needs.

*Level two*- At this stage I wanted to examine the intersections between various markers of difference. The focus of analysis “is not on the intersection itself but on what the interaction reveals about power” (Dhamoon, 2011, p. 234). It meant that I had to go back to the codes marked ‘Race’, ‘Immigrant Status’, and so on, and read those passages again to understand if certain intersections played out in women’s stories. Here, I viewed the relationship between women’s stories and the intersectional perspective in dialectical terms. As Murphy et al. (2009) posit:

> Because intersectionalities are neither static nor always salient, the question of whether and how intersectionality is being played out in the data can only be answered by a careful analysis of the interplay between the theoretical frame and the data (p. 55).

Such a dialectical approach is typical of CGMT.

Interestingly, in level one of the intersectionality analysis I did not identify ‘Canadian experience’ as a marker of difference. It was in level two analyses after I had identified all of the possible known intersections and swept through the transcript again I saw clearly that ‘Canadian experience’ was definitely a ‘marker of difference’ meaning, it was associated with privilege. Those who had access to this privilege were more likely to find high paying and high status employment compared to those who did not. The lack
of Canadian experience marginalized all of the participants in my study. It is due to the simultaneous intersections of nationality (born in a non-European nation), race (South-Asian or Chinese) and Canadian experience that women were deskillled. It is through a rigorous and repetitive process of analysis that I was able to observe how Canadian experience, nationality and race mutually construct one another. I went back to literature to see if this category was defined as a ‘marker of difference’. Below I highlight a couple of examples of level two analyses.

Example one: consider Janavi’s narrative

U! Well, when I first came to Canada (Code: Immigrant status) I was applying for jobs everywhere. I had my Human Resources (HR) diploma from Singapore. With British Equivalent education I thought I could get a good job here quickly. I spoke English well. My education was in English. Still I did not get any jobs (Code: Nationality). So I spoke to a local bank manager and asked why even with English language and HR certification I am not getting a job. He said it was my name. With my name they (employers) wouldn’t touch my resume (Code: Race).

In the above narrative, immigrant status, nationality and race intersects simultaneously to restrict her entry into the labour market.

Example two: consider Alma’s statement:

There are many obstacles in my way to settle down in Canada. One, immigration law which forbids me to get trained or to learn (Code: Immigrant status). Other barriers are language, not having my Mexico experiences recognized (Code: Nationality), not having Canadian experience which is impossible to get when you are new here (Code: Canadian experience).
In Alma’s narrative immigrant status, nationality and Canadian experience intersected to marginalize her.

**Third Stage of Analysis. Integrating CGTM with Intersectionality**

As an intersectionality researcher, it was important to shed light on what the interview data explicitly revealed and on the subtle multilayered intersecting accounts” (Prins, 2006, p. 282). In this final stage of analysis, my aim was to connect the different levels of analysis and produce final intersectionality themes. I wanted the final analytical themes to go beyond describing events, behaviours, links, structures, or specific experiences to reflect themes that emphasised multiple stories. I wanted to connect micro (individual) with the macro (power structures that oppressed or liberated them) while paying focused attention to their employment and health stories. I compared and integrated CGTM analysis with intersectionality analysis so that the resulting analytical themes were a trustworthy account of participants’ lives. I compared interview data, participants’ stories of their photographs, codes, memos, categories, CGTM themes, concepts for similarities, differences, patterns and relationships and various intersectionalities that emerged in Stage 2 of the analysis.

The descriptive themes that emerged through GT analysis were *Bida*; *Work and Health*; and *Decision to Stay*. After completing level one and two of the intersectionality analysis it became clear to me that these themes were not representative of multilayered stories and also did not bring to the surface intersectionalities between micro and macro factors in shaping women’s individual and collective experiences. I am referring specifically to the influence of immigration and labour market policies and the impact that these systemic factors had on these women’s lives. Thus, I refined these themes and the analytical themes that resulted from integrating GT and intersectionality analysis
were: Migration Landscape; Work, Health and Family Intersections; and Adjusting to Canada. See Figure 1 for Data Analysis Flow Chart and Figure 2 for pictorial representation of coding and analysis.

**Figure 1: Data Analysis Flow Chart**

1. Interviewed Participants
2. Transcribed Verbatim

**(Step 1) Initial Coding produced Free/Open Codes (CGTM)**

(Examples)

- Being economically stable
- Having arranged marriage
- Never worked in factories
- Having a promising future
- Being happy
- Being healthy
- No time for leisure
- Longing community
- Living in poverty
- Moving from good to bad situation
- Health deteriorating
- Separated from husband
- Living with in-laws
- Missing child
- Migrating for better life
- Not having a child
- Missing elders
- Needing Canadian experiences
- Being discriminated
- Being bullied

**(Step 2) Selective Coding produced Focused Codes (CGTM)**

Examples

<table>
<thead>
<tr>
<th>Pre-migration economic context</th>
<th>Pre-migration social context</th>
<th>Post-migration economic context</th>
<th>Post-migration social context</th>
<th>Immigration policies</th>
<th>Volunteering Chant</th>
<th>Deskilled</th>
</tr>
</thead>
</table>
(CGTM inductive process)

**Step 3**: Combining Focused codes to Produced Categories

<table>
<thead>
<tr>
<th>Bidai</th>
<th>Forced Migration</th>
<th>Expectations do not meet Reality</th>
<th>Health Issues</th>
<th>Resilience</th>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frame of Reference</td>
<td>For the sake of Children</td>
<td>Moving Forward</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Step 4**: Combined Categories to Produce Descriptive Themes

<table>
<thead>
<tr>
<th>Bidai</th>
<th>Work and Health (Health issues, Agency &amp; Resilience, Frame of Reference)</th>
<th>Decision to Stay (For the sake of Children and Moving Forward)</th>
</tr>
</thead>
</table>

Coding for categories of difference (e.g. how does race, class, and other markers of difference impact participants’ lives?)

Intersectionality Analysis (Deductive Analysis)

Coding for intersectionalities
(e.g. how do markers of difference intersect to shape participants’ lives?)

**FINAL ANALYTICAL THEMES** (GT and Intersectionality analysis)

| Migration Landscape  
*Bidai and Forced Migration* | Work, Health & Family Intersections  
*Expectations do not meet reality, Work and Health, Health issues, Work and Family and Agency & Resilience.* | Accommodation  
*For the sake of Children and Moving Forward* |
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Figure 2: Pictorial Representation of Data Analysis

Step one
Grounded Theory Analysis

Focused codes
Categories
Descriptive Themes

Initial codes

Step Two & Three
Intersectionality Analysis

Coding for Markers of Difference (e.g. race, class, nationality)

Coding for Intersectionalities (e.g. race intersects with class and nationality)

Reflecting on GT descriptive themes and the intersectionalities

Integrate GT and Intersectionality Coding to develop Analytical themes

Initial codes
Analytical Themes
Focused Codes
Categories
Descriptive Themes

Coding for Intersections
Coding for Markers of Difference
Establishing Rigor

Padgett (1998, 2008) argues for trustworthiness as an essential evaluation criterion to assess the rigour and accountability of the study. As a participatory enquirer, when I think about trustworthiness I ask myself the following questions: How credible is my research process? (e.g. the extent of research collaboration with the research partners); How credible are my interpretations and findings in relation to the participants as well as the research community? (e.g. are my interpretations representative of the participants’ lives as well as the current economic, political and social context of Grand Erie?). As a post-modern scholar I do not adhere to the position that any research can capture the ‘ultimate’ truth as narratives are subject to time, history, economic conditions, social environment and political situations, thus, what classifies as validity is constantly shifting (Denzin & Lincoln, 2005). Nevertheless, I am accountable to the participants and the research partners. As outlined by Padgett (1998, 2008), along with trustworthiness, I used prolonged engagement, peer debriefing, triangulation, member checking, and reflexivity to promote research rigor and improve trustworthiness.

1. Prolonged Engagement: Spending lengthy periods of time in the research field is another strategy to minimize threats to trustworthiness. In the current study, data collection occurred over a lengthy period of between April 2012 and January 2013. The interviews were conducted from April to December 2012 and the focus group was held in January 2013. Further, my engagement with the ISTEP members began much earlier (in 2007) giving us an opportunity to develop an honest and authentic relationship. Prolonged engagement also took place in the form of conducting a series of interviews with the same study participant “thus improving the likelihood that the respondent
ultimately will disclose socially undesirable truths and the researcher’s ability to detect distortion” therefore reducing respondent bias and thereby enhancing the trustworthiness and rigour of the study (Rubin & Babbie, 2005, p. 754). Such prolonged and intense engagement was useful in ensuring a careful and rigorous research process.

Conversely, one of the risks of prolonged engagement is that the researchers may over identify with the participants and lose their analytical stance and their sense of identity (Rubin & Babbie, 2005; Padgett, 1998). The regular meetings with the advisory group were very valuable in this regard. As the members were not so deeply entrenched in the research field as I, they were able to warn and/or advise me if they saw a risk of over identification with the participants’ lives.

2. *Peer debriefing and support* was an important part of this participatory study. As I have noted earlier, my relationship with the ISTEP committee began in my MSW study. I formed an advisory committee with whom I engaged in a cyclical process of reflection, planning, acting and observing (see Appendix A). The members’ comments and suggestions were very helpful in interpreting the results and challenging my personal biases as an insider in the research process (meaning that as a woman from KAAJAL region I share some of the participants’ experiences). I used the advisory group for further reflection on the participant generated photographs and emerging codes/themes to enhance the accuracy of their stories and also to ensure that the findings reflected the participants’ viewpoints and the concerns and strengths in Grand Erie. In addition, the larger ISTEP committee was updated periodically on the progress of the research and had opportunities to challenge my results or ask for further clarification.
3. **Triangulation:** In triangulation “researchers seek corroboration between two or more sources for their data and interpretations” to enhance rigor or trustworthiness of their findings (Padgett, 1998; Rubin & Babbie, 2005, p. 464). I triangulated data from photo interviews, the focus group, the participants’ photography diaries, researcher journal, and ISTEP advisory group meetings comparing themes across the data sources to determine the commonalities as well as areas of divergence. I also used theoretical triangulation by utilizing a range of theoretical frameworks--CBPR, Intersectionality, and CGTM-- to understand the same phenomenon. Using data and theory triangulation enhanced the credibility and trustworthiness of the study by capturing the nuances of the participants’ stories.

4. **Member Checking:** I also completed *member checking* (Padgett, 1998) with the participants so that they could “confirm or disconfirm the accuracy of the research observations and interpretations” (Rubin & Babbie. 2005, p. 464). I emailed 19 participants the transcripts so they could check for accuracy. One of the participants was not available as she did not share her contact information. Further, during the focus group session I summarized the key themes of the study as well as my interpretations and conclusions of the themes. I asked participants if they agreed or disagreed with my findings. I also emailed participants their stories (e.g., stories from China, stories from India, etc.) and connected with 19 out of 20 participants incorporating their feedback into the stories. Although this process was exhausting and time-consuming it strengthened the accuracy of the findings and provided a trustworthy account of their stories. I observed that the participants were not hesitant in correcting errors in my construction of some of the details of their stories. A couple of them deleted some information that they had
shared with me previously. I interpreted their ability to be open and honest with me as evidence of an authentic researcher-participant relationship. Also, through meetings with ISTEP I regularly checked with partners to inquire if their needs were being addressed through this university-community collaboration.

5. Reflexivity: From the outset of the research process I maintained a reflexive journal to critically reflect upon my research experiences. In a CBPR study, critical reflection is very important to manage various researcher roles. In my experiences with two CBPR studies I have worn the hats of a planner, leader, facilitator, mediator, listener, observer, reporter, motivator, and synthesizer (O’Brien, 1998). Accomplishing multiple roles successfully requires an ability to maintain effective communication, authentic dialogue and calm demeanour. O’Brien (1998) cautions researchers that in the dialectical and collaborative process of participatory research, every person’s contribution to the process is considered significant. Such collaboration is not easy as people come from diverse backgrounds and may hold conflicting values. When they are challenged it can threaten the status quo of the practitioners and their previous ways of doing things. Further, as community partners represented different organisations with different mission statements, often it was challenging for them to come to unified position in regards to the research process and/or goal. I found myself challenged frequently in my role to mediate these dialogues and stay calm and focussed. In dealing with these challenges, I found ‘reflexivity’ to be critical. While “reflexivity is no stranger to the qualitative community”, in community research context, I want to take the question of reflexivity a bit further. As I have written elsewhere:
Critical conscious reflection in community work means to reflect consciously upon one’s multiple identities before, during, and after fieldwork; including a critical enquiry into one’s history within the research community, and possible future implications, especially if one continues to reside and/or work in that community. (Sethi, 2012, p. 95)

I used a reflexive journal to record my experiences in the field and to minimize their influence during the research (Denzin & Lincoln, 2005). I recorded tensions inherent in my various roles that I identified earlier such as a facilitator. Critical conscious reflection helped me to effectively facilitate discussions with the ISTEP members and the advisory group by being vigilant of power plays that can happen within committees especially if committee members occupy varying positions of privilege. For example, some of the ISTEP members had worked as my social workers/counsellors in the past when I was not in academics but was a struggling KAAJAL woman. When ISTEP and/or the advisory members’ ideas, judgments, and fears dominated the discourse, I was particularly attentive to these clues and made every effort to emphasize learning through fostering reflective analysis among the stakeholders (O’Brien, 1998).

Writing my reflections also helped me to be vigilant of the power imbalances between the participant and me. I could not assume that as a KAAJAL immigrant woman who experienced oppression in Canada, I was incapable and innocent of the subordination of participants (or other immigrants), a concept that (Fellows & Razack, 1998) refer to as the “Race to Innocence” (p. 339). As a scholar it was important for me to make certain privileges, such as PhD education that gave me knowledge to conduct research, visible. As stated in Chapter III, engaging in CBPR and intersectionality
requires that researchers are vigilant to power hierarchies/dynamics as they unfold in the research journey. To address issues of power inequity between the participants and me, I collaborated with participants as ‘partners’ in the research project rather than as ‘subjects.’ In so doing, I acknowledged and valued the insights they brought to the research field such as the type of Knowledge Translation activity that would be effective in communicating their voice to the policy makers. Women decided upon the interview time and location that was convenient to them. At every step of the research, I clearly outlined the process and encouraged participants’ feedback so that they were informed in regards to how knowledge was produced. Because I have lived in this community for many years and am a KAAJAL immigrant woman, as an insider, I was also able to understand some of their concerns in regards to their voices being diminished by some white as well as highly privileged immigrants in this region. While it was not my intention to ‘speak for the participants,’ at community meetings I made every effort to use my privilege as a scholar to translate women’s perspective to members of various organisations. As power and knowledge are intricately linked (Foucault, 1977), I wanted to make sure that women’s voices (as knowledge) are included in the decision making processes that impact their settlement in Grand Erie.

**Ethical Considerations**

The journal was useful to navigate the insider-outsider complexity with participants. For example, as I identified earlier, I was the insider based on my status as a KAAJAL immigrant/refugee and a newcomer to Grand Erie. On another level, based on the level of my formal education and positionality of an academic researcher, I was the outsider or the ‘other.’ My postmodern epistemological stance is not comfortable with
the static insider/outsider status, either/or positions, and one or the other stance. Thus, the notion of occupying “spaces between” insider and outsider that allows for “an appreciation for the fluidity and multilayered complexity of human experience” is alluring to me (Dwyer & Buckle, 2009, p. 60). As an insider it is not possible for me to connect wholly to the participants’ stories. Similarly as an outsider I am not entirely unconnected to their issues and problems. Within my insider status there is always an outside presence and within the outsider status there is always an insider present.

Overall, writing helped me to navigate the tensions of occupying multiple subject positions as a community-based researcher and remain vigilant to the impact of those identities on the research process as well as my relationship with participants and ISTEP members.

In reflecting upon Lyka’s quotation at the beginning of Chapter Three, *Tools of Inquiry*: “These are my tools every day. I use cylinder and flask at work. They buy me the food and water. Fair trade. I am trading my work skills to pay rent, to get food, and survive in Canada.” I asked myself, “Is the relationship between researchers and participants based on ‘fair trade’?” As a researcher, I get access to participants’ private lives. In return, for their stories, the participants receive the researcher’s attention, gain prestige by being associated with an academic research project, and/or learn a skill (Corbin & Morse, 2003; Maiter, Simich, Jacobson, & Wise, 2008). Lyka’s ‘fair trade’ notion is closely connected to the trust and reciprocity issue that Maiter et al. (2008) emphasize in the context of ethics in participatory type research such as community-based participatory action research where reciprocity is defined as an “ongoing process of exchange with the aim of establishing and maintaining equality between parties” (p. 305).
These authors suggest that reciprocity in research have “important implications for the quality of relationships, outcomes, knowledge, significance, and consequences of community-based participatory action research (CBPAR)” (p. 306). Some of the ways that I have strived for reciprocity in my study included engaging with participants as equal partners in the research process, making deliberate efforts to ensure that the stages of the research process were transparent to the participants and ISTEP members, by dialoguing with them on the subject of ‘potential gain’ and ‘potential risks’ of participation (Hugman, Pittaway, & Bartolomei, 2011; Maiter et al., 2008) and by being honest about the contributions of the study to the academic and researched community (Hopper, 1996).

For me, being honest meant clearly explaining the research process to the participants, doing what I said I would do, and clarifying any deviation in the research plan to the parties involved. Paraphrasing Hugman et al. (2011), if participants are not able to grasp the meanings of the research process, doubts will likely follow in regards to the other aspects of a study (p. 1277). In my view, an element of honesty also involved not exaggerating the benefits of the findings or making promises to the participants or community that I could not keep. For example, in this study I repeatedly heard a plea from women from India to inform city counsellors about the dire need of a temple for this population. I was very clear with these participants that I would include information about the importance of a temple to their health but this study was not likely to contribute to an addition of a temple in Grand Erie.

On the issue of trust that Maiter et al. (2008) raised, collaboration over the years with ISTEP members has been instrumental in promoting such trust. We have had time to
address the mistrust or fear that communities have of researchers. Moreover, after my MSW study was completed I did not disappear from the research ‘field’. I volunteered my time with ISTEP between the two studies. It further deepened my relationship with the ISTEP committee. It is due to the stakeholders’ trust in my work and commitment that they invested money and other resources such as time, space and staff to the project. Moreover, by immersing myself in the research field I was able to sustain meaningful exchanges and uphold a bond of safety between me and the participants. Such collaborative and participatory work that fosters the researcher’s trust-building with local communities is important to minimize risk to participants and communities (Baumann et al., 2011; Hugman et al., 2011; Maiter et al., 2008). As Maiter et al., (2008) note, “Committing time to develop reciprocal relationships means addressing power differentials and creating environments where meaningful exchanges can occur” (p. 319).

It is also important that social workers, in ensuring that their research practices with marginalized populations are both methodologically and ethically sound, must reflect upon the motive behind conducting a particular study (Hugman et al., 2011). Building on Jacobsen and Landau’s (2003) work, Hugman et al.(2011) propose that “while the baseline of ‘do no harm’ is recognised as an important starting point, there is a growing sense that research into human suffering ought only to be justifiable if it contributes to the ending of that suffering” (p. 1272). While I recognize that I will get a PhD degree on completion of this thesis, I was also motivated by my desire to foster immigrant women’s integration in this region. Further, as this doctoral thesis emerged from the desire of the ISTEP members to understand KAAJAL women’s post-migration needs, it would be appropriate to state that not only is this study justifiable, considering
how little we know about the employment-health link for this growing population, it was very much needed. My hope is that by exhibiting women’s photographs to local employers, service providers, and policy makers, this study will make ‘women’s suffering’ visible. Aside from the art exhibit that is currently being planned as part of Knowledge Translation (KT) in April 2014, I will also develop an ‘employer tool’ that will help employers understand the issues facing KAAJAL employees and recommend strategies to make their working life rewarding.

By being flexible and accommodating in the time and location of the interviews, I put the needs of the participants ahead of my needs. I wanted them to feel safe in their choice of location. I also did not want to cause them economic harm such as having to miss work or pay for a baby sitter. Further, in my efforts to maximize the participant’s sense of control over issues related to them, I asked the women to choose their pseudo names as well as those of their family members. I was mindful that as my research included rural areas where, due to the participants’ minority status, they may be easily identified and thus be subject to the unintended harm based on their ethnic, religious or immigrant status (e.g., being stereotyped or experience racism). In reporting research findings I was extremely careful that I did not divulge information about a person’s place of work or region if that information could easily identify her. Also, one of the women gave verbal consent only and did not divulge any contact information to me. To help her feel safe and to protect her identity, I did not force the issue and respected her wishes.

In my efforts to minimize the risk to the participants, I also re-visited the issue of voluntary participation in the study several times during the long period of data collection. For example, I noticed that I was having great difficulty reaching a couple of
women after they signed the informed consent (Appendix C). I informed the participants that they had the right to drop out of the study if they felt that their life situation had changed or they were tired. I made sure that women clearly understood that at any time during the duration of the study they could withdraw their photographs. I reasserted this at every meeting including during the focus group. Having placed her trust in me, one of the participants called me on the day before the focus group. She asked me to remove a particular photograph as she experienced a sense of shame at the thought of sharing the photograph with others. I accepted her wish without argument. As well as taking the above precautions to minimize the risk to participants, photovoice demands that the researcher follow specific ethical procedures.

**Photovoice Ethics**

As suggested by Wang & Redwood-Jones (2001) I had participants sign the consent form ensuring their voluntary participation in the project; sign a disclaimer regarding compensation in the unlikely event of physical injury while taking photographs or attending meetings; and, clearly outline in the consent form that the participants are willing to allow the use of photographs for research and educational purposes and for publication in journals and/or books. Expanding on Gross, Katz, and Ruby's (1988) work, *Image Ethics*, Wang & Redwood-Jones (2001, pp. 563-564), outline the following ethical issues in photovoice regarding privacy law. These ethical issues were explained to the participants:

1. **Intrusion into One’s Private Space** - means that a participant cannot take photographs of people without their consent. I informed participants that they need to have the people
sign a “Photovoice Privacy and Ethics Form” (Appendix F) before taking their photograph.

2. Disclosure of Embarrassing Facts about Individuals – According to this rule participants must be informed that they cannot use photographs that display embarrassing details about any individual’s life, even if those details are true. For example, taking photograph of someone or themselves in a drunken state will not be permitted.

3. Being Placed in a False Light by Images – refers to photographs of subjects that present them in a false light--meaning distort the truth through captions or images that could be harmful to the subject photographed. For example, taking photographs of an ethnic person putting posters about Gay, Lesbian, Bi-sexual, Transsexual, Intersexed, and Queer (GBLTIQ) issues on the city wall could cause harm to the individual. Even though we have made some progress on GBLTIQ issues, Grand Erie is still not very open to those who identify as GBLTIQ.

4. Protection Against the Use of a Person’s Likeness for Commercial Benefit – In a photovoice project the images belong to the participant. The consent form signed by the participant allows the researcher to reproduce the images for publications. Wang & Redwood-Jones (2001) suggest, when feasible, to compensate participants for their images if the researcher profits from those images.
CHAPTER V: STORYTELLING: NARRATING RESEARCH FINDINGS

Photograph 5: Open Door

Canada opens doors to immigrants through the points-system. You get points for education, your skills and your ability to contribute to Canada’s growth. But when you come here you open a door and you think you are moving ahead only to find another closed door.

Janavi

This chapter presents the demographic make-up of the participants, their stories with photographs grouped by regions--from Africa, India, China, Philippines, Arab World, and Latin America--and the summary of the findings. Prior to narrating the rich and complex stories of these university educated and skilled participants, I offer my rationale for choosing ‘storytelling’ to narrate the research findings.

Storytelling

Throughout my academic career I have been taught to be vigilant about choosing the right methodology to answer the research question. The issue about the form of writing to convey the research findings has never been raised in the classroom. In particular, I have never been pushed to reflect upon the relationship between the research methods and writing styles. I am painfully aware that, predominantly in the social work academy, mainstream Western textual forms are privileged while other writing styles are excluded. In her book *Emergent Writing Methodologies in Feminist Studies*, Livholts
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(2012) addresses the writing issue that I am particularly passionate about. Writing, for me is both a personal and political act. She contends,

Instructions and rules about writing are not neutral or innocent guidelines, but are shaped by political forces of the contribution of writing methodologies in feminist studies and other critical fields. A central here is that mainstream textual forms are often related to a system that privileges certain kinds of knowledge over other, subjugated knowledge. This is indeed paradoxical at a time when excellence and innovation are part of the political research agenda. (p.3)

As a qualitative researcher I am not an aloof or an ‘outside’ observer of the participants’ lives. I am deeply entrenched in their stories, both romantic and political. I want to tell their stories in a way that produces text that mirrors thick description – a final product of qualitative study that distinguishes it from quantitative work and from the positivist/post-positivist qualitative paradigm. Paraphrasing Clarke, Febbraro, Hatzipantelis, & Nelson (2005) p. 914, such a goal cannot be accomplished by merely going beyond the ideals of objectivity, prediction, and quantification; qualitative researchers must be able to meaningfully render deep and rich details about participant experiences. Besides, to side-step or minimize ‘affect’ in qualitative work is to ignore epistemic responsibility. By exclusively presenting interview data in the form of themes, qualitative researchers often fail to fully immerse the reader into the lived embodied experiences of the lives they study. I argue that it is difficult for participants to identify themselves in the study through fragmented thematic analysis. Ultimately, for me, telling stories is about giving the body of theory a soul, thus linking the textual with the personal and the political.

Ultimately, it is about accountability to the research participants. I want the women to see
themselves in the final product. This, for me, is a deeply ethical issue. Reflecting upon accountability in writing Maria Pallotta-Chiarolli (2004) writes: “How do I write so that the ‘written about’ can access the work, identify themselves, and collaborate with me in the portrayal about their realities?” (p. 157). Writing, for me, is also about power. Countering power in participatory research means being conscious of how knowledge is produced, who is included in the conversations, and whose voices are being heard (Gaventa & Cornwall, 2001). Although participatory researchers have not addressed ‘the discourse of writing’ in addressing power inequities, I argue that disturbing the mainstream academic writing discourse and promoting findings in nonconventional forms is essential to create alliances with the marginalized members of society (Livholts, 2012). Besides, storytelling is an integral part of my cultural tradition of passing knowledge through oral stories, a tradition that I share with all of the 20 study participants.

In this study I am using culture to examine differences/commonality among individuals/groups in the context of ethnic background, language, religion, spirituality and other practices. For me, the meaning of culture is always evolving. In this chapter I take up Livholt’s (2012) challenge of reflecting deeply upon the relationship between the research question, research method, and the way I convey the findings (my writing). I succumb to the postmodern desire for stories (Denzin & Lincoln, 2005). As previously pointed out, a constructionist intersectionality lens views identity as much more than “list of characteristics that informs us about the ‘what’ of a person. It is about ‘who’ someone is” (Prins, 2006, p. 281). Storytelling is a powerful avenue to know who, rather than ‘what’ the participant is (Arendt, 1998). By juxtaposing participants’ stories with their
photographs, the intersectional complexities in women’s lives are revealed, thus adequately addressing the research question. In creating storied versions of the findings, I am thus transforming the institutionalized social work writing practices. Paraphrasing Richardson (2001), for the large part academic writing model is static producing text that is not interesting to read and “coheres with mechanistic scientism, quantitative research, and entombed scholarship…Homogenization occurs through the suppression of individual voices and the acceptance of the omniscient voice of science or scholarship or the social-script as if it were our own” (p. 35)

As such, this chapter is presented as follows: first, I provide brief demographic characteristics of the participants. I follow this with the seven stories, and summarize the three main themes. I have grouped these seven complex and rich stories demographically, that is according to the participant’s country of birth: stories from Africa, stories from Asia (China, India and the Philippines), stories from Arab World, and stories from Latin America and the Caribbean. I have deliberately left the respondents’ quotes unaltered. I have not made any grammatical corrections so as not to change the meaning of what the participants were saying and to maintain the intellectual and emotional integrity of their speech.

**Demographic Profile of the Respondents**

The ethnic composition of the participants reflects the more recent sources of immigration to Canada at the macro level and Brantford, Brant and Norfolk Counties at the micro level. Participants reported the following regions of origin: seven were from East Asia (China, Philippines and Singapore); four were from South-Asia (India), four were from Africa, two from the Arab world (Iraq), and three from Latin America
(Mexico and Chile) and the Caribbean (Jamaica). Most of the participants (18 out of 20 women) were living in the City of Brantford at the time of the study; one was from Brant County and one from Norfolk County. The majority of the women (19 out of 20 participants) spoke English well enough to conduct a conversation and 5% reported English as their mother tongue. Interestingly, in the 2011 Census, 88.8% of the Brantford population reported English as their mother tongue and 94.9% of the population spoke only English most often at home (Statistics Canada, 2012 Census). Participants labelled varied languages as their mother tongue – Mandarin, Cantonese, Showna, Arabic, Spanish, Punjabi, Hindi, Tamil, Gujarati, Tagalog, and Chavacano (a Spanish-based creole language spoken in the Philippines). The most spoken non-official languages at home were Mandarin and Showna.

For the variable age, the median is between 35-44 years. The median value of the variable is in the category or interval where a cumulative percentage of 50 per cent is first reached. The mid-point of the 35-44 range is 39.5 years. The mode was also between 35-44 years. In comparison, the 2011 Census reported the median age of women in Brantford as 41.6 years (Statistics Canada, 2012). The majority (13) of the participants were married; three were single, two were separated, one was divorced, one was in a common law relationship. Of those who had children seven had one child, four had two children, three had three children and one had four children.

**Qualitative Findings – Storytelling**

In what follows I share 20 familial and community stories (17 photovoice participants and 3 interviews) of exemplary women that I render in the form of a narrative. From an intersectionality lens, while highlighting within group similarities is
important, in telling their stories it is equally important to pay particular attention to the
diversity within each of the cultural and ethnic groups. The seven stories are presented in
the following order: Stories from Africa followed by three Stories from Asia (China,
India, and the Philippines respectively). The fifth story is ‘Stories from the Arab World’
and the chapter concludes with the ‘Stories from Jamaica and Latin America’. These
stories are a result of multiple interviews and meetings with photovoice participants that
produced approximately 400 pages of transcripts and 525 photographs.

Participants from Africa: Stories of Rudo, Ruvashe, Harmony, and Chinja

It is 2001. The Robert Mugabe-led Zimbabwe government continues its mission
to free Africa from imperialism and remnants of apartheid by killing white people and
‘repossessing’ their farms under the guise of ‘indigenisation’. At first it is hard to imagine
that the soft-spoken Rudo, the oldest participant in this study, was a politically active
African citizen fighting for women’s rights. Her strong and determined character reveals
itself more and more with our subsequent meetings. Like many other Africans her ex-
husband considered President Mugabe a hero, a Pan Africanist and a dedicated anti-
imperialist. When his attempts to win her to his side so that together they can fight the
evil forces of Western imperialism in Africa fails, her abusive and dangerous husband
becomes angry. Accused of undermining the government of President Robert Mugabe,
Rudo finds danger lurking at every street corner and she runs for her life. In her own
words:
I was now a target. My husband was in the opposite party. At midnight I saw a car on my gateway. It was time to take political asylum in Canada. I sold my home and sent my kids first—two to States and one to Montreal.

On arriving to Canada, the immigration officials sent Rudo to a St. Catherine’s shelter where she stayed for three months after which she rented a small apartment. Relocation was stressful on many levels. Life in the women’s shelter was a drastic deviation from her secure socio-economic status in Africa. She longed for the comfort of her home. As she had left Zimbabwe in an emergency situation, initially, she did not have access to many of her professional documents or ‘references’ that are critical for employment purposes. The dry and cold Canadian winters ate at her flesh. With the temperatures dropping every day, she found it problematic to leave her apartment to seek employment. Growing up in a collective society her heart yearned for the family and friends she had left behind. Even though her children were now safe, being away from them ripped her heart to pieces.

Similar to Rudo’s pre-migration story, Chinja discovered at her father’s funeral that her life was in danger. At the time of the interview she was only in her early 30’s, the youngest participant in this study; however, as the eldest child in her family she was expected to bear the dire consequences of her father’s political views and acts and at the same time financially provide for her family. As the political situation worsened Chinja left Zimbabwe and migrated to the United States as a student and from there she applied for refugee status in Canada.

In the same year as Rudo left Zimbabwe (2001), Harmony’s aunt helped Harmony’s husband flee Africa on the condition that he would soon call for his wife and
daughter. His life was in grave danger as he was unwilling to quit his job in a company owned by white people. When she bid a tearful good-bye to her husband, little did she know then that due to tiresome and costly immigration sponsorship procedures it would be a three year long separation before they would reunite in Canada. During those three years in Zimbabwe, taking care of her daughter as a single mother was financially and emotionally draining for Harmony. To further exacerbate the situation she was harassed by members of political parties enquiring about the whereabouts of her husband. Even though she tried not to allow terror to engulf her, every time she heard a knock on her door demanding, “Where is your husband?” her heart sank. Holding her daughter close to her bosom like the lioness protecting her cub, she told these strange men that her husband had gone away to school. She needed to stay strong for her daughter. When the quiet night descended upon her small town, she would nestle under the covers and weep for her husband. In her own retelling about her three years separation from her husband she says:

You have so many people who come to you and say, “See I don’t think your husband still love you, I think your husband married another wife,” or “I don’t think your husband is going to call for you”. “He is not coming back.” So it was hard for me, every time I always cried; if I just think of him, I just like cried…I cried all the time.

Like Harmony, Ruvashe knows intimately the intense ache of separation. Like other African participants, she was also affected by the politically and economically worsening condition in Zimbabwe. Her mother's sister was intensely involved in politics and that affected the safety of her whole family. Most of her family left Zimbabwe, but her
mother was determined to stay in her own home for which she had sweated blood; but she urged her daughter to leave. In the hopes of a safer life, Ruvashe, then a 26-year old young woman, migrated alone to Canada as a refugee leaving behind her 18 ½ month old son in the care of her mother. Fighting back the tears she describes those years that she spent away from him:

It was like two and a half years. It was the most difficult time of my life. I couldn’t eat. I couldn't sleep. I couldn't do nothing because I was trying to work so hard so I could bring him over here. But I was thinking, “How am I going to look after him?” Everything, day care, because I was working two jobs, I couldn't afford my rent with just one job, and I used to live in a room, because I couldn't afford an apartment so I had to live in a room., so I could save some money, but still the room was like $550 a month, and I only made $9 an hour for the job that I was doing.

Below, photograph ‘The Empty Crib’ depicts Ruvashe’s longing for her son

The empty crib resembles the absence of my son in my life for the first 2 1/2 years of my time in Canada. I was very lonely and was not sure if I was ever going to see him again. This impacted my social life. I could not hang out at parties where there were children or even go any parks because everywhere I go there was constant reminder of my son

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It is clear from the above ontological and public narrative that escaping the political
unrest in Zimbabwe was the primary motivation that led all four women – Rudo, Chinja, Harmony and Ruvashe—to bid good-bye to their beloved motherland and migrate to Canada. Aside from expecting physical safety in Canada, coming from a developing country to an industrialized nation, these women also projected to have a higher standard of living here than they had in Africa. Regrettably, their experiences were in contrast to their expectations.

In Zimbabwe, Rudo was successfully employed for 15 years as an executive secretary for a regional manager of a large company selling office supplies. On leaving the women’s shelter she tried to find a secretarial or administrative job in St. Catherine’s, but always hit a brick wall. Quickly she realised that the education and secretarial skills obtained in her home country did not hold any value in Canada’s labour market. Furthermore, employers wanted ‘Canadian experience’. With a faraway look she tells me about her employment experiences in the initial years in Canada:

You know my first job was catching chickens. It was so hard, I didn’t know how to do it. You were working with the men who were taking drugs. It was so hard. I cried and I thought all the way from Africa I took this kind of job, and after that I went to a green house. I attend to flowers. It was much better but still, it was still hard for me.

One day, after returning from work as she nursed her aching back and her broken spirit, she received a phone call from her niece who lived in Brantford urging her to go back to school for the Personal Support Worker (PSW) program. Even though she had never contemplated that she would have to return to school in her 50’s she knew deep within that her niece was right. She needed to stop looking for a secretarial position and go back
to school to complete a diploma in an occupation that was most likely to provide her with employment opportunities. At her age there was no time to waste even if it meant starting at the bottom. Through photograph 7, she highlights her uphill employment journey, starting from the very bottom.

**Photograph 7: The Stairs**

In Canada I had to start at the bottom. I have to take one step at a time to reach my goals. When I see so many stairs in front of me I sometimes feel disheartened. But I remind myself to take just one step at a time. Sometimes climbing those stairs makes me really tired. I sometimes feel sick. But I have to remind myself that I have to continue to climb towards my goals, one step at a time. **Rudo**

After successfully completing her PSW program, Rudo still could not find work in that field in St. Catherine’s. *She had no Canadian experience.* Neither the job of chicken nor nursery attendant was recognized as ‘Canadian experience’ for a PSW position. Unable to find a PSW job, she relocated to Brantford. She applied in every single nursing home in the city. Finally, she received the long-awaited phone call and was hired as a PSW in a nursing home where she has been working for the past 9 years. Moving to Brantford also provided her an opportunity to be close to her niece. Until now, her only consistent source of social support was the Church.

Chinja’s reasons for moving to Brantford to pursue PSW closely reflect Rudo’s. As a young educated woman, Chinja was confident that in the vibrant, bustling, and multicultural city of Toronto her dreams would come true. In just a few months when she could not find employment in Computer Information and Programming, her hopes
began to fade. She reached out to African elders for advice and wisdom. In the spirit of resignation she stated,

> They actually recommended to me to do some other things like nursing instead of computer information system because those are programs almost like for white people really...those are jobs that are flagged that the chances of getting those jobs are difficult, so you rather be safe and go for nursing jobs that are normally good, good paying and easier to get as black immigrant. So I changed my career.

In tracing Harmony and Ruvashe’s accounts it becomes clear that, like Rudo and Chinja, these women also experienced secondary migration, which is moving from one city to another within the same country after arrival in Canada. Harmony, an interior decorator in Zimbabwe, moved from downtown Toronto to Brampton, finally making a home in Brantford, and Ruvashe relocated from Toronto to St. Catherine’s, to Brantford:

> At the beginning of pursuing my dream I encountered so many obstacles, the main obstacle was not being able to use my accounting and secretarial diplomas from back home due to lack of Canadian experience. For every job that I applied the first thing I was asked was Canadian experience. I had to go back to school and take a PSW course in order to find a job.

> Unlike young and single Chinja, the fast and busy life of Toronto did not suit Harmony’s temperament and family life. Feeling ‘out of place’ in the large city she begged her husband to relocate. Their move from downtown Toronto to Brampton did not help her much as they were not able to find employment. Another difficulty was the high cost of housing in Toronto. Her ‘odd jobs’ did not pay enough for a comfortable life.
She couldn’t afford a home. She even thought about starting her own business, but, ultimately she settled for a PSW profession:

I did PSW because when I come here I was so disappointed, because I was thinking I am going to start to do my career of doing ah… the sewing…but when I started to look at the materials, and selling the things, like what I was doing at home, it seemed like it was too expensive and so I had to make adjustments to survive… So then when my friend say to do PSW I agree…. I need to eat and help my family back home.

On a friend’s advice she enrolled in a PSW program. Her work stories suggests that PSW tasks such as assisting seniors with showers, dressing/undressing, toilet needs, mobilization activities (e.g. transferring, exercising or walking), and eating were not new for her. She clarifies:

Ahh, PSW it was a job, that it was new to me. As a career it was new to me but doing what I do was not new. Umm, I had the experience from back home…like we help our family members who are like disabled. So, it was kind of like the same but, it was much more hard working…first I had to transform to dream like a PSW…I didn’t see myself doing that, but after I sit down, after I started to think, I just like, I just like imagine doing that so, I am just going to take it because I have to eat.

Like Rudo, even after completing her PSW program, Harmony could not find work in Brampton. She describes her experience: “I think it was because of the colour that I don’t get jobs. Because when I go for the interview, and you could see like…I could see .. I feel bad. I was so well prepared for my interview but I don’t know what happened.” It shocks
Harmony that even after an interview that went well employers would not call her back:
“No one calls back. You just wait. Then when you call they say you got no experience to work here in Canada. At least back home they let you know if you get job or not.”
Exhausted, she applied for jobs in Brantford and was quickly hired in a nursing home and relocated here with her family.

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The initial years of resettlement in this city were not easy for any of these four women. When asked about the biggest problem they encountered in their new community, there was a consensus in their response--transportation. Ruvashe shares her experiences on this issue:

I worked like 60 hours at one place, and maybe 40 hours at the other one, so I worked like a 100 hours in a week as I had to send my mother some money so she can take care of my son. So it was very, very difficult. My health was going down because I wasn’t eating very well. I was riding bicycle in very, very cold weather but I had absolutely no choice, if I had to take a cab from one place to the other that will mean that half of my paycheque will go to that because I had to pay for my transportation.

The women’s stories also highlight that it was difficult for them to find information such as where they could get their educational credentials assessed, job search related information, dealing with landlord-tenant disputes, or accessing a social worker/counsellor that is covered by Ontario Health Insurance Plan (OHIP). Despite these difficulties, as months rolled by, they fell in love with the quiet of the city. They were grateful for their PSW employment with lots of hours and better pay than their
previous jobs. The money helped to support their families back home. The light at the end of the tunnel was now visible. But, the shift work including night shifts, the physically demanding aspects of the job (such as lifting) and the double shifts due to a shortage of staff, took its toll on the women’s health. For Rudo, her age and never having done such work in Africa made the stress on the body particularly challenging. She feared getting sick:

Many times in my journey in Canada and at work I feel that I am constantly climbing uphill. It takes a lot of energy. You have to keep your focus so that you don’t lose your balance and fall backwards. That would affect your health and cause you injury. I am afraid that I will lose my balance and fall. I will get sick if I am constantly climbing uphill with no breaks to stop and breathe and to take care of myself.

In the photograph ‘The Wheelchair’ Rudo depicts her deteriorating health.

Photograph 8: The Wheelchair

The Wheelchair reminds me of a comment made by our Zimbabwe President Robert Mugabe. He wanted to discourage people from leaving our country and going abroad. I feel he was right. He said that when we go abroad we will work so hard that when we return to Zimbabwe we will not be able to walk. We will be disabled and need a wheelchair. I feel the longer I work in Canada that my back, my legs, my hands and even my head hurts. I am not used to this kind of work. I never work at nursing homes in my country. Sometimes I have to do two people’s work by myself and at my age it is so hard on my body. Rudo

Through photograph 9, ‘The Ambulance’ Ruvashe portrays her declining health.
The physical and emotional demands of PSW seem to have affected Harmony’s health:

My work affects my health. I sometimes have back aches, and sometimes they kick you and that affects you physically. This work affects my hands because sometimes we have to use devices to help the people and it hurts my hands. It affects you otherwise too....it affects your spirit.

It seems to me that Harmony’s comments above how work “affects your spirit” may be connected to women’s daily lived experiences of exclusion at work, lack of belonging, and loss of identity. Even though Rudo, Chinja, and Harmony hoped to create comradeship at work, after a few weeks of starting work it became clear to them that they did not share this desire with their co-workers. It is impossible to miss the pain that floods her eyes when Rudo says: “You know first thing at work, I used to say, ‘Good Morning’ but people are like...you are a fool. I get no answer.” Another time a colleague asked her, “Are you weird? Why are you so excited in the morning?” She describes her reactions to these comments: “Now I am getting used to say just ‘Hello’ but I think is very difficult because in my culture it's my nature to say ‘Hi, how are you?’ She does not understand why every morning “they (employees) come to work with a long face, like I was there working all night, and I want to say ‘Hi, good morning!’ to people just coming.
in, and they cannot say ‘Good Morning’, ‘How are you?’” In describing the impact of the employees’ behaviour Rudo states, “Their unfriendly attitude just drained me down. What kind of people they are? Umm...they should be happy they have jobs, and especially like they were saying, ‘Are you weird?’ One day I said, ‘Weird for what? For saying good morning?’ It is like I have done something wrong for being happy.” Chinja agrees with Rudo:

It’s the same thing at work, you just say “Good Morning” and sometimes you almost give up, because I know that I am not going to get an answer. It is like even management, you pass them and you say, “Hi,” and they are just looking down and don’t even reply or stop to say, “Hello, how was your shift?”

Chinja is also having similar difficulties with her landlord. “Even at the place that I am staying right now, I say, ‘Good Morning,’ every day to my landlord, and he doesn’t greet me back.” When Harmony started her work as a PSW worker she expected to work “as a team just like the ducks co-ordinate to move together.” Instead she encountered war. See her photograph ‘War’

Photograph 10: War

It’s like at work we have war, with our workmates. It doesn’t need to be war, we can do it like together...if we all work together we will be stars.

*Harmony*

The conspicuous aspects of Rudo, Ruvashe, Chinja, and Harmony’s stories include the racism they encountered as black immigrant women employed in a predominantly white
organization serving all white clients. Women were racialized due to their immigrant status, ethnicity, language, culture and accent. Through the photo of a ‘Toilet’ Rudo explains her experiences of being racialized; being called a ‘Nigger’, for the first time in her life.

**Photograph 11: Toilet**

White residents don’t want you to touch them even when I am trying to help them. They call you Nigger. They spit on you. They show their fist at you. They see you as useless things, you know, the residents they just see you like you are nothing. You are just like a toilet... I feel like I am not human.

*Rudo*

Rudo continues, “You know someone made fun of my teeth. She said ‘Your teeth are too good. I think you borrow your teeth. Black people don’t have teeth like that.’” When I asked her if she reported the incident, she said she was afraid to complain as she was new to the job. She did not want to lose this work opportunity that she was able to get after struggling for few years. As time passed she got accustomed to such racial attacks. Even though she tries to leave the work problems at work, sometimes those issues invade Rudo’s personal spaces:

I am like “What did I do?” I am angry. I blame myself. I always worry when things are not settled at work and I bring the problems home. I cannot rest. I feel really restless and I don’t want to speak to anyone if they call ... And then for me ...I eat comfort food.

Chinja’s categorization of self is similar to Rudo’s. She describes her PSW identity as
the “toilet in the park” or the ‘Outhouse’. For Chinja, the outhouse is needed. She states:
“It’s there for convenience. We come to Canada. We have those jobs as PSW that are needed. We are not like that bathroom in the mall, where it is all finished, it's got everything…” Like Rudo, she also eats comfort food to cope with her problems: “I eat a lot of comfort food and I have put on so much weight.” Harmony has the similar problem of relying on fast food: “When we are running around there is not enough time to cook our traditional meals. Eating fast food affects our health.” Chinja’s problems at work are intensified by issues with her landlord whom she describes as “racist”. She uses the metaphor of a boiling pot to describe her emotions (photograph 12): “I am like the boiling pot of water. Either someone is going to listen eventually and turn off the stove or I am going to boil until I evaporate.” Even though she tried to voice her feelings at work, it was futile. With no one listening or paying attention to her troubles, she stopped complaining and accepted racism as part of her work and community life. Instead, she resorted to gambling and some internet dating to reveal her stress and rage and gathers more debt as a result of her addiction (photograph 12).

Photograph 12: Coping with Stressors

All throughout that time when I was experiencing conflict at work I went through a lot of stress. It started as recreational as I had two jobs. Then it became an addiction. I was in a lot of debt so I needed to work. I remember starting bad habits. Whenever I had a bad day at work I would go to the casino. I remember feeling good whenever I win a little bit. Then I would still gamble that little to wanna feel good. Mind you, I am alone and I got no family. I depend on making friends in such places. I work or go...so in gambling you lose everything. Stress levels are high and go higher. Finally I hit rock bottom and couldn’t do it anymore. I stopped going to the second job and maintained one job but my bills couldn’t meet my expenses so led me to complete bankruptcy. This was a big downfall for me.

Chinja
In her casino stories, Chinja recognizes the cognition distortion common in a person addicted to gambling such as waiting for hours for a “lucky” machine that will get her the big win; spending hours on one machine waiting for it to deliver; and impulsively going to the casino to have that big $60,000 win that will help her pay off her debts. At the time of the interview she had voluntarily barred herself from the casino.

Similar to Chinja, Rudo and Harmony use comfort food to deal with work stress. Lack of time for physical activity has negatively impacted Ruvashe’s health:

I gained weight after I come to Canada, that's why I was very disappointed, because I used to look very petite and very healthy and exercise. You know I used to go to the gym all the time, but now I don’t even have time to go to the gym.

In Canada, she eats on the run. In her country, eating was a communal activity. “Back home we would sit in a circle with those two plates in the middle and 5 or 6 people could eat that meal together, talking, and laughing. That is what defines our bonds and the unity that we have in my culture.” As a black immigrant woman, Ruvashe is not unfamiliar with racism. “Working as a PSW, the big challenge was being a woman of colour. Some of the older people do not have the tolerance for people of different colour,” she states. Below, she narrates an incident that has stayed with her even after she moved forward
from working as a PSW to a registered nurse.

One of the most interesting incidents that I had was with this old lady. She had a bowel movement, and she was covered in this bowel movement...everywhere the bed, the walls, her hands, her hair, everywhere. And I went in and I said “Hi, I am going to help you clean up”, and she was like “Do not touch me with your black hands!” And I said to her, “Well I am wearing gloves. They are white. They are not black.” And she was kicking, and fighting, and everything, and I am thinking in my head, “I really don't want to touch you because you are full of poop, I would rather keep my black hands clean.

Not surprisingly, Ruvashe, an intelligent and ambitious young woman fluent in English, is annoyed when some residents asked her if she would “Speak in English.” Often she responded to those comments by: “I am speaking in English, I just have an accent so... I don’t' know what else you want me to do!” In a similar vein, when the nurses communicated with Harmony they would speak louder to her than other staff. She often felt humiliated when everyone looked at her. In her photo ‘The Tool’ Harmony describes herself as a ‘Piece of Tool’.

Photograph 13: The Tool

At work we are just one piece of tool. They expect us to be perfect, like that tool, it is so shiny. So that’s what we are expected to be -- to be shiny. Human beings--they can shine like the machines, but human beings can never be perfect.

*Harmony*
In the following quote Rudo further reflects on the impact that the attacks of racialization had on her sense of self and identity:

Being called a Nigger, it felt like I wasn't a human being. I felt reduced. I felt mad. I felt anger. How can you say something like that to me when I am doing everything for you, when I am wiping everything, and doing all those things for you that you cannot do for yourself?

Rudo also uses metaphors like “feeling like a paper bag” where residents put their dirty things and throw it out to demonstrate the feeling of worthlessness and being used. In her own words, “I am used. I am nothing.” The pressures of work and experiences of racialization have been hard on Chinja. She feels as if “there is always a dark cloud hovering over me.” In the photograph 14 ‘The Odd Tree’ she portrays the impact of work experiences on her health.

Photograph 14: The Odd Tree

This tree represents me with my arms cut... feeling powerless and trapped. I am reduced to nothing. Also the tree represents how they don’t want you to live your full potential. My co-workers laugh at me and think it is ridiculous when I talk of going back to school. This is the odd tree...we are the odd ones out. It was healthy once upon a time but now its branches are cut. It is easily identified as the odd one out. It has little health left.

Harmony

From these women’s stories it seems that some of the nursing home managers did take action when residents were mistreating the workers. For example, in one incident a
manager sent a memo stating that Rudo does not have to serve that particular resident who was being racist. Sometimes managers will have a meeting with the resident’s family members to explain the situation. In another situation, the resident was informed, “If you don’t need Harmony that means today you are not going to get anyone.” Nonetheless, not all managers behaved ‘professionally’. One incident that stands out in Rudo’s mind occurred when she was humiliated by one of the managers in front of other staff. In her words, “When they see ‘blackness’ they relate it to dirty. Like the lady at work said, “No matter how many times you wash your hands you won’t be able to clean yourself.” With her manager participating in racist behaviour Rudo realized it was futile to complain. Shrugging her shoulders she hardens her face, “I am used to it for 9 years. Now I don’t care anymore.” From her hardened face and tearful eyes, it seems that she cares and that having no recourse, except quitting, to improve her work condition, she suffers mentally, “I feel helpless. I feel tired. I cannot do anything…” Chinja understands Rudo’s pain. She describes a situation at work, “I feel that I am bullied at work by this one person especially. It’s an everyday thing. Every decision I make, she is against it. She challenges me at every corner, every day. She makes it so hard for me to work.” When she complained the bullying to Human Resources (HR), they ruled it out as “personal differences.” They told her to handle her personal differences. On the impact of bullying on her health, Chinja noted, “She tries to control me. This behaviour and stress is affecting me badly, my health and my mental state.”

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Given the physical and emotional demands of the PSW job and on-going racism, all four women felt the urgency of upgrading their education so that they could find a more
suitable occupation. In the following quote, Harmony acknowledges the need for education, “It’s (PSW) hard on the body, yeah, so what you need to do is to…like to put yourself, like, into more education. And then after that you don’t hurt your body.” They shared a firm conviction that the next step towards achieving financial success in their life was to enroll in a nursing program. However, Chinja was not able to financially afford school due to her family responsibilities in Africa and the gambling debt that weighed heavily upon her.

Upon learning that Harmony had enrolled in nursing school, she was mocked by her co-workers, “They think that, ‘Oh this one she says she wants to do nursing. I don’t think she can do it.’ Just because I am a coloured woman they think I cannot be a nurse.” Rudo was also derided by her co-workers for enrolling in nursing school. They found it uncanny that a black immigrant at her age would desire progress. She recalls those unpleasant nights when the residents had fallen asleep and Rudo had completed all her night shift tasks, and she decided to read her nursing texts until the morning. She was reprimanded for doing that even though other employees were reading magazines or napping. Ruvashe received similar messages as Harmony and Rudo regarding black immigrant women wanting to become nurses. “In Canada people say that dreams are really hard for black women to reach.” What distinguishes her experiences from others is the immense support she received from her young supervisor throughout the years when she was working for her as a PSW and going to school for nursing, her lifelong dream. This supervisor accommodated Ruvashe’s work shifts so that she could attend school. Ruvashe is so grateful that even after completing her nursing degree she continues to help out as a PSW at this nursing home whenever they are short staffed. Interestingly,
amongst the 20 participants, only her story mentions receiving support from a social worker along with employer backing.

When I first arrived I had a very good social worker who was very supportive and gave direction as how to achieve my dreams. She provided me with as much information regarding school as she could. She even called the school that I attended my PSW course to secure a place for me, and made all the payment arrangements.

Ruvashe continues,

When I graduated the PSW course it helped get a job and started working. While working I decided to go back to school to pursue my nursing degree. I informed my employer of my intentions and my supervisor was very supportive. She asked me to ask for any help when needed. My schedule was arranged in such a way that I would be able to work and still go to school. At some point I did not have any money to pay for my tuition. My supervisor helped me pay for school.

Therefore having so much support helped me achieve my goals.

Having successfully completed the nursing degree, Ruvashe is looking forward to her new life. She confesses that without the help of the social worker it would have been difficult to access information for nursing school. Her message for KAAJAL women is simple “You have to really be persistent and look for information; ask and talk to people. Once you do that you can find that information. So I am always willing to share what I know, and I always encourage women of colour.” Her message to KAAJAL women is “Listen it doesn't hurt. You ask. If they don’t know, that is fine. Then ask the next person.” Even though, Ruvashe is an optimistic person, not having Canadian experience
really hurt her when she was looking for a job. She notes, “I heard it everywhere I went, ‘Do you have Canadian experience?’ I said I don’t have Canadian experience, because I am not Canadian.” She uses the photo 15 of a ‘Tortoise’ to demonstrate the slow and long process towards attaining her degree as well as her resilience.

**Photograph 15: Tortoise**

As you can see in the pic the tortoise have a thick shell on top, when it get scared or feel threatened it hides in the shell. That was me when I first came here. I used all the survival skills and resilience to stay focused.

*Ruvashes*

She beams every time she speaks about her new job as a Registered Nurse in a large hospital. Even though she is there part-time, she is basking in the rewards of her new career: higher pay, pleasant and friendly co-workers and more time for leisure. Due to her husband also gaining employment, Ruvash can now make some choices. Very pregnant, she has slowed down her work pace. She is looking forward to bringing another child into this world. As a PSW worker she barely had time for herself. With no extended family and with little trust in Canadian child care or the ability to finance child care it would have been hard to take care of an infant. She is grateful for her husband’s support: his willingness to help with the household chores, cook and take care of the children.

Speaking on the issue of work-family balance she states,

> Work affects family life because if I am working all the time, and we don’t have fun. Like, I just want to sleep and not even talk to him… like, he works too and I work too so we try to balance it. Before he was in school--because my husband
had to go to school to get his masters so he wasn't working at that time—so I was working a lot. So, when he started going to work I kind of slow down about how much I was working. So yeah, it is being able to balance work and family.

For Rudo though, the nursing school story did not end as well as it did for Ruvashe. A few months into nursing school she quit, a decision that Rudo sometimes regrets. She found the expectations of school, the demands of the night shift, and daily travel to Hamilton unbearable:

It was hard for me because I used to drive; I had to drive to go to Hamilton every day. So every day I had to carry my uniform, my clothes, from work without coming home. I had to drive to Hamilton. It was challenging. It was hard. And then I decided no, this is way too much for me for my age, so I quit school.

Bouncing quickly back from the feeling of failure at quitting nursing, Rudo enrolled into the one-year social service worker (SSW) diploma program in Brantford that was more manageable for her in regards to her age, travel time and work load. She has now successfully completed the course. Even though she has worked as a PSW worker for nine years, the lack of Canadian experience is like a bull dog blocking her entry into the social work field. She even enrolled in the local Mentorship Program designed to help her understand the expectations of her chosen career. On advice from her mentors and employment specialists, despite working night shifts, she has been volunteering at a shelter outside Brantford so that she can gain some Canadian experience. All her efforts to volunteer as a social service worker in local agencies have not yielded any positive outcomes.
Similar to Harmony’s experiences in Brampton, Rudo is puzzled. “I never get a call back. I don’t know why when interviews went well, no one calls back. No one lets you know …” Given her fierce spirit, it is not surprising that Rudo remains optimistic. She is determined not to give up her dream of working in a shelter where she found herself on arrival to Canada. After nine years, she was recently recognized with a certificate of appreciation from the nursing home manager. The recognition has motivated her to continue to be who she is and not allow oppression to steal her spirit from her. In her own words: “I AM BEAUTIFUL.”

Even though Harmony recognizes the importance of education in freeing her from her PSW job, for now though, the time is not right—even though she got accepted into nursing school. She remarks, “Because I know myself and I couldn’t take the stress of the school, being pregnant and work. So I refuse the school for now.” She is trying to take better care of her health by exercising and watching her food intake. She spends some time cooking her meals rather than consuming unhealthy foods. Sometimes that becomes hard as she continues to work night shifts. To survive, Chinja must continue working at her current job. At least for now. She remarks,

I had to first do a PSW program, and ever since I have been in it and not being able to take myself into nursing because I have also other responsibilities. I have to take care of my family back home, because as a first child and with my father dead I support them back home.

Things are beginning to improve at her work. For example, she is grateful for the recent wellness program at work: “I am working on the wellness program at work that they offer
lately, so yeah I am working on that, because you feel like almost at any time I can have a heart attack. So yeah you need to take care of yourself.”

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As a nurse, Ruvashhe understands the importance of taking care of one’s health. However, being employed part-time she does not have health benefits. She does not hesitate in taking her children to the hospital when they are sick, but is resistant to go there for her health needs. “I try to do it for the kids at least, but I don’t go to the hospital when I get sick. I am very bad at that.” Even though Ruvashhe does not like to see a doctor, when she is sick she is disciplined in attending her regular physical tests and making sure that her husband does the same. She finds, however, that the physician’s work hours (9 a.m. to 4 p.m.) are quite inconvenient for people who work during the day. For instance, as she works part-time she cannot miss work to attend a doctor’s appointment otherwise she would miss her whole pay cheque. In regards to the physician’s gender, she would not be comfortable with a male doctor:

Gender is important. At one time went I was looking for a doctor (umm) and there was this Canadian guy that was available and was taking patients, and I said “No.” I cannot have it because if I have to come for my pap test. How am I going to do it? Because, I just look at him and I feel like I am looking at my brother so no, no. I rather have a female do it.

Harmony shares Ruvashhe’s sentiments in regards to the physician’s gender. She is convinced that she was discriminated due to her colour when she was trying to find a female physician:
Yeah, I apply to a white doctor. Because I want a female doctor. The new doctor who came is male. There is a form that you fill, and when you finish you give it back, and then they say they will call you. Umm, so I didn’t get a call, so then I called back, when they say will call you. So they didn’t call me so…I was confused because my friend (white Canadian) was accepted. We went the same day to apply, so that’s why I am saying we are facing some problems. Some problem is there...some form of discrimination...they ask you, “Where are you from?” and then they say that they are not accepting patients.

For Rudo and Chinja, having a male doctor is not an issue. For nine years, Rudo has been seeing a male doctor from India and Chinja’s doctor, who is also a male, is from Iran. While both of them praise the medical system, and especially the service they have received at the local hospital, all four women agree that with their part-time employment and no health benefits it is very difficult in Canada to afford dental care. Someday Rudo, Harmony and Chinja hope they will have better jobs and full-time employment. Ruvashe is working in her dream job, but would like very much to be employed full-time. As Harmony candidly commented:

Like, umm, in life…it is not like we just get everything. Like, I may not be safe back home....and here well, I cannot work as designer...so I am safe here but I can’t get the work I want...so you have to take what you get...and go on...

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How do these women keep on believing in their dreams? How does Rudo wake up each day and go to the same job where she must confront bullying, racism, ageism, and indifference from her co-workers? Again, it would also be wholly rational to jump to the
conclusion that these experiences of racialization have dispirited Rudo, meaning that her fierce spirit that embodied her when she escaped from Africa has been killed by deskilling and racialization. Reading my thoughts she laughs: “Some people are like... just look at your face, you are so black...go to the mirror and look at your face, and I laugh and say, ‘I am beautiful.’” In a similar tone, Harmony adds: “When I started working at my job, I had thorns in my way that I thought would never go away, but I realized that they make me beautiful.” Whenever Harmony brings home the remnants of the ‘war’ she is emotionally unsettled. To gain equilibrium she calls her mom in Africa and says, “’Mommy, let’s pray.’ I pray with mom because praying is my healing. It gives me faith. It heals me.” She also enjoys getting together with people and cooking ethnic food. It reminds her of her time back home with her mother. “Food represents community. It is healing,” she asserts. Chinja also misses her mother. They always ate together. For her, “Food represents family. Food is a symbol of unity. It represents a sense of belonging. We celebrate together –as a family. It is healing. It represents community.” Ruvashe identifies with Chinja, “Back home we would sit in a circle with those two plates in the middle and 5 or 6 people could eat that meal together, talking and laughing. That is what defines our bonds and the unity that we have in my culture”.

A consistent pattern of resilience and agency shines through all four African women’s stories. Ultimately, they do not allow racialization to define them. Time and again they found ways to lift their spirits from the dark debris of hegemony and racism to the light and redefine their identity. They praise their strong cultural roots, their African upbringing and divine grace in keeping them strong. These women do not believe in retaliation and wars. They remain cheerful in the face of adversity. Long ago, in Africa,
their elders taught them that the way to success is through dedication, hard work, and being quiet. They believe that there is a light at the end of the tunnel and it is through perseverance and prayers that they will reach that light no matter how winding the road and how high the dream. Through her living room window Rudo points to two birds perched high on the lamp post. She comments, “Achieving your dream is so high in Canada. It is not easy. Still, I say I am just going to try it. I don’t know what I am going to do, but you have to find your own way, and go with it.” Photo ‘Hang on’ represents Rudo’s and Harmony’s message to other immigrants: keep hanging on during difficult times and never give up. For sure, we in Canada can learn a lot from these astounding women with radiant spirits.

Photograph 16: Hang-on

For the three women with children, Rudo, Ruvashe and Harmony, the decision to migrate, persevere, and stay in Canada was worth every tear they shed along the way.

They stayed back for their children. They expect that their children will have a better life here than they would in Africa. For Chinja, life is looking brighter. She is putting the pieces of her life back together and hopes to go back to school. She is seriously considering seeing a counsellor for her gambling addiction and rage. In my last interview
at her new dwelling, she seemed happy. “My roommates and I get along. It is calm. I feel better. I want to go to school. I have decided I want to do social work because that’s who I am.”

Participants from China: Stories of Silk Road, Lyka, Susan, and Alice

Photograph 17: The Lion Dance

The ‘Lion Dance’ signifies protection of people and fighting back the evils to guard truth. The lion dance is believed to bring strength, good luck and fortune to people or the business.

Silk Road has become a reliable presence at such community events. As a realtor catering to Chinese-Canadian clients she depends on social gatherings to network and grow her business. For her, “Business is about building relationships.” It is also very important to her that her daughter learns about the Chinese culture. In telling the story of the Lion Dance, she traces its origin to about 1000-1500 years ago. Interestingly, the lion...
is not a native of China but was gifted to Emperor Shun (126-145 BCE) by business travelers (http://www.worldartswest.org/main/edf_performer.asp?i=113). For thousands of years the Lion Dance has been an integral part of religious ceremonies, family rites, and special occasions symbolizing joy, strength, prosperity, and good luck. Silk Road is disappointed that she is the only Chinese at the opening:

   It's better for the Chinese community to be here, but no one show up, even I told so many people. No one showed up, and that opening was quite big I think, you know people from Toronto, from Hamilton, all branches came over, probably over hundred at least…the event was packed.

As a local Chinese resident she feels a sense of responsibility to promote an understanding of her culture to local residents so that people can learn about one another. Her philosophy is that sharing cultural knowledge facilitates inter-cultural communication and builds goodwill that is needed for a pluralist society to co-exist in harmony. Regretfully, she finds that

   Most people don’t listen to me, they say oh you can speak good English, and no, no I said my English is not perfect, but I just like to go, because once the people know me…because everyone need friendship right? I mean, I think many people even they are OK, but their comfortable zone is so tiny… (Silk Road)

She firmly believes that for many Chinese immigrants in Brantford, their inability to speak English fluently and their fearful attitude towards attempting a conversation in English, have held them back from progressing professionally. These have been strong factors in the formation of Chinese enclaves. She describes herself as someone who is not afraid to take risks or to try something new. Reverting back to the Lion Dance she
connects the flexible movements of the performers to the flexibility of self-employment even though it hasn’t been easy: “Brantford people are close minded – they don’t welcome outside agents.”

Silk Road arrived in Canada as a young 28 year old woman and within a couple of years married a Chinese native in Toronto. She left behind a lucrative career in Computer Programming that took her on a six year assignment to Japan in a highly reputable organization. Despite her education, skills and work experiences in China and Japan she could only secure contract appointments outside Toronto (such as London, Ontario). In a bewildered tone she describes her struggles:

At that time it took me four months, you know, to take the computer programming test, pass the examination, prepare for a first interview, second interview, but I just waited and waited, no one called me and after two months I called them again, and they say, “Sorry we have already hired someone else.”

While Silk Road was on maternity leave from a publishing company in Toronto, her husband received an employment offer in Brantford. Silk Road quit her job and followed him. At first she was disappointed and worried about the move to Brantford even though she knew with certainty that her husband could not refuse that offer for economic reasons. They needed to survive. They had a young child. Her mind travels back to China where her friends who graduated with her were living a luxurious life. That could be her life if she stayed in China. Bringing her thoughts back to Canada, she reflects deeply on the move to Brantford. She is bored with 15 years in the computer industry. She begins to consider her relocation to Brantford as an opportunity to start a new life–
new place, new career, and new people. She wants to make money. She is so tired of being poor.

Like Silk Road, Susan also left behind a lucrative career to follow her husband through the Family Class immigration policy: “In China, my husband worked for the government and I worked at a university. When a husband works for government and wife works for university it is considered an ideal life.” Unlike Silk Road, Susan is not a risk taker and won’t attempt anything until she has over an 80% chance that she will succeed. With her post-graduate education in teaching and her husband having passed the American Society of Mechanical Engineers exam, she did not expect to undergo major resettlement barriers. In her words, “I expected that I would get something better soon and that I and my husband were capable of achieving the dream for which I migrated.” In deep contemplation she adds,

Upon arrival everything was new, fresh, and welcoming. We had hoped for a better life. We had the qualifications, education and enough money to manage. Without this I wouldn’t dare to leave my country--to leave behind whatever security and achievements.

Disappointedly, “As time passes by in Canada and you cannot find a job; the hopes that I came here with start dropping…just like the tree sheds off their leaves.” As her husband did not drive a vehicle, he found it very difficult to gain employment as most engineering jobs required frequent travel. Photographs 18 ‘Upon Arrival’, and 19 ‘Hope Dropping,’ contrasts Susan’s emotions of pre-migration expectations versus post-migration reality.
Susan begins to wonder if she had made the right decision to migrate. In the photograph 20, ‘At Crossroads’ she captures this sentiment.

**Photograph 20: At Crossroads**

In Canada I was faced with different options. I had to make a difficult decision. Where to go? Dim background: lost direction. Do not know if I should go back to school to upgrade my credentials or start a new career. I question what I should learn that is practical and that will get me a job.

*Susan*

Alice can empathise with Susan. Having migrated to Canada under the skilled worker category she expected to secure good employment quickly and easily; however, the reality was quite different. See photo 21, ‘Confidence with Credentials’, below.
Lack of Canadian experience, she argues, blocked her road to success. Everywhere she went she was asked, “Do you have the Canadian experience?” Very much like Silk Road and Susan, Alice starts having misgivings about her decision to migrate, as reflected in her statement:

I was a certified teacher in my home country, but was not able to find a job related to any teaching positions here. I was wondering if it was right to come to Canada. I started to doubt myself and everything around me. I was very frustrated and anxious which made me hard to sleep at night.

Aside from language barriers, like other participants, the mandatory requirements for Canadian experience posed serious barriers to Susan’s entry into Canada’s labour market: “Even to apply for secretarial job, they require Canadian experience…Canadian experience is like the egg and chicken situation—which comes first?” Both Alice and Susan express their frustration with the requirement of Canadian experience in photos below: ‘Canadian Experience’ and ‘Frustration’
Lyka is also intimate with the Canadian experience dilemma that dominates Alice and Susan’s public narratives. Even with a PhD from the United States she could not find a job in Toronto. In photo 24, ‘Dark Night’, she portrays a time of darkness:

The ‘dark night’ represents the time when I lost myself, especially the time period right after I landed. Life went back to the starting point—starting at the bottom. For life, career, everything. I could not see clearly my future without a job offer in hand. Everyone wanted Canadian experience. Even US experience does not count to get jobs so you have to start from scratch.

In photograph 25, Lyka contrasts her life in China with her life in Canada:

I didn’t understand why every place needs Canadian experience. How a newcomer got Canadian experience if no one would like to provide an opportunity?

Alice

Feeling psychologically frustrated. Canadian experience is a must in order to get a job here. The mask symbolizes a loss of identity. Who am I here? I am not myself anymore. I doubt myself. The educational credentials are not recognized. I had work experiences before but the employers need Canadian work experiences. But how can I get Canadian work experience when no one will open the door? Susan
This photograph represents sharp contrast. The fighter planes are strong and flying high. That is how I want my life and career to be. However when I come to Canada my education and work experience from China and USA is not recognized. I feel trapped. I feel I have lots of potential and there are lots of opportunities but no one gives me the opportunity. They all need Canadian experiences. I did not expect that kind of life.

Lyka continues. In the quote below, she describes the relationship between deskilling, health and identity.

So not being able to fulfill my potential and not able to control my life situation makes me feel helpless. Physically, I have to keep going. I cannot give up for my son. Emotionally, I feel depressed. After I keep getting rejection letters you don’t want to send any more but you have to do that…for your son. I forced myself not to give in to feelings of worthlessness. I tell myself that I have value for self.

Susan was so relieved when her husband was offered a position that matched some of his foreign education and training. Although they had not expected to relocate to
Brantford from Toronto, with the initial years post-migration challenges wearing them down, her husband accepted this position. He was tired of engaging in menial work. For almost two years post-migration he had done odd jobs such as delivering pizza, working in a bakery and installing blinds to support his family. Despite diligently searching for jobs and eager to contribute her human capital skills (such as education, training, skills, etc.) to the Canadian labour market and be productive, Susan could only secure a food server position at the mall. It became quite clear to her that she needed to upgrade her educational credentials to get out of the food server job. She clarifies, “There is nothing menial in serving food” but she could contribute more to the Canadian economy if she was offered a job which could utilise her education and training. So she took up accounting and payroll, completing these courses with honours. However, even after graduating from an accredited Canadian business university school she was without employment for nine months and could not even secure a bookkeeper’s job. Paying heed to other immigrants’ advice Susan searched for a volunteer position in accounting:

I contacted some places to volunteer. I couldn’t even get volunteering job. Could not get professional job related to volunteering position. I wasn’t successful. I have payroll and A/c diploma but no one would give me the experience to even volunteer. I did not want to do labourer job. I wanted a professional job-related volunteer position.

Reflecting on those difficult times Susan adds, “That was a hard time. It is not economical but psychological.” Alice agrees that it is very difficult to find a volunteer position in the field where an immigrant is looking for work.
Not having a Canadian driver’s license or a car, along with long wait times at the bus station further intensified the participants’ settlement challenges. In describing her transportation difficulties Alice states:

First when I moved here bus was my only source of mobility. Taking a bus is time consuming and difficult in the winter especially moving around with a small child. Indoors it’s warm but outside it’s cold so I have to always carry a lot of clothes (gloves, etc.). At that time I did not drive. Especially in Brantford, driving is very important.

Even after receiving her driver’s license Susan is not comfortable driving in the winter:

Snow and ice rain make the driving rather difficult. My husband was involved in an accident on an icy day. I still have difficulty adapting myself to the winter here. Since I did not grow up in this weather condition, I cannot enjoy the winter activities as native Canadians can, so I am confined to indoor activities. I got arthritis due to the wet and cold winter here.

Further, Susan is afraid that her arthritis will get worse as she ages, “I feel arthritis in my knees. Knees get exposed to cold weather. It is difficult to get down the stairs and I am only in my 40’s. I am afraid if I am in my 70’s what will happen?” In the initial years of settlement, Alice would experience a frequent drain of energy in trying to cope with settlement challenges (See below the photograph 26, ‘The Stone ’).
Bouncing back and forth from one job to another and between paid work and volunteering, the thrilling moment for Lyka, Susan and Alice happened when they found paid work that allowed them to utilize some of their education and training and provided their family with some financial stability. Even though they are not yet living to their full potential they seemed happier than they had been since their arrival to Canada.

Susan happily left her job as a food server to join a company that was developing their business in China and needed someone who spoke Mandarin to negotiate the trade between China and Canada. This job enabled her to travel frequently to China and reconnect with her family and friends. Working in this position empowered her to make a decent living and feel productive in regards to utilizing some of her education. Susan’s work days are enriched due to the diversity at her work: “My colleagues, we are like the

*Sometimes you are so tired trying to adapt to your new country and learn the rules that you cannot find a place to rest. So the stone represents a place where you can sit for a while but the stone is not comfortable or safe place to rest. So you keep going so that one day you can feel safe and be comfortable and be able to be at a place where you can rest. Constantly going with no safe or comfortable place to rest affects my health. It makes me feel nervous and not feel relaxed. I cannot sleep properly – I am always on the edge. Physically, I feel like I have to eat all the time. So I ate a lot due to nervous tension and not eating healthy food. So I had experienced weight gain during that time in Canada.*

*Alice*
United Nations. We are from all over the world. We can speak 20 different languages. We have a diversified atmosphere. We do global business.”

After having volunteered for a long time in after school programs, Alice was offered a position in a private school. Even though all her efforts to get employed in a public school have not yet yielded any positive outcomes, she seems happy to be working here: “Yah, I am doing something so, so regarding to my health issue, I can say when I was not working, I had time, but I was not relaxed. When I’m working I’m tired, but I’m happy”.

Lyka agrees with Alice. Considering that there are not many companies specializing in her field of expertise in Canada, Lyka feels privileged to have been offered her current position in Brantford. Without blinking an eye she immediately accepted the position and relocated to Brantford. She worries constantly though about layoffs, recalling the hard times without work. Sometimes long after the sun has set, she strokes her son’s hair; he stirs and shifts in deep slumber. Tears pour down her cheeks on to his face. He sleeps on in deep slumber unaware of the fear that haunts his mother night after night--the fear of losing her job. For now, being employed, even though not in her dream job, marks a positive moment in Lyka’s life, post-migration. Her photograph 27, ‘Pink Flowers’, captures the sentiments of other participants from China after successfully finding paid employment where they were able to utilize their education and skills and be productive.
Although Lyka is happy working with people who have migrated from all over the world, the ‘Canadian work culture’ keeps a constant watch on her and intimidates her. In the photo ‘Rules of Work Culture’, she potently portrays her sentiments in regards to the culture at her workplace.

**Photograph 27: Pink Flowers**

This represents positive change in my life after I get my job. My life is happier. I have opportunity to show my potential. Now I feel happy and less depressed. There is hope. After about 1½ years, I start having some hope.

*Lyka*

Lyka is sensitive to her boss’s moods. She has learnt to be diplomatic at work and get along with people as well as her boss. She likes it when her boss is pleasant as it makes the work atmosphere for employees a bit more relaxed. When her boss is unhappy at

**Photograph 28: Rules of Work Culture**

The life guard is there to supervise you and keep you safe. I understand the need for supervision. However it also makes me nervous that you may not perform well. You have to always be ‘professional’. You have to put restrictions on yourself and make sure that you always follow the rules of work otherwise there may be penalty.

*Lyka*
work the work atmosphere can be tense. On such days, she is very careful not to carry those negative emotions with her to her home. She does not want to target that negativity towards her son. She admits that on some days it is hard to stay positive. She really misses the socialization with her colleagues after work. Often, in China and the United States, Lyka and her colleagues would go out for dinner or go to a bar and talk.

However, in Canada, even though her employees are immigrants from diverse cultural backgrounds, they all go home after work and people rarely socialize. Although her colleagues are friendly and open, there is a clear division between work and friendships. Alice nods in agreement. While she worked under much more pressure in China compared to her work in Canada, she frequently socialized with her colleagues. Here, she finds that there is a large demarcation between work and friendships. Fortunately for Susan, the work atmosphere is not as strict as that which Lyka experiences. Rather, people at her work, including the supervisor, are very open and friendly.

The question about ‘work culture’ puts a smile on Silk Road’s face. She has so many stories to tell having worked in China, then Japan, Toronto, and now Brantford. In China, Silk Road recounts, “So everyone, you know, kind of know each other, so not, not very clear like who is the boss, even we know but it is like group, like collective.” Her six years in Japan are memorable. She recalls the daily exercise schedule that was incorporated by the employer during work hours. Reflecting back on another work routine in Japan, she now believes that it was an effective strategy to motivate employees. She states:

Every week we have another routine, umm, I forgot maybe, yeah, it is just Wednesday right after lunch, and everyone should came back to office at 1
o’clock, and then, you know, the boss started to do speech, you know, everyone stand up and listen and then there can be no any interruption. Yeah, no interruption. No interaction, we just have to listen to the boss. I remember because every week, yeah,...I couldn’t remember all speeches but I remember one day, he was talking about work ethics, or maybe work passion…like, you know, compare to other countries. Japan has like the lowest passion to work. Then I was thinking it was so interesting.

She describes the work arrangement in China, “Like army, we without the uniforms, you know, we are the army as no one could leave at 8 pm. It really depends on your boss’s mood, if your boss really wants you to work or leave...Even, even you are not in the mood, you cannot leave, because we, you know, it is...he is the sergeant of the army.”

In light of Silk Road’s diverse experiences in China and Japan, it is then not hard to see that it would take some time for her to adjust to the Canadian work culture. For instance, when she first started working in Canada she was astonished that people left their work place without saying good-bye to the supervisor or their colleagues and it took her some time to adjust to the 9 to 5 work routine. Working as a realtor motivates Silk Road as she has many opportunities to meet people from diverse economic, cultural and social backgrounds. However, as a mother with a small daughter, it is very difficult for her to manage work and a home life due to the odd hours of work, such as meeting clients in the evening or on weekends. She makes every effort not to allow colleagues’ or friends’ remarks such as, “Silk Road, you go here, everywhere with your daughter. Do you have time to do your business?” disturb her. Leaving her daughter at childcare facilities is not an option for her. She does not feel safe enough to allow someone else to
take care of her daughter. Susan as well, would rather have someone from her community take care of her child rather than putting her in childcare. Besides she could not afford childcare when she worked at the mall. And in China, children learn to be independent quite early. During the years when her daughter was small, Susan left her with other Chinese immigrants and they all helped each other take care of the children. Lyka and Alice echo Silk Road’s reaction to child care in regards to not being too comfortable leaving their children at a day care facility. Alice finds it so ironic that now she has the money, but no time for leisure or activities with her son. Before this job, she had time, but no money. It upsets her that he is often bored at home and she spends all her leisure time taking him to activities – swimming, skiing and so on. Over the years her health has declined due to lack of exercise. See photograph 29, ‘Bare Tree’, below.

Photograph 29: Bare Tree

Despite the difficulties, Alice stays positive and strong. Referring to the photograph, ‘Bare Tree’, above, Alice explains further:

Immigrants come to Canada after passing the health exam. They have good physical health. But due to stressors (for example, not finding a job, financial difficulties, language difficulties, social isolation, etc.) the health starts deteriorating. The tree represents bare--- lost all the leaves. So when an immigrant’s potential is not recognized you are bare like the tree. You are starting from the very bottom and bare. Second meaning is that whatever you came with (education and work experiences from the home country) is not recognized as employers want Canadian experience. Slowly you start losing the leaves (self-esteem and confidence is lost). Alice

Despite the difficulties, Alice stays positive and strong. Referring to the photograph, ‘Bare Tree’, above, Alice explains further:
Another meaning of the tree is still standing because my family roots were strong. The mulch around the tree represents family values and all other things that protected me from harm. That is the same foundation I am trying to give my son. For example, my parents would have taken care of my son in China but even if I have difficult times in Canada I want my son to know me and grow up with me.

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Chinese women’s health narratives reveal the imprints of a collectivist society. Here is Alice’s health narrative that is intertwined with her son, her immediate and extended family:

To me, health means the happiness of my son. So, health means that it is important to my son and also to my mom and then dad. They are getting older. If I’m not healthy, they have to look after me. That’s not good. And also, health means very important to my husband as well. Yah. So we, both of us, work very hard to make our small family happy and make our big family, my parents and his dad and his…

Silk Road attends to her health issues when she visits her parents in China. She went home when she was suffering from postpartum depression. Both her parents are physicians and they have always attended to her health issues. Drinking Chinese tea has a special significance for her in relation to health: “When you are drinking tea you are admiring beauty and you know it is like leisure, and leisure is admiring beauty so all of those things keep you sane.” See photograph 30, ‘Chinese Tea Art’.
For Lyka, even though she has put on weight since moving to Canada--mainly due to sitting at her computer all day and having no time for leisure--she does enjoy lunch with friends once or twice a year. Picture31, ‘Seafood Volcano’, and her quote reflect the significance of food and community.

Susan takes good care of her health by participating in yearly physical check-ups.

However, she does not like health care in Canada due to long waiting times to find a doctor, especially a specialist. The gender of the doctor does not bother her. It troubles her that, “Family doctors have no time. They take only one problem at a time saying, ‘I am sorry I have patients waiting outside’.” She echoes other participants’ sentiments in regards to the cost associated with dental health. In speaking of her reproductive health
she regrets that the post migration circumstances did not permit her to have another child in Canada as the one-child policy in China discourages families to have more than one child.

We came here and stayed in the basement. We had to go to school. We had to work whatever jobs we got. Became so busy. I wish we could have another child. When you have stress of settling down in a new environment it is later on when you are more settled then I finally thought about having more kids. I was by then over 40 years of age. I tried but reproductive health wasn’t that good.

In regards to mental health issues, coping with post migration stress or speaking to a counsellor/social worker about family troubles, Susan and her husband have followed their marital rule for 22 years to solve their private problems amongst themselves. She describes the marital relationship between husband and wife as “lip and teeth” meaning being so close that even when they fight they must co-exist. Her husband is her sole social support as she does not want to worry her parents in China or friends by sharing her troubles. As a ‘good Catholic’ Susan does believe in going to church and finds solace in religion. In contrast Alice and Lyka sometimes wish they believed in religion or looked upon spiritual truths for solace but, for now, they are not ready for religion.

Despite all these barriers, these women demonstrated remarkable resilience. Alice notes, “I never gave up despite all the difficulties I experienced. Even when everything was dark and I was tired I continued to walk and look for opportunities where I can contribute to society and also find a way to financially support myself and my family. When I continued to hold on…” She describes the volunteer opportunity as “ the light in the
dark.” She adds, “I got a volunteer opportunity and that helped you go out of the house, meet people, get involved in community and get some form of Canadian experience.”

It was indeed the Chinese Eight Virtues--Filial Piety, Sibling Harmony, Dedication, Trustworthiness, Propriety, Sacrifice, Honour and Sense of Shame--that guided Silk Road all through her difficulties in Canada. Silk Road is hopeful about the future:

Being an immigrant woman, I have had to struggle a lot. Emotionally…umm loneliness…walking on the edge of two cultures, wondering why I come here. Finally, after 10 years, I have become mature. We enjoy life better. Just like sunshine coming out through the clouds.

Silk Road firmly believes that Chinese immigrant women must always be vigilant of the eight virtues to help them stay focused and live their life with integrity despite what life brings them – fortune or poverty. She could never afford concerts or theatres. She spent much of her leisure time in nature listening to the birds singing and aligning her thoughts and deeds according to the eight virtues and in so doing, strives to set a good example for her child. She is determined to teach her daughter Chinese values. Similarly, Lyka has enrolled her son in Chinese classes. She is afraid that he may lose his language. The future of the children, it seems then, was the primary motive that these women from China stood strong and did not allow the turbulent waves of post-migration to swallow them. Success, for these women, is not separate from the happiness and well-being of their family and extended family. Susan takes a long sigh, “From the next generation, we see hope. If winter comes, can spring be far away?” (See her photograph 32, ‘The Next Generation’, below).
Photograph 32: The Next Generation

Participants from India: Stories of Krishna, Gayatri, Janavi, Durga, and Aishwarya

Krishna recalls the day of her ‘vivaha’ when she departed forever from her parents’ home. Blushing, she narrates the events that led to that day, “It was a romantic ‘barsaat ki raat’ when a lean young man with black hair, slicked back with coconut oil, visited her home with his parents. He was one among others who had come before him to explore the possibility of a suitable bride. Arranged marriage is an age old tradition amongst Hindus where a boy and his parents visit several girls before a suitable match is found. Krishna’s slender body entered the living room face partly covered with a green silk sari and hands holding a tray of Indian chai and sweets. With grace she filled the

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8 Vivah means marriage

9 Barsaat means rain and Raat means night- rainy night

10 Hindus are followers of Hinduism, the dominant religion in India
guests’ cups. She offered *chai* to the young man. Their hands touched. Her mother’s finest china crashed to the marble floor spilling steaming tea on his tailored suit. Silence. Embarrassed, Krishna ran to her room to escape her father’s fierce eyes. Six months later she wedded this young man. In 1993 he sponsored her to Canada under the Family Class Sponsorship Policy (FCS). After a yearlong separation, her immigration papers finally arrived. Krishna bid farewell to Punjab (northern India) and re-united with her husband who worked in Brantford.

Analogous to Krishna, Aishwarya and Durga, originally from north India, and Gayatri, who was born in southern India, were married through the custom of arranged marriage. Also, like Krishna, these women arrived in Canada as dependents of their husbands under FCS. While Krishna and Aishwarya were only in their early 20’s, Gayatri had been married for 20 years and lived with her husband in western India when she immigrated to Canada. For Durga, it was her second international migration. She was born in Madhya Pradesh, grew up in Uttar Pradesh, and lived with her husband in Mumbai before moving to Nairobi, Kenya. In 2001, Durga relocated to Canada with her husband and two daughters under the Economic Class Category.

Janavi, a third generation Singaporean traces her ancestral roots to south India. In her early 20’s, she fell in love with a successful tradesman, also from southern India, while he was on a work visa in Singapore. The dark shadow of regret envelopes her as she whispers, “Days after he saw my parents, he broke the news, he told me that his visa to Canada had been approved and he will leave for Canada in a month. I gasped in disbelief. I had no prior knowledge that he intended to go abroad.” After maintaining a

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11Indian tea
two year long distance relationship, in 2005, he sponsored her to Canada. She left behind a rewarding career, her family, and wonderful friends.

Although these five incredible women—Krishna, Aishwarya, Durga, Gayatri and Janavi— are of different ages, born in different regions, and immigrated to Canada at different times, the promise of a better life is the common thread that ties their move to Canada. Below, Aishwarya takes a photo of an ‘Aeroplane’ (photo33) to show that they “moved to Canada with hope of a better life”; a ‘Bird feeder’ (photo34) to demonstrate that when she arrived in Canada she realised that “dreams are high and difficult to reach”; and of a ‘Tree Trunk’ (photo 35) where the dried and cut tree represents that upon arrival “immigrants have to start at the bottom”.

Durga knows intimately about starting at the bottom. Like Aishwarya, she moved to Canada “for a better life.” When her husband could not find a job in Toronto and the schools went on a lengthy strike, they moved to Edmonton where she had some relatives. While in Edmonton, her husband was offered a position in Brantford. Those months when he was not employed were financially difficult. A teacher by profession, Durga ached to help with the finances but she experienced many barriers:
Sometimes I feel that these people…because of my culture, because I am south-Asian that I couldn’t accomplish much…but then there were others that were supportive. But it’s very hard to find a job here. I tried really hard and I couldn’t find anything.

Unable to find work in her profession, Durga spent the first few years doing menial jobs in factories. Working is important to her:

Uh. I get to go out. I want to go out. I want to meet people. Sitting at home I get depressed. I don’t like cooking (laughs). It also gives me sense of purpose. It gives me satisfaction. I am doing something more than just being a housewife. So I feel I am contributing to society.

Below, through the photo ‘Sky is the Limit’ (photo 36) she depicts the notion that in Canada the “sky is the limit” meaning there are immense career opportunities. She uses the ‘Train Tracks’ (photo 37) to express her feelings of being depressed at not being given the opportunity to fulfill her potential. The picture of ‘Goddess Durga’ (photo 38) represents her faith in prayers, Hindu chants and her religion to help her through the difficult times.

Photos by Durga

Photograph 36: Sky is the Limit  Photograph 37: Train Tracks  Photograph 38: Goddess Durga
Gayatri’s story of disappointments and brokenness is similar to the other participants from Asia. Her husband, a financial director in India was working on his chartered accountant (CA) degree. He arrived in Canada with great enthusiasm that he would complete his CA here. Despite his education and years of job experience in India, he could not find work in his profession in Toronto. He refused to work in factories. Quickly the $18,000 dollars they brought with them starting running out. In a state of panic her husband accepted the position as a motel manager in Brantford. Boarding and food was part of the job package. This move isolated Gayatri from the community she had begun to build in Toronto:

I knew no one in Brantford. I felt sad. All the time I stayed in the motel. He worked all the time. I want to help him but he doesn’t want me to stand in the reception. But then I tell him I want to work. I have education and I am not stupid.

Gayatri was forced to take up menial jobs in factories as her husband’s income was not enough to support their son’s education. Their son was living in India with his grandparents. He dreamed of coming to Canada to study law. As an accountant from a well-to-do-family, back home she never even travelled by bus, having the luxury of a driver for her errands. Reflecting upon her life situation in Canada, Gayatri states, “We thought we are going from a developing country to a well-developed country.” She is very articulate about her feelings on the subject of the work situation for skilled newcomers:

When they give you points for education, points for work, etc. you think that when you come to this country you will get good job, your education will be recognized, but when you come here … you start at the bottom. Its’ just laborer
jobs; any labor that Canadians don’t want to do; that’s where immigrant people go and get job. So until and unless you have strong references you cannot get any good job.

Young Aishwarya shares Gayatri’s concerns in the picture of ‘Garbage’.

Photograph 39: Garbage

When we come here we are thinking we are moving from a bad situation to a good situation or we think that we will have a better life in Canada. But when we come here there is so many struggles. We work in factories. There is no family. We don’t have our food. Our health goes bad. So we are actually moving from a good to a bad situation. Because in India we had servants and car and life was comfortable.

Aishwarya

As Aishwarya was well versed in English, had completed her Bachelor’s degree in India, she dreamed of going further and completing her Masters of Business Administration. Before her arrival, her husband had already purchased a town house in Brantford. The housing costs in Toronto made it impossible for them to live there on his income. She worked with him at a pizza store and later did various jobs in factories and call centres. Once their first child was born, her husband did not want her to work full-time; he preferred that she take up an occupation that would allow her to be home and take care of the children. So, she settled for an insurance career where she had the flexibility of choosing her work hours and could do the majority of work from home. The income in this profession is never guaranteed. In the meantime her husband completed his real estate license. His income was also not guaranteed. Although after several years in the
business, he has been able to provide Aishwarya and his children with a comfortable living, she is troubled and is looking for work that will provide a steady income:

Yes, getting success took so much time and so much stress. I said to my husband that it’s better to have a secure job than this business like both of us. We don’t have money guarantee. He is real estate agent and I am financial consultant so now when economy is bad no one wants to buy house or insurance. So much stress.

Despite all her efforts, she cannot find a good job. She notes, “I don’t want to work in call centre or factory. I don’t mind going to Hamilton even if I can get $18 an hour.” It bothers her greatly that companies do not call back to let her know that they have filled the position.

Akin to Aishwarya, Janavi is puzzled as to why employers do not let applicants know that they did not get the job. That is not the case in Singapore where Janavi was happy quickly climbing the corporate ladder. It was not her dream to move to Canada. As she states, “Canada was his dream.” Even so, like the other women she did not expect to experience work difficulties:

Uh! Well, when I first came to Canada I was applying for jobs everywhere. I had my Human Resources (HR) diploma from Singapore. With British Equivalent education I thought I could get a good job here quickly. I spoke English well. My education was in English. Still I did not get any jobs.

When she enquired at a local bank why she could not find any work, even with English language and HR certification, the manager told her that is was due to her name. Shaking her head she says, “With my name they (employers) wouldn’t touch my resume.”
Janavi accepted a volunteering position hoping to get some Canadian HR experience that could help her find work in her field. She explains her volunteering experience: “When I first came I volunteered with the hospital. I was treated as a...what they call umm...worker. No –not a worker. A laborer pushing people on wheel chair and all that…” She requested the hospital HR manager to provide her with another volunteering opportunity where she could utilize some of her skills in the area but, she notes, “My credentials were never acknowledged. I was never given that opportunity. I was asked to just push wheelchairs around and it was made clear to me that that was the kind of work I would get….” Janavi asks an important question: “How does pushing wheel chair equate to getting HR experience?” She is displeased about the volunteering situation for immigrants:

I feel that volunteers are made to do other people’s work…and getting away with it...and that is the abuse part of it. So unfortunately immigrants are so desperate that they would take any volunteer experience for there is this notion that volunteers experience is equal to Canadian experience so it’s sad. Because what is Canadian experience?

Gayatri nods in agreement. When Gayatri was unsuccessful in finding work in the accounting field even after she had obtained the required Canadian accounting certificates, she was advised to volunteer to gain that Canadian experience. She argues, “I volunteer at the front desk, that won’t help me get accounting job. I don’t think volunteer helps you with job because they don’t refer you to anyone and so I just go there because I feel less lonely and I also feel I am helping someone.” She met other immigrant women, though, through her volunteering. They cooked together for cultural festivals and she
even had an opportunity to speak in her own language. Pondering over the requirements for Canadian experience she adds, “If I know cycling but you don’t give me a cycle to ride then what is the use of my knowing how to cycle? How can I learn traffic rules if you don’t let me cycle here. I need practice to ride in Canada.”

Time was running out for Janavi. Her husband was in university to upgrade his engineering degree and they needed the income to pay their mortgage and to support their elderly mothers back home. Desperate, she accepted the job as a call centre representative with a local agency. She decided that she would complete the required HR certification while working full-time. However, she found it challenging just to gather relevant information, “So, right from the time I came to Brantford when I would go into community service agencies and the first thing they ask is, ‘How many years have you been here? How come you speak English? Where are you from?’ She observes,

Based on my colour they assumed that I did not speak English. And that I do not belong here. Ironically, I lived as a minority in Singapore all my life and there no one ever asked me where I was from. But in Brantford I repeatedly get asked where I am from. They are surprised that I speak English and that I speak it well. The underlying assumption is that you can either speak English if you were white or if you have been in Canada for a long time, more than five years.

Unlike other participants from India, Krishna was not really interested in working outside the home. She was content taking care of her children. Her interests were in reiki, Feng-shui, meditation, and palmistry. She loved to cook. The real adversities for Krishna and her family began with the closure of a once flourishing mall in the heart of Brantford’s downtown. Once her husband’s business of selling Oriental rugs shut down,
the financial difficulties forced Krishna to look for employment. With a grade 12 education and no other work experience except helping her husband with his business, the only job she could find was at a local coffee shop. To make matters worse, she experienced repeated harassment from one of her managers. Despite the constant turmoil at work, she held on to the job as her husband’s sudden heart-attack restricted the activities he could perform, thus, limiting his sphere of work possibilities. Her employer offered a generous medical insurance package that was essential to buy her husband’s medication. Brushing her tears away from her eyes, she describes a difficult work encounter:

A couple of months ago she (manager) asked me to do the bake shifts, from 4:30 in the morning until 1:30. I said I will try for a few weeks, because I have kids, so.. she said it was OK. And I did like for two months bake shift, and waking like at 3:30 in the morning and coming home tired, taking all that frustration on kids and husband. Then I couldn’t take it anymore. I told her ‘I can't do it anymore because it is affecting my family’. What she did next week, was to give me only 20 hours, instead of 44 hours.

Due to the responsibilities of her children, her husband’s health and taking care of an aging father-in-law who lives with them Krishna is unable to travel outside Brantford for work. In the picture, ‘Geographical barriers’ (photo 40), Krishna shows that most jobs are in bigger cities and without a car it is hard to have a choice of where one can work. Through the photo, ‘Metropolitan opportunities’ (photo 41), Durga shares a similar sentiment:
I think one reason of not finding work maybe that I did know driving at that time. So the jobs were far away. There wasn’t much in Brantford. But even the one in Brantford it was far…you had to have a car so I did not know driving. And transportation is really not very good in Brantford.

Due to the difficulties with the manager, Krishna dreads going to work “Last week I was so stressed that my blood pressure was going so low. I called in sick for two days.” She has stopped complaining to the owner. She feels it is futile as he does not do anything.

Janavi has lived the stress that Krishna is experiencing:

Well, as a call centre representative I was non-existent. They gave me a corner and left me alone. The only time I would be seen would be when I had the highest performance which was pretty regular. That caused concern with the staff …which meant that most people were pretty rough with me. Umm! My supervisors too. Although the supervisors would benefit from me performing well some of them would just shut me down. Like, you know, like they would be rude or they would be condescending.

When Janavi was promoted as a supervisor and regularly exceeded the allocated sales quota, the situation at work worsened. Other supervisors would all go on a break together and leave her alone on the floor to deal with clients and staff. When she attempted to
express her concerns her colleagues would make statements such as, “Ah! The immigrant
girl is playing the colour card.” Shaking her head she adds, “I am the only black dot. So
you are damned if you do and you are damned if you don’t.”

Although Aishwarya hasn’t experienced outright racism at work, she is not a
stranger to it:

You want the community where you live to be safe. So you want to be welcomed
when you immigrate but some people they don’t like people from India or
China…so racism is here…so people still discriminate if you are not white colour.
I feel they don’t want me to live somewhere or are not nice to me because of my
colour.

In her experiences, racism in Canada is generally very subtle: “And they sometimes don’t
say anything but I know with how they look and how they behave that they don’t like
me...”

As a south-Asian immigrant woman from a conservative family, Gayatri explains
the difficulties she experienced at job interviews:

I am not saying that we must wear our traditional dress. We can wear modern
dress. We can wear clean dress but we cannot sell ourselves. We speak English,
we are educated but we cannot sell ourselves. Also the accent I find it is hard but
it shouldn’t be a major issue. Some German people do not even speak English. At
least we speak English.

She adds, “Discrimination plays a role...because they won’t give you Canadian
experience? They judge you on your look, physical appearance. There is no respect for
Indian women.” She talks in detail about the difficulties she experienced at work:
See, Indian women are not made like Canadian women. We being fully vegetarian… …our body structure is small; we are very different from Canadian women. Especially Gujarati woman are small, they have small body structure, I am not even 5 ft. tall and it is hard physically… stress for me on my body to work in factories. Gayatri

Due to her petite body structure and inexperience with hard labour, Gayatri found it difficult to use a fork lift and wear the steel boots and helmet required for factory work. Also, she alludes to the difficulties resulting from intersection of sex, gender and age: “Another thing, age is a big barrier. Like I am 45 plus so it is hard to find work but also hard to work in places like factories where I find work. I am given same quota but I cannot do same labour job as 20 year olds.” She adds, “… some white people you work with underestimate you. They think because we don’t say much and because of our skin colour that we are not that sharp, that we are not so intelligent I know their cleverness but I don’t say much. I keep silent.”

Durga did not experience racism or harassment at her current employment. She is glad to be working in an administrative position in a local school. For now at least she is free of factory labour. Nonetheless, she is not very happy at the work atmosphere. In photograph 42 ‘The Clock’, she describes her sentiments. Krishna uses a similar photo, ‘The Clock’ (photo 43), to portray her feelings on integration.
Durga expands on her ‘clock’ narrative:

I also had responsibilities at work in Africa but in Africa people at work were very friendly. We laughed a lot. Here in my workplace in Canada they are too much strict and disciplined. Here it’s just about work. We work in Africa too but time passed so nicely. People and even boss are so friendly.

Aishwarya and Krishna echo Durga’s sentiments. They feel that life at work would be easier if people worked as a team. Aishwarya explains the need for team work:

Here people want to work on their own. It’s better if staff works as a team and work together. Otherwise you already are having a hard life. Then when you go to work and people don’t help you then it is harder….and then you feel so much stress…..and it affects your health. If you don’t get help and if the people you work with are not friendly then you feel so much stress…I never feel that much stress in India as I feel here…I think people are so serious here and so busy.
Below, she portrays the need for teamwork in ‘Team Work’ (photo 44). Krishna delivers a similar message of team work in ‘Blossoming’ (photo 45). “It is possible to blossom in Canada if you can get support and the work environment is not hostile. If I blossom as an employee then it is better for the employer as I am likely to give 100%.”

Desperate to leave her call centre job and yearning to work in the HR field, Janavi tried her hand at volunteering again. She got lucky this time. Although the volunteering position was not in HR, she was able to transfer some of her skills in completing her tasks. Happy with her performance the agency offered her a full-time position where she has been working for five years. Over the years Janavi has worked hard to get her Canadian HR certification and pass her Canadian CHR exams, yet similar to Gayatri’s experiences she still could not find work in her field. In Photograph 46 ‘Re-certification’, she proudly displays her certificates.
 Angry and frustrated, Janavi continues, “I realized that it did not matter how much competence I had because as far as they are concerned I am a foreigner.” Her belief that if one works hard enough they can achieve their dream is shattered. In Photograph 47 ‘The Cage’, she describes her emotions of being an ‘outsider’.

Photograph 47: The Cage

I feel caged. I am always locked. I am the outsider. I am still the outsider—the OTHER. I almost feel as if I don’t have the right to be here. I have so much potential; however, the barriers in front of me do not allow me to pursue the career I want or to live my full potential.

Janavi
In the above photograph 48 ‘The Fish Bowl’, Krishna expresses a similar emotion of being caged. Her health continues to deteriorate due to work stress. Her shoulders hurt and she is taking several prescribed meditations: “My work has affected my health negatively both physically and mentally. There is a lot of stress at work. I feel like the barren tree.” Aishwarya and Janavi empathise with Krishna. Aishwarya describes her need for medications:

I am working all the time on laptop with my job…my eyes hurt and also my wrist.

So I don’t like to use laptop so much but I have to for business…And then in the factory, I was not used to that work and it hurt my back and legs standing on assembly line for so long. Then even at Call Centre you are on the computer all the time…what I am trying to say is that the jobs we get here we are not used to it.

We never do that in India…

Aishwarya continues, “And then the work environment is also not so friendly and then it just adds to so much stress. So many times I don’t want to go to work. I feel sick and depressed.” Janavi echoes Aishwarya’s sentiments. See Janavi and Aishwarya’s photographs of the ‘Medicine and Vitamins’ (photo 49) and the ‘The Medicine Cabinet’
(photo 50), respectively. Janavi describes the relevance of the photo: “The mental and physical stress, wear and tear, and weather difficulties resulted in the increased consumption of medicine.”

Both Krishna and Aishwarya avoid emergency rooms due to long wait times. Krishna articulates her recent experience:

I went this past Friday because my blood pressure was low, and I had the pain on my shoulder and my neck, and they gave me medication over there. From 8:30, I was sitting there until 2:30, nothing happened, and I asked for how long I have to wait, and she said for maybe for two or four more hours.

There is a general agreement amongst all the five women from India, that unlike doctors in their country of origin, physicians in Canada do not spend much time with their patients. Durga had a doctor from India but her experience with him wasn’t positive. She likes the services at the local Community Health Centre that she visits, but the uncertainty of which doctor she would see is distressing. She tries to stay healthy by eating well and praying to avoid hospital visits.

For Aishwarya, eating healthy food is important to maintain good health. She is a vegetarian and is frustrated that in the absence of Indian stores in Brantford she has to
travel to Toronto to buy her groceries. Vegetarian food that is available at the Brantford supermarkets is quite expensive. While she worked at the pizza store she ate vegetarian pizza all the time as she did not get regular breaks so could not cook food. As a result she put on a lot of weight. Similar to the other women in the study, she asserts that with more immigrants now living in Brantford she would like to see different ethnic foods offered at schools and especially hospitals:

I did not have any bad experiences with doctors and nurses. My kids were born in the local hospital. I was there only one day but we like hot food when we are pregnant or when we give birth. And as you know food is not same as we used to get at home. Here we usually get salad, Jell-O, fruits and cold water to drink. I think now that more immigrant women from India are here they should think about providing different kinds of food.

Between school and work, Janavi has no time to cook. As her husband was also studying part-time they hardly saw each other. She was very lonely without any social support and took refuge in comfort foods and watching television late into the night. She has gained weight. But she needs to keep moving despite her broken and shattered spirit so she can send some money home. Whenever she speaks to her mother or little sister she puts on a brave front. She does not want them to worry. Below in her photo, ‘The Suitcase’ (photo 51), she speaks of living in two worlds:

I have a closet with my clothes settled to live in Canada, but with immediate family members, like elderly parents and siblings far away…a bag is always packed ready to travel far to support family that you cannot bring here. I am constantly in another dimension of living in two worlds. One world in which, I
want to stay, I have invested a major part of my working life to progress, and another world which is the family I left behind and cannot be part of my world here, because policies say so.

In a similar tone, in photograph 52 ‘The Father Figure’, Durga portrays the absence of her elders:

Now they…the government is making so hard to get parents and grandparents. The policies are changing. They just want young people. But people here, immigrants who come here, they don’t have parents and other family for support. So it’s really hard. Immigrants need parents here. Children are not getting to know their grandparents. And then life is so hard here. Like the childcare is so difficult. In Kenya you can find so much support for someone to take care of children. We have parents and friends. But here it is really hard to raise children.

Photograph 51: The Suitcase

Photograph 52: The Father Figure

Aishwarya, on the other hand likes her independence. As her in-laws are not living in Canada, she feels it minimizes any opportunities for daughter-in-law and mother-in-law difficulties that are common in India. She feels blessed that her husband shares in the domestic chores which make her life easier. Even though Gayatri is grateful that her in-
laws are taking care of her son in India, she would have welcomed some relatives living nearby. Often when she worked long hours, she felt guilty that she wasn’t home to cook her husband fresh rotis as she did in India. After all, “He is my God,” Gayatri comments, referring to her husband. The constant struggle, compromises, broken dreams and no time for leisure sometimes created problems between Gayatri and her husband:

In 20 years of marriage we don’t fight. We come to Canada and we fight. We fight. We fight all the time. Immigration separates families. It tears them apart. Sometimes even my husband cannot touch me sometime. I am tired all the time. Who you are going to talk to? You cannot scream at work. You cannot scream at neighbour. So you come home after hard factory job and then you are tired and he comes home after hard factory job and he is tired. So we fight.

Gayatri does not believe in counselling to solve her personal issues. She is cautious about revealing personal matters to strangers in a small community. Instead she relies on Hindu Holy Scriptures to cope with personal and professional challenges.

Even though Janavi’s marriage is falling apart her husband is not agreeable to ‘couples’ counselling’. Furthermore, with no medical insurance she cannot afford long term counselling. Below in the picture 53 ‘The Bed,’ she movingly explains her marriage issues:

One side of the bed is always empty. We were trying to progress and move forward in Canada, but in the process, we lost ourselves. The constant struggle, to find employment anywhere, upgrade to get jobs, credentials while trying to balance our finances, we sacrificed being together and it resulted in the decline of
our relationship, the closeness. We were always waiting, working, studying hoping to make a better life, yet not realizing at what cost.

Through ‘The Pram’ (photo 54), Janavi speaks about missed motherhood due to post-migration challenges. “I am in the stage of immigration where I can now ideally have a child but now the reproductive time is gone…financially I am stable but I have missed the boat. Besides I don’t have support of family so I don’t yet feel safe to have a child”.

Absent of relatives and difficulties with childcare (such as cost, cultural barriers and lack of trust) also made it difficult for these women to find jobs that required travel or long hours. They were willing to do anything for the welfare of their child. As mothers they believed that looking after their children was their foremost duty. Krishna, Aishwarya, Gayatri, and Durga came to Canada to fulfill their marriage obligations but they persevered through their difficulties for their children’s bright future. Listen to Krishna: “I cannot go back after 18 years. But I am willing to stay for a better life for my children even though I am not happy”. For Aishwarya, it was Karma; it was her fate to come to Canada, a belief she shares with Gayatri. See photo 55, ‘Destiny’.
Krishna is hoping for better days: “I am hoping for a change in my life – a positive change in my work so that I can finally live my dream. I hope soon I will get an opportunity that is fulfilling where I can work according to my likes and potential”.

Durga continues to pray to the ‘Sun God’ to remove all darkness and the goddess Durga to give her enough faith to continue the rest of her life journey fearlessly. For a few years now she has been praying for a temple in Brantford. Krishna articulates the importance of a temple:

> Community is important for integration and belonging. People are moving to larger cities as there are very few resources where south-Asians can congregate, for example, temple. Our people give us a sense of safety and belonging. Having your own community is also important for elderly immigrants’ and children’s health and well-being. We are away from our homeland and extended family.

After nine years in Canada, Janavi is still confused on the question of integration. Her voice breaks into an almost tragic and poetic tone:

> Look at this...this is me but it is not me. In the sense that I have straightened my hair, changed myself, put modern clothing, but… is this me evolving? But it’s not me”.

It’s our destiny and you cannot fight it. It was our destiny to come to Canada and struggle...We work for our children.

Aishwarya
She wonders if she is fighting two identities. Not only is she living between two worlds, she feels she is trying to “survive in two separate selves.

Contemplating deeply she asks, “Is this assimilation or integration? I respect diversity but does that mean I have to lose my sense of identity of who I am to get where I need to go?” Her question continues to haunt me.

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**Participants from the Philippines: Stories of Enigma and Ding**

Nervously, Enigma studied his profile posted on a dating site even though she knew it by heart. His deep eyes stared back at her from the webcam and for a moment their eyes were locked making her heart race so rapidly that she could hardly breathe. Earlier that day, he had asked her to send him her private email address. Restless, she paced in her bedroom with her dog at her heels. Every time she would put her finger on the ‘send’ button, her heart would jump into her throat. She was a novice at internet dating. Though she was in her 40’s, still, she worried that her father would be very displeased if he found out that she had registered with an internet dating site. He was furious when she chose to work as a corporate trainer on a ship, a male oriented industry. He wanted her to marry a good Filipino man and raise a family. And William wasn’t Filipino. She consoled herself. This wasn’t just any dating site; it was specially tailored for Catholic dating and fellowship. Faith was important to her family. All the same, she was nervous. She did not know this man. He was retired and 18 years older than she, yet she felt pulled towards him. They had much in common: “We shared our love for literary pieces, music and poetry and the talent to write and express ourselves.” As she clicked the ‘send’ button, she knew deep within that she had made the correct decision.
Suffering from intense grief and loneliness after the death of her brother a year ago in 2005 and her father in 2004, in 2006 Enigma renewed her membership on the dating site where she met William. She was shocked when only after two months of internet dating, he proposed to her. He had never met her in person. He lived in Canada and she was in Manila. Shocked, Enigma declined: “Are you crazy? I think you’re wasting your time because I am going back to work on the ship so you better find another Filipina whom you deserve.” Enigma’s rejection made William even more persistent. A month and a half later, he sent her the Family Sponsorship papers asking her to join him in Canada. Enigma sent the papers back. William wasn’t ready to give up. Insulted Enigma stopped communicating with him, but she could not get him out of her mind. After a period of separation, she resumed her friendship with William. When he proposed for the third time, she accepted his proposal. They were married in Manila in 2007 and rented a beach property until her Canadian visa was finalized. Little did she know of the post-migratory stress and challenges that lay ahead that would test their love for one another. Photograph 56 (p. 182), ‘The Couple’, is representative of Enigma’s love story. She writes, “The couple embracing each other, vase full of roses, romantic book of poetry, letters, book of marriage, chocolate cake with strawberries on top. Umm! All are symbols of our love. In 2012 we celebrated our 5th wedding anniversary”. Although she loved William, leaving her mother behind was intensely painful: “Mom and I were the best of friends. We can be really agreeable in many ways laughing, enjoying ourselves together yet arguing a lot about petty matters or family issues, but the bonding is so deeply strong.” Her father, a lawyer by profession, “had a lot of vices” and her parents “had a troubled marriage for a long time, despite being married for almost 44 years.”
Though her “mom was very enterprising as a businesswoman; she was a battered wife.” Yet, until the end, her mother “hanged on to her faith in God and kept the love, devotion to the family keeping it intact together.” Enigma describes Philippine society as “patriarchal since men or fathers are the head of the family. Wives and mothers are submissive to their husbands so they have to be faithful, devoted, true, and to be of service to the family’s needs all the time.” She adds forcefully, “One thing different though, between me and my mom, is that I would fight for my RIGHTS.”

Ding, an engineer also moved to Canada through a Family Class Sponsorship Policy to join her husband who worked in Brantford. Her love story also began in the Philippines where she was born, met her husband and married. Going back to 2000 she remembers the two years’ separation from her husband while she waited in Zamboanga for her immigration papers: “There were times I was lonely and maybe that’s why they call depressed, but not really because my job was keeping me going and my family of course… I have my sisters and my brothers.” In photograph 57, ‘Zamboanga in the Philippines’, Ding proudly displays the photograph of a t-shirt with the name of her city and country.

Photograph 56: The Couple

Photograph 57: Zamboanga in the Philippines
Not knowing what the future held, Ding arrived in Canada as her husband had a job here. She brought with her the “colourful armour” referring to the rich culture, language, and the strength of her nation, the love of her family and friends and wonderful memories of growing up in the Philippines. Her husband rented an apartment in Toronto as well as one in Brantford so that he could continue his job in Brantford while she searched for jobs in Toronto. Despite all her efforts, Ding could not find an engineering position or any other job that would utilize some of her education and skills. After two years of struggling to maintain two apartments on one salary, they finally settled for Brantford. Besides, with a child on the way, Ding did not want to be alone in Toronto. She longed for her family and friends back home.

Ding’s first two years in Canada had taught her that Canadian education and experience would be a barrier to finding meaningful work and she would be limited to low-skilled jobs. Once her child was born, as she had no extended family and could not find appropriate child care, she was further limited to the jobs that she could pursue. She waited two months to hear from a child care agency and then she was informed that they were full. She needed to keep herself in good health so that she could raise her daughter well: “My daughter, who will look after her? I am not thinking only of myself, I am also thinking of her because no one else will look after her so I am trying to help her body mind and spirit.” In photo58, ‘The Aquarium’, she explains her limitations to pursue certain jobs.
Besides, Ding believes that as a woman, it is her primary role to take care of her daughter: “Even though women work in the Philippines, mostly its women who take care of children.” In the absence of much social support in Canada she does not want to take on too much work outside the home. She fears getting ill. Recently she was diagnosed with anemia. She notes:

    In the Philippines I was always happy. I have a lot of nieces and nephews but here I am afraid of getting sick because I think nobody will look after me. At most times life’s situation lets us make choices. Deciding which path to choose is not an easy thing to do. For example, employment versus family or employment versus health. For now, my priority is my health and family. Other things will follow next. I believe that if I am on the right path with my guiding spirit, someday I will reach my goal.

Like Ding, Enigma knows that her skills are not being utilized in Canada. Within a year of her arrival, Enigma realized that she had to compromise her career dreams and goals. She resided in a rural area of Grand Erie. Here, there are few professional job opportunities. Regardless, she wanted to work and be productive. So she applied for
minimum pay positions at all the local department stores. “It’s funny. I was able to get interviews at one, two, three level. But then after that, you won’t hear from them.” When she followed up on her interviews she was told that … “Management prefers younger people… Something like new graduates, something with Canadian background.” Even though she was proactive in her job search, attending job seminars and several employment workshops, she could not find work. Her work experiences from Manila were not recognized. William’s family advised her to look for employment opportunities in bigger cities such as Hamilton or even the City of Brantford. However, at the time she did not have a driver’s license. “In the Philippines, I don’t need to drive because there are many means of transportation.” With a poor transportation infrastructure in the rural areas, there was no other means to travel to Brantford or Hamilton except by taxis which were very expensive. It meant relying upon her husband for transportation. With each passing day, Enigma began to lose hope and often doubted her decision to migrate. After all, her life had been dramatically transformed from a busy executive with a rich social life, residing in a thriving city in the Philippines with family and friends, to being jobless and secluded in a rural area of Canada that has very little diversity in regards to culture and language. She tries to put on a positive attitude, but her eyes fill with gloom: “It was demeaning. It was stressful, like suddenly, it came to me, what on earth am I doing here? Even if I am married to someone like William. And I understand you have to be with your husband, but Lord…” She often dreams of flying like the ‘White Swan’.
Photograph 59: The White Swan

Such a white beauty! I sometimes felt I'm like the whole swan ready to fly spread my wings reach new heights of what I can do. However in Canada I still have a lot of potential to fulfill. I am volunteering so I can get the job to my potential so I can fly like the white swan.

Enigma

Loneliness and homesickness, especially between fall to winter season, gnawed at Enigma but she held onto her faith. Moreover, she yearned for children but William wasn’t very interested.

She portrays her yearning for a child in photograph 60 of ‘The Womb’.

Photograph 60: The Womb

The Womb represents the emptiness and my unfulfilled desires to have a kid. I have this intense desire to be a natural biological mother. I would be a good mother. However, William was 58 and I was 41 years old when we got married. Though I was still of reproductive age, but William was so set in his ways and attitude. His ambition was to publish his book. Also, I was ready and willing to undergo medical tests; he was not ready to do tests (like the semen analysis or sperm count). He finds that it so unnatural and silently I think it’s his male ego. I also feel that for him his baby was his book. On top of that there’s so much BUREACRACY here in Canada. That is one sacrifice I made.

Even though Enigma wasn’t happy, she supported William’s desire to write the book helping him launch the book as his publisher. She did not give up on the idea of
motherhood. She is comforted that he is supportive of her to explore the idea of child fostering in the near future. While the post migration challenges and adjusting to an interracial marriage have been challenging, Enigma considers “love, faith, respect for one another, communication, and patience as the key to successful relationships despite the odds, trial, human limitations and imperfections.” She has accepted her fate or destiny. Finally her job search yielded some positive results. She applied for a job in the church:

But since I was very new in town, a newly landed immigrant barely 3 months, I did not get the job. I was a newcomer. That again excludes me. The parish priest offered me a volunteer position instead, as he was very much impressed with my professional background and proactive life both in my community and parish church activities in Manila.

Enigma gladly accepted the volunteer position firmly believing that it would help her find work. As she thrived on interaction with people, the volunteer position helped her make some new connections.

The concept of volunteering was new to Ding. Unable to find a job she decided to volunteer to gain some Canadian experience. She took great pride as a volunteer with a local church: “This is the first among almost everything in my life here in Brantford. My first Canadian work experience through volunteering in Church kids club, Sunday school and Food Bank. Church represents my source of inner strength, wisdom and ‘family’.” For her the church family is the “bread of heaven because they are always there no matter what I need: spiritual, emotional and physical help.” It is not surprising then that she finds it upsetting when the employment consultant who helped her with her resume told her that she could not include that volunteering experience as it was in a church. While
she does not regret volunteering, to be told that all those months of volunteering experiences in a place that provided her with so much support did not count as ‘volunteering experience,’ was devastating to her. Even though Ding had given up her search in the engineering profession, she had hoped that her extensive volunteering experience at the church would help her find meaningful work. While volunteering did help her get some contract work as a childcare assistant and lunch room monitor at a local school, she wanted something permanent. At last she found a part--time job with a company to clean offices. While she was willing to make compromises for her family she hoped to find more meaningful work. The transition from a chemical engineer and a professor to cleaning offices was very difficult for her emotionally, physically, and financially. In the picture, ‘Birds in a Cage’, she identifies herself as a bird trapped in a cage dreaming of flying in the open sky.

Photograph 61: Birds in a Cage

Birds in the cage represent my desire for freedom. Because I am an immigrant I am not free to do what I like to do as far as employment is considered. Because I am an immigrant my Canadian experience and my education from the Philippines is not recognized here. I don’t have Canadian experience. Also my accent becomes a barrier to finding a job. Even my online teacher said, “I hate to say this but your accent will become a barrier when you finish training and try to get a job.” Some immigrants...many immigrants I know change their name because their name becomes a barrier. I will never change my name. My name is very personal to me. I love my name. My name is my identity. People shorten their name. I will never
shorten my name. If Canadians cannot say my name, it is their problem, not mine.

At last Enigma’s perseverance paid off. One of her cold calls landed her an administrative assistant position in a Christian camp. It was something she had never done before and she preferred interaction with people rather than numbers. She was tired of being without work. The job gave her some purpose in her life: “I’m still in my prime of giving back something in return in the community and making yourself productive. That is very essential. You know, that’s very important that you are doing something worthwhile.” She continues:

It’s like when I came to Canada I did not expect such strong waves. But in my experiences I find that you never know when you will encounter these turbulent waves. So I have learnt to expect for the worst and best. You have to ride with the waves, otherwise, you will drown. Waves could represent adapting to culture, climate, language, and all other challenges (internal and external) that I have experienced in Canada. If you don’t learn to ride with the waves, then your health can suffer and you can fail in your goals and not be able to adapt to Canada.

Although she liked her employer, who reminded Enigma of her mother, and the pay was above minimum wage, sometimes she found it physically difficult to keep up with the fast-pace of the job:

You just keep going, going, and going. And then, when they see that you are hard-working, they demand more of you. It’s like they see that you are a good worker and therefore you wouldn’t complain even if it’s really stressful especially during peak season…and you need to deal with hundreds of people camping in the area.
Often, she skipped meals. She craved rice and sardines; however, initially her husband did not like Filipino food so she would sneak some rice and Asian sardines and eat it at work: “He doesn’t like me eating white rice and that’s hard. He gave away my tin can of sardines and everything.” The first two-three years of marriage were challenging. She was on a sponsorship visa and did not really know the implications of leaving the marriage except what she learnt from William. When her mother was still alive, Enigma called her almost daily and prayed with her. Through all the dark nights, mother and daughter held on to their faith and love for Mother Mary. After her mother passed on, Enigma tried phone counseling for a while and found a Filipina worker to whom she could pour her heart out. Over time, she asserts, open communication, trust, love and respect for one other helped William and her work out their cultural differences:

I'm quite blessed that me and William have adjusted quite well with each other despite of cultural differences brought by interracial marriages. We learned in time to accept both our strengths and weaknesses but one thing so common we have is the love and faith and trust in God as devout Catholics and we learned to have fun together. Part of that is time to laugh about our mistakes and pick up the pieces to change for the better. This is very important for us. It is our basis for a strong foundation in our relationship.

She treasures his love, support and patience to help her grow in Canada: “I feel secure and safe knowing I have someone in my life for a lifetime to grow old with, who truly cares now that I lost both my parents.” One of her treasured memories is of her husband catching trout in a creek behind their home, with their beautiful dog, Sunshine, playing
around…a home she calls “her sanctuary” and she cooks a Filipino dish. See photograph 62, ‘Bulanglang - A Pinoy Fish Dish’.

**Photograph 62: Bulanglang - A Pinoy Fish Dish**

Wow! I missed home cooked meals from home in Asia--so I cooked the fresh trout-pinoy dish called bulanglang that I learned from both my grandmother and mom. The Filipino items are hardly available in this area. When I go to Hamilton I find them expensive. So since I cannot find the Filipino items I have to be innovative in cooking my home items. This dish helps my health. For me it is sumptuous. Our tradition was three meals with rice. Rice is very staple part of my diet. Now I have only one meal with brown rice.

Akin to Enigma, Ding craves Filipino food. She took a photo of a potato to show her desire for Filipino cuisine and how the lack of it affects her health. See photo ‘Sad Potato Face’ below.

**Photograph 63: Sad Potato Face**

This sad potato face is how I feel when I don’t eat rice in 24 hours. Wherever I go there is mainly potato served. I cannot live on potato alone. Rice is our staple diet. If I don’t eat rice I feel like something is missing in my body; I am not satisfied no matter what I eat if I don’t eat rice. Without rice my physical body won’t let me do much. Ding

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Back home, Ding did not care much about her health as her family was there to look after her. Her sister cooked her meals. In Canada, she has to work and cook for herself and her family. She states, “…so that my daughter and my husband stay healthy. I am afraid of getting sick because there is no family to look after me and my everyday housework and work responsibilities.” The uniform she is mandated to wear for cleaning makes her really hot in the summer as she is always on the move. She is afraid that being sweaty and wet could make her ill. Sometimes she fears that she might injure herself while cleaning; thus, she is glad that the employer offered the Health and Safety Training before beginning her duties. She notes: “In the Philippines as an engineer I worked in manufacturing lines like canning factories, making tuna, Pepsi Cola, and quality control. Unlike here in Canada, they are not concerned about safety, and way back home we are not equipped properly.” She is also grateful that she hasn’t experienced any racism at her current employment. She likes the people she works with. Many of them are visible minorities or immigrants. She feels that her manager is fair and treats everyone equally. She narrates an uncomfortable situation at her previous work:

When I was doing my before and after school program…yeah I noticed even...even kids, you know, although not everybody but because there were four of us, two supervisors and two assistants so my job was to interact with the kids but the kids will go more to my supervisor who is white. All the staff were white and I was the only coloured one all the three of them. I felt that I didn’t belong to the group.

Though some of the customers were rude to her, Enigma did not experience outright racism. Nevertheless, the long hours, job tasks, and insufficient breaks impacted her
health. Also, she did most of the household chores when she came home from work. As an administrative assistant she had to multi-task and did not have much help, thus, resulting in fatigue:

Since I started out without proper job description, guidance and training and was left out with an elderly administrator who does not know and doesn't want to handle financial transactions, I am left alone to do the job without any assistance or any other reliever to do a shift on my place. So I have to extend myself working long, late hours during the summer peak season at the local bible camp.

Enigma firmly believes that due to the long work hours her health has further deteriorated:

I had my eyes checked sometime July this year and I was told my left eye got more blurred though I have a permanent eye condition called lazy eye (strabismus amblyopia) in my left eye …I had also partial scoliosis on my back due to hereditary cause from dad's side. In short, if I strain myself working more than 8 hours a day, chances are I do suffer back pains and blurry vision. I am currently using corrective prescription reading/driving eye glasses with the proper eye drops. Due to so much strain and pressure at work I have obtained a medical certificate about my condition and had qualified for a medical claim.

To cope with winter weather and work stress her consumption of medications and multivitamins increased. See photo 64, ‘Medications and Multivitamins’.
As Enigma was working part-time, she had no medical insurance. She found it very difficult to pay for the medications. The walk-in clinic was far away from her home and provided scarce specialized health care. For her dental work she waited until she visited Manila as she just could not afford it in Canada. Working long hours also put stress on Enigma’s family life as her husband was home all day “lonely and tired of waiting” for her.

Despite her health issues, Enigma did her very best to be an efficient administrative assistant and help out at the camp as much as she could. She valued the “mother-daughter” relationship she had with her supervisor. It is then not surprising that she was devastated when she was abruptly terminated: “They invited me to be baptized in their pool and when I declined respectfully that I CANNOT COMPROMISE MY FAITH, three days later I was terminated.” When Enigma advised the camp preacher that she was happy with her religion as a Catholic, that she was baptized and confirmed, he insisted that it was not enough to save her and have a personal relationship with Jesus. She needed to be “Born Again”. Gracefully, Enigma speaks about her ordeal: “Naturally, I spent tearful, sleepless, and nerve-wracking nights stressed physically and emotionally, working so hard during the peak season and ended up broken into pieces. Here I am burdened with a heavy heart.” While Enigma nurtures her broken heart, her husband
filed a complaint of Religious Discrimination to the Human Rights Tribunal Ontario. Enigma continues to yearn for her home and her country: “There’s no place like home. Your childhood friends. The bonding is great, but here it’s so hard to have that here.” As much as she tried to adapt to Canada the five years have been tough on her:

Honestly, as I told William from time to time I'm not scared to go back home to my motherland and have back my life there like when I used to be a single person. I am in fact telling him it’s so hard to get a job here in this area much more during winter season. I suggested as soon I file for my double citizenship I'd like to go home during winter time as often as I can and I had thought about the idea. I know of some Filipina-Canadian couples who did it. It’s up to William when he wants to go with me or not but I made up my mind I am going home as soon as Canadian citizen is approved.

Enigma filed for Canadian Citizenship application on William’s birthday this March 2013. There is no going back for Ding. Like the tree in the mall she has adjusted to the life in Canada. See her photo 65, ‘Tree in the Mall’.

Photograph 65: Tree in the Mall

The tree cannot grow to its full potential because of indoor light, tap water, and other indoor conditions are different from natural sunlight, air rain and outside conditions. However, this tree grows probably because it has adjusted to the indoor conditions and can still give oxygen and somewhat cleanse the air in the building.

Similarly, because of Canadian regulations, rules that require Canadian experience and Canadian education and training I cannot practise my chemical engineering and chemistry. The previous jobs I had as childcare assistant, lunchroom monitor and current cleaning job are not related to chemistry but somehow keep me going....I have adjusted to the environment.

Ding
Ding is optimistic about her future. Now that her daughter is older, it is time to pursue her dreams. She was recently accepted into a Pharmacy Assistant course. In the future she may even study to be a pharmacist. For her, the priority has always been her family and health. Photo 66, ‘Mind, Body and Soul’, demonstrates Ding’s meaning of health.

For Ding, the radio is an important source of leisure as it plays her favourite songs and helps her to relax after a hard day of work. Through the radio, she keeps herself informed about the community activities, school closures due to weather conditions, and other events. She is also a fan of Dr. Oz. Brantford’s Harmony Square is a source of her entertainment and recreation. It is here that she socializes with other people. Recently, she has enrolled in yoga classes offered at Harmony Square. Attending the English Conversation Café at the local library has been tremendously useful in improving her conversational English that she would need for the pharmaceutical position. She has a message for the employers:

I would suggest don’t look at the applicants or the employees by their colours, ahh, just see just see how will they do the job, how they will handle the job and responsibilities. I don’t speak like the Canadians who were born here, so they might have thought that I don’t know much or what I am doing.

On one hand, Enigma wants to go home but on the other, she is planning to attend graduate school. She is ready to move on, to soar high in Canada, to spread her wings like
the white swan. For now, she is holding on to the grace of Mother Mary. She believes in miracles. One such miracle occurred in the form of a blue velvet butterfly, a rare species that visited her in her backyard in Canada (photo 67, ‘Blue Velvet Butterfly’).

Photograph 67: Blue Velvet Butterfly

In our Asian culture when butterflies comes near you...it tells of any immediate family is sick or dying. I was shocked when the blue velvet butterfly was hovering over me for three days. That happened when my mother was in intensive care. Velvet blue is her favourite colour. And then my mother died. It is difficult for immigrants to go back to bid farewell. It is difficult for immigrants to go back to be close to our loved ones when they are sick and dying. Through the blue velvet butterfly I bid her goodbye. Yet this blue velvet butterfly comes back around me during spring and summer. Then I knew in my heart it’s my mom visiting me, who will always be there for me.

Enigma

Until the tide turns and she can find work, Enigma is nurturing her fierce and determined spirit, listening to the piano music. She is proactive, volunteering her skills to the local church and various community organisations. On the sound of a piano note, her eyes light up, “Maybe now I will learn to play the piano.”

Participants from Iraq: Stories of Arzoo and Ramhia

The Iraq war in 2003 had a profound effect on Arzoo’s father, a peace-loving man. She remembers him pacing on the terrace shouting “…this war is senseless and wrong!” As the tide of war got fiercer, her father feared for his family. When his younger brother died from the blast of an explosive device, his two other brothers vowed to avenge his death, dangerously escalating towards Muslim extremism. War invaded every street corner. Children lost their childhood as war exploded in their playgrounds and schools. Barely 20 years old, Arzoo was accustomed to the sight of dead bodies and men,
women, and children that she knew walking with amputated limbs. Life for women in Iraq was getting tougher. Her uncles wanted Arzoo to veil her body with a Burqua. Her father rebelled. Things got uncomfortable. Her uncles wanted her to marry a Muslim man. Her father rebelled. The family situation worsened. One day, without consulting his brothers, with whom he had a close relationship before the war, her father applied for refugee status in Canada. That year and a half in Iraq, while they waited for their visa to arrive, was the most nerve-wracking time of her life. Her family was afraid for their lives. With her uncles there was no room for debate. They wanted to recruit her father and little brother into their political Islamic ideology to fight what they considered the ‘Holy War’. The demand for a Sharia state echoed through the walls of their home. Her father had resigned from politics four years before the war broke out. He did not want to go back to that life of religious fanaticism. As soon as the immigration papers arrived, quietly, on a night with a full moon, the family left Iraq.

Ramhia also escaped Iraq and arrived in Canada as a refugee. She had lost both her parents as a child and was not well acquainted with the extended family. The woman who sponsored her through the church lived in Brantford. The church was responsible for providing her with food and shelter for one year. Even though she had a good relationship with her sponsor, as a woman in her early 30’s who appreciated her independence, she did not want to depend upon anyone for her financial needs. For Ramhia “…work is everything. It is my father and mother.” After the loss of her parents, Ramhia took care of herself working as a hairstylist. Reflecting on her years in Iraq she says: “When I am styling hair I forget everything. I am so happy.” In the past, Ramhia

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12 Burqua is an outer garment that is worn by women in some Islamic traditions to cover their bodies.
had spent some time in Lebanon, Egypt, Syria, and Turkey working as a hairstylist and designing jewellery. She preferred Syria to Iraq. With a heavy sigh she murmurs, “In Iraq my life was always in danger. “ Despite these skills, her job search in Toronto, Kitchener and Brantford did not end well. Language posed a huge barrier. She needed a translator. Without a decent income she could not afford to live in Toronto and so she settled for Brantford and enrolled in English language classes. She quickly progressed through different levels of English as a Second Language (ESL). Even at level 4 when she could carry on a conversation quite well she could not find work: “I have been here three years. When I first came to Canada I try to find job as a hairstylist. But I cannot speak English. So no one would hire me. So then I went to school. I learnt to speak English. I still cannot find work.” She continues, “Every country has keys to success. The keys in Canada are to know English and have Canadian experience.” She knows that she needs go to a hairdressing school and get her Canadian haircutting certificate but she finds the books difficult to comprehend.

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Educated in an English-medium university, Arzoo spoke English fluently. Although, she is happy and grateful to be in Canada, not a day goes by when her heart does not ache for her beloved grandmother. Arzoo’s childhood memories are filled with her grandmother’s oral stories. As her grandma was never able to go to school, she wanted her daughter and granddaughters to be educated. While her father supported her desire for university, he expected his family to abide by Muslim religious laws: “My father prays four times a day and expects us to join him in observing all religious rituals. There are separate rules for men and women in my family.” Arzoo did not really like
wearing a hijab but she was compelled to obey him: “My father, though more modern than other Muslims, still wants me to wear the hijab. Before we came to Canada he told me that he did not want me to be influenced in that wrong way by Western standards. As a woman, I have to listen to the male member of my family.” As a parting gift, Arzoo’s grandmother knit her colorful hijabs.

A school teacher by profession, Arzoo was informed by the local school board that her education was not accepted in Canada. If she wanted to teach in Canada, she would have to obtain a Canadian Teachers College Certification. However, during the first three years in Canada things were financially very unstable and her father could not afford the tuition. For years, he had been employed in Iraq as an electrical engineer; yet, he could not find work in his field in Toronto. With very little savings left, her father decided to accept a position as an electrician with a company in Brantford and relocated his family to Brantford. It took a year before Arzoo could find work as a customer service agent in a department store. She did not like that job. In Iraq, she taught Science and Mathematics to grade six students. She wasn’t accustomed to delivering sales talk but part of her reimbursement at work was based on commission. She needed to sell the perfumes to increase her income.

Aside from the job demands, she did not expect her hijab to pose a barrier at work. In Iraq all her friends wore the hijab. Some women even covered their faces with a niqab. She feels unsettled when customers act strangely to her hijab: “Sometimes I can see people pass me by and they stare at me and they whisper to each other.” On the issue of her hijab she had a confrontation with the manager at work:

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13 Hijab – Head scarf worn by women in some Islamic traditions.
14 Niqab- Some Muslim women veil their faces with a cloth known as niqab.
I was happy to finally find work. But the old boss who hired me sold his business. The new boss told me that I shouldn’t wear the hijab because people may be uncomfortable approaching me. My boss was worried that his sales would suffer. To my question, “So, what did you do?” she responded:

When I refused to take out my hijab, he started giving me less shifts even though we were busy. He hired a Canadian girl and finally I left. I know that it was because I refused to take off my hijab. But that incident impacted me badly. I cried all the time. I was a good worker. I work hard. Just because of what I wear it does not seem fair for people to discriminate.

Some of her colleagues viewed the hijab as a symbol of oppression. When I asked her if she sought any legal action she replied, “It is of no use. No one would help me. I kept silent until I couldn’t take it anymore. Then I finally quit. The work conditions were affecting my health.”

As Ramhia could not find work, she was advised by an employment consultant to volunteer. “I volunteered for three years. I want to keep in touch with people. I want to meet people. I also think I need a job so if I meet people it may help me to find work.”

She is trying to survive by doing odd jobs, cutting hair privately, and selling some handmade jewellery. This is a major transition from her life in Iraq, where she was financially independent. Her time was filled with work and friendships. She is finding it difficult to adjust to life in Canada:

Life is different here. Life is busy. System is different. People run and run like machines all their life and then at the end you have to pay your debts. That’s how we live here. It is very stressful life. People don’t care so much because of the
system and they are so busy. The system has turned us to be like machines here to produce money. Life is mechanical. In Iraq it is slower and more relaxed. Even if you don’t have family, people care. I had a lot of friends. I felt supported. Here people care but life does not support friendships.

Reluctantly Arzoo has accepted that she cannot work as a teacher without completing teachers college. Desperate to leave her work as a customer service agent, she decided to pursue a position in local schools in an administrative position. Like Ramhia, in one of the job search seminars, the Human Resource Manager suggested that she volunteer to gain some Canadian experience. She followed her advice:

When I could not find a job the HR manager at the employment centre told me to volunteer. But I cannot get volunteer position in school where I really want to work. So I was offered a position in the hospital. That was okay because my other choice is maybe go into public health. But the only volunteer work I could get was to guide people to the correct ward. I helped them find where they need to go for appointment. That was fine that I helped people but it does not do anything for my work skills or to get experience in the job I want to do. So I stopped volunteering.

In a confused tone she adds, “Also, some elderly customers did not accept my hijab. I could sense it in their tone and the way they acted with me.” Arzoo brings to light other issues that posed barriers at job interviews. At all the employment related seminars and workshops, Arzoo was encouraged to make eye contact, something that she struggles with. According to the codes of conduct for women in her household, Arzoo was taught to subdue her eyes especially when speaking with men and elders. It was difficult for her
make direct eye contact at interviews. Ramhia agrees with Arzoo. She also had to make a conscious effort to talk “face to face”, meaning looking directly in the eyes of the employers or interviewers while she spoke. Arzoo argues convincingly, “Just because my eyes are lowered it does not indicate I am not capable of doing a job as well as any other man or woman. Does it?” In her family, Arzoo was not the only one that was having problems due to her religion. With fear in her eyes and anger in her voice she explains:

After 9/11 things got really tense. My little brother tries to look ‘cool’ and be Canadian. He does not want to wear traditional Islamic dress that my father and uncles wear –salwar Kameez--cap, etc. He does not want to look ‘Muslim’. My father says okay to him because he wants him to stay safe. But still at his school he often got into fights because of his last name. I mean students know that he is Muslim.

Working is also important to Arzoo. In the following quote she expresses the importance of work for her:

Work is important to me. I want to contribute to society and Canada. I come from a hard working family that has always been productive--for Iraq. My father wanted me to come to Canada so I can study, work and be independent. Work is important for my health and my self-esteem. I have many years left to contribute to Canada so I hope Canada can also give me a chance to do the job that I am qualified for.

Even though she is happy with her current work in Human Resources, she misses her life as a teacher. She finds it upsetting that all those years of education in Iraq has been rendered ‘useless’ by the Canadian education system. In tears and finding it difficult to
speak, she tries hard to comprehend the situation: “Do they realise how much money my father had to spend to send me to the university? How can everything I did back home be ‘useless’?” At several moments during the interview, we pause. She moves back and forth between describing her flashbacks of war and dead bodies and the effects of deskilling and discrimination on her body, mind and soul. Choking with emotions she utters:

I was afraid in Iraq. I am still afraid in Canada. When I first came to Canada and went to the emergency room, the doctor told me that I had Post Traumatic Stress Disorder. I cannot sleep. I was desperate to work and help my father but nobody would hire me.

Although life in Canada is different for Arzoo, the cultural pressures are similar to Iraq. She is expected to marry a pious Islamic man. Work is secondary. Relentlessly she resists her parents’ attempts to arrange her marriage. She explains:

The subject of my marriage is always on my parents’ mind. I feel pressure to marry both from my parents and elders in my community. Sometimes I think that even Canadians aren’t used to seeing a Muslim woman of my age wearing a hijab and unmarried.

Tired of dealing with the daily taunts from her parents as well as the Muslim elders, Arzoo took steps that she ruminates as “non-traditional for a Muslim woman.” Something she could never have been able to do in Iraq. She found a full-time job, decided not to wear the hijab, and moved out of her parents’ home. As she spoke, her eyes portrayed her triumph and at the same time her voice had a certain deep and sad undertone:
They were not happy with me moving out and living alone but I am now in my early 30’s and I need to be alone. In regards to the hijab, I think my father understands my reasons even if he isn’t happy. I mean this is Canada and not Iraq. And I am tired of getting strange and distrustful looks. Also, my career I feel will never move forward, at least in Brantford where people are not as accepting of diversity as say…Toronto.

After removing her hijab, Arzoo expected that she would not experience any more discrimination. She was not prepared for the reaction that she received from some of her colleagues: “One of the guys at work I do not like because once he asked me on a date and I refused. He said mockingly, ‘Oh! Now she is being modernized.’” She continues, “If I wear a hijab I am oppressed. If I don’t then I am modernized which is like a bad thing for a Muslim immigrant.” Noticing that she was wearing the hijab during the interview, I felt compelled to ask, “When and why did you decide to wear the hijab again?” She responded to my question eloquently:

So I want to remove the hijab because I felt that it was obstructing my getting jobs. That led to a lot of chaos within me. So much conflict. I was still being mocked. I asked myself, ‘Am I Iraqi or a Canadian or somewhere in between? Who am I?’ Slowly I began to realise that hijab wasn’t about religion for me. It was my identity.

Arzoo adds:

I was more comfortable wearing the hijab than without it. So this time I decided to wear the hijab for good. I am glad at that experimentation (laughs) otherwise I would have never known how much hijab had become part of my identity. This
time I wore the hijab for me. I don’t care what someone else thinks. I am proud of who I am and where I came from.

Her deep ontological narrative suggests that Arzoo has settled her dilemma with the hijab; yet, there is a much more profound issue that she is not quite ready to come to terms with. It is the unspoken secret about her sexuality. As we revisit the subject of her marriage, with a painful look she blurts, “I don’t want to be gay. I don’t want to be a Muslim woman and gay.”

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Arzoo was just 14 years old when she realised that she was different. While her friends spoke about boys, she had no interest in them. She was often upset with herself for not being able to stop her ‘sinful’ thoughts. She prayed all the time. She hoped Allah would make “those feelings” go away. The feelings never abandoned her. She enjoyed spending time with her female friends: “In Iraq women are close to each other. They hug to show emotions and are more physical than in Canada. I particularly liked one of my friends. I still think of her sometimes. She is probably married.” Overflowing with emotions, she recalls the day that changed her life. On one of her company retreats in Canada she decided to take a walk. As she rested under an ancient wise oak tree, she heard a soft voice. The woman dressed in shorts, a t-shirt and Blue Jays cap smiled. Blushing, she whispers, “It was love at first sight.” After the retreat they kept in touch for several months. The emails got more passionate and her heart desired more. One weekend, her longings prevailed over her inhibitions. Ruth invited her home for dinner. She had never consumed alcohol before. After a glass of wine, they sat by the fire talking. She does not know how it began. The next morning when she woke up in Ruth’s
arms she knew she couldn’t lose her. Blushing like a newlywed she sighs, “It was wonderful…at least for a little while.”

After the romantic night ended, it did not take long for fear and guilt to envelope her so completely that she decided never to see Ruth again. Her parents and community would never accept that their daughter is a lesbian. If she was in Iraq, she would be killed. She informs me that although the issue of homosexuality in the Quran has mainly been focused around men with scarce discussions on women’s homosexuality, her father taught her that homosexuality is a sin. Her parents continue to hope that someday she will find a nice Muslim man and get married. Arzoo is not so sure.

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In contrast to Arzoo, Ramhia would like to meet a nice man, marry and have kids. With a longing look she says, “I pray that one day God will give me a family, a guy and children. I pray.” Ramhia is clear, however:

I don’t want to put myself in the corner waiting for this person…waiting to make me happy. I don’t want to spend my life that way…but it would be good to share life with someone. For me it’s’ really about having connection to someone. Its’ not about a guy but about human and familial connection.

Without steady work and loss of social support, life is very difficult for Ramhia. She is tired of doing odd jobs for three years. She aches to work full-time. She wants to style hair. She misses her friends. It has been difficult to adjust to a life of poverty in Canada. To add to her financial problems, her living condition is causing her great stress. She rents a basement
in a home. The white woman is constantly harassing her. I sense anger and frustration in
her tone:

If I talk on the phone, she text me that I am talking too loudly; if I cook my food
she does not like my food. If I listen to music she tells me to shut it even though
her music and TV is on….

Even though Ramhia now has permanent residency she does not see herself settling in
Canada: “I cannot see myself here. It is very hard to be happy here; probably when the
work situation changes, it may be different. For now I cannot see myself here. There are
many systemic and cultural barriers.”

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How long is Arzoo going to be able to resist her parents’ attempts at marrying her
to a Muslim man? As she gets older they are getting more impatient, afraid that she will
not find a suitable match. She has already crossed the culturally accepted marriageable
age. Her two years with Ruth have been difficult. On one hand, she wants to break the
relationship and on the other hand, she cannot stay away from this woman whom she
describes as “strong, patient and caring.” She yearns for Ruth. At the same time she is
uncomfortable about her attraction to another woman. She is afraid to reveal her desires
for another woman at work or to her parents. She does not want to lose Ruth. She does
not want to lose her parents. She fears rejection from her little brother. She wonders:
“How would grandmother react if I told her I am with another woman?” Despite work
struggles, she is so grateful that she is in Canada and not in Iraq. She applauds the gay
rights movement here but as an immigrant Iraqi woman does not yet feel safe enough to
execute those rights:
I think that at work if you are an Iraqi immigrant and a lesbian it would be so much harder to be accepted by your colleagues or even by society especially in areas such as Brantford because here society is not so accepting of gay people or immigrant people and immigrants who are gay. It’s like they are really facing difficult situations in terms of settling here. I think that the recent gay pride day in Brantford shows improvement but I think it’s still not safe for Muslim immigrant people (especially women in hijab) who are gay. I have this constant sense of danger.

Every time Arzoo uttered the word, ‘safe’, it seems that her body shuddered in fear.

When I asked her if she felt safe in Canada, she started discussing her migraines. They had gotten worse after migrating to Canada. She disliked the long wait time at the emergency room. Since her recent experience with the emergency room physician wasn’t very positive, she is reluctant to go there again:

   I don’t think that most physicians are sensitive to gay people here. One time I saw a doctor at the emergency and he asked if I thought I could be pregnant. I thought with doctor it would be confidential and I said I think I am gay. And I could see he wasn’t comfortable. He was an older doctor. He did not ask me anything. He just wrote a prescription and that was it…I felt so much shame. I will never again talk to a doctor about it.

When I gently pursued the issue of ‘safety’ again, Arzoo confessed that she suffered from a disability--Post Traumatic Stress Disorder (PTSD). In the initial years of settlement, Arzoo was afraid of speaking to a counsellor or social worker about the nightmares and flashbacks. She was afraid to be sent back home. Also, she was not aware of any local
counselling services that were offered free of charge. She still did not have a family physician. There is a strong taboo surrounding mental disorders within her Arab community. Without a car it was hard for her to access health care in Toronto. She tries to justify her PTSD: “Look at what all I have had to face – couldn’t work in my field, discrimination, my confusion with sexuality stuff, and then cultural pressure. I also lost my friends back home. It is normal to be so anxious and afraid.” Before she was hired in HR, Arzoo was unaware of her legal rights or what actions she could take if she experienced harassment at work. Over the last few years, through Ruth’s help, she has connected with some services geared for the lesbian population. With her eyes lowered she finds it difficult even to utter the word, ‘lesbian’. Curious, I asked her if she attended gay pride day in Brantford. She replied, “No! Ruth wanted to go with me. I don’t want to be recognized. I am afraid for my safety and for putting my community to shame.” She struggles to reconcile her religion with the feelings for Ruth. Does she pick Ruth or her parents?

Ramhia keeps her problems to herself. She runs regularly to cope with stress. Many times she has come dangerously close to ending her life. In a melancholic tone she confesses, “Sometimes I feel like I want to kill myself. Run under a car or a train. I ask myself, ‘Why I come to Canada? For this?’” Transportation and language was a major barrier to attending school in the early years of settlement. Although she has made some friends through volunteering she misses the connection she had with people in Iraq and Syria:

It is the nature of people here. They are different. It’s the culture. For example, they say they will see you and then they don’t. So it’s that connection. That connection is
not there. That is one of the barriers. It affects how happy or not happy you feel. Ramhia wants to return to Syria. Even though Arzoo lives with PTSD, she feels safer in Canada. Ramhia is searching for connection—a special connection with a man. Arzoo has a special connection. Her words rip through my heart: “Who am I? I just want to be free...to be who Allah made me. I am an Iraqi. I am Canadian. I am Muslim.” I don’t have an answer to her very tough question, “Can a gay Muslim go to heaven?”

**Participants from Latin America and the Caribbean- Stories of Marcela, Alma and Sherman**

Through the frosted window, Alma strained her eyes to catch a glimpse of Canada. Before her visit or visa expired, Alma’s boyfriend was eager to give her a tour of his hometown and show her as much of this country where he was born. Even with the blasting heat in the car, her body was shaking under layers and layers of clothing. Within a few days of her arrival, she yearned for the warm Mexican sun and blue skies. As they passed the wooded section of the highway, she gaped at the trees and bushes draped in snow. She whispered, “Canada, for people in my country, is like a dream we think is so far away and so difficult to reach.” Unexpectedly, her partner brought the car to a halt a short distance from a Conservation area trail that is bustles with activity in the summer. Today, except for the trees, the birds and small furry creatures, this area was completely deserted. With the sun glistening upon the snow-covered trail, he took her hand, kneeled on the hard packed snow, looked into her beautiful eyes and proposed, “Alma darling, will you marry me?” She recalls the most romantic and painful moment of her life:

I was shaking, not because of the fact that he asked me that. I had no clue. I was just thinking why don't we move from this place and go somewhere else because I
am freezing. And he didn't notice that I was really shaking and he said ‘Will you marry me?’ And I said ‘No, look at this snow; I won’t be able to make it here. I can't survive in this cold. My kids can't come and suffer this. Thanks, but no I can’t marry you.’

Upon returning to Mexico, she yearned for him. Divorced twice before he met her, the rejection broke his heart. He decided that either he would marry Alma, or remain single for the rest of his life. Four years later, with his heart racing he asked her the same question again. “Yes! Yes! Yes!” she yelled. Throwing herself into his arms, she said in a breathless tone, “You are the love of my life, and yes I want to go to the snow and live there.”

Although, Alma never doubted her love for him, in the initial years of settlement in Grand Erie she doubted her decision to move to Canada. She had left behind an 18-year old daughter, a thriving chocolate business, and sold two of her homes. Accustomed to living in luxury, she spent the first couple of winter months in a trailer with her young son. Freezing, one day she made a tearful plea to her sister-in-law to take them in. She offered to pay $400 per month, and clean and cook. Even though it was cold in her sister-in-law’s basement, she and her son were protected from the winter storms. The majority of her husband’s pay as a pilot with a foreign airline went into paying child support for his children from prior marriages. When he was in Canada he drove trucks and was not able to provide a comfortable living for his new family. She explains the difficulties she experienced as a new immigrant:

There are many obstacles in my way to settle down in Canada: one, immigration law which forbids me to get trained or to learn. Other barriers are language, not
having my Mexico experiences recognized, and also not having Canadian experience which is impossible to get when you are new here.

While she waited for her visitor status to be transformed to landed immigrant, time was running out for her son. She needed to get him into school:

Even though Canada has a rule that says that every kid in Canada should be at the school I believe, and not every school open the doors for us. Actually there were some schools that close the doors on our noses, because we didn't have the proper papers. We were in the process of application but they didn't care, somehow they didn't care.

In photograph 68 entitled ‘Immigration Challenges’, below, Alma portrays the tedious and unfriendly immigration process, especially in regards to completing tons of paperwork in English. One afternoon, feeling hopeless, and wanting to calm her nerves, Alma decided to take a walk in the woods with her dog. While on her walk she stumbled upon writings carved on tree trunks. She believed that these were messages from the spirit to hold on. In photograph 69, Alma depicts one of the messages that gave her hope. Poetically she describes the message:

The writings on the tree are whispering in my ears telling me to hold on, to have faith and not to give up; to be strong even if I face many barriers and difficulties in Canada. Even if I am not religious these writings give me faith and they keep me going.
Marcela, a young woman in her early 30’s, understands intimately the complexity of immigrant status. Like Alma, she entered Canada on a visitor visa. She met her husband, originally from the United States, in Chile while he was working there. They married and lived together in Chile for four years before he was transferred to Canada. Not being allowed to train or work on a visitor visa and not having a driver’s license she spent the initial years post-migration secluded at home. She was also the primary caregiver of her son:

In Chile, if women want to work, it is good. They can work. But it’s not really that they must work. They have to take care of home and children. For men, Chilean men must go to work. That is their first job. They cannot stay home to take care of children. So that is the arrangement.

It is not that she did not want to look after her son but Alma desired fulfilment through work and socialization. However, the job offers that she received paid minimum wage. Considering how expensive child care was in Grand Erie, it made sense to stay home until she could find work that she loved doing and that paid her a decent wage. Besides, she did not want her son to be raised by strangers. “In Chile,” she states, “we got lots of support—my mother, my family, my friends…Here I have no one to take care of him
when my husband is away.” Secluded at home, her mind would wander often to Chile, where she had a thriving professional and social life. She would cry often. This is not the life she expected in Canada. Emotionally, she repeats several times, “I am not only Matias’s mother or someone’s wife, I am Marcela.” In photograph 70, she portrays her life in Canada

**Photograph 70: Broom and Mop**

This picture shows how my world was back in my country—was full of activities and job satisfaction, was NOT restricted to housework only. However, on moving to Canada it got restricted to housework only. ‘I am more than just a housewife.’ This was my world for a while, just being with my young son at home, no having adult conversations, looking at four walls and waiting for my husband to come back from work. It was a big change for me, what made me feel depressed and I started feeling bad physically and emotionally. I was feeling fatigued and sad.  

*Marcela*

Similar to Alma and Marcela, Sherman also had a gratifying professional and social life in Jamaica. Sponsored by her eldest daughter under the Family Class Sponsorship Policy, she came to Canada voluntarily to join her daughters who had moved to Canada a few years ago. She lived for a year in Toronto with her eldest daughter before moving to Brantford to join her youngest daughter. Sadly, it has been three years and she continues to struggle to regain the independence that she had in Jamaica. For her, the biggest obstacle to gaining financial independence is finding meaningful work. She did not expect to encounter so many challenges.

Jamaica is more expensive financially wise. Although, it’s your country, you had to struggle hard to survive there too, right. So when you think of leaving a country
to come to another country to better yourself, it seems as if it’s even worse, you know. So you have to work so hard in this snow and stuff. You have to do more than one job to survive, and stuff like that. So, it can deteriorate your health just the same. You know, you know, it’s just, you have to have this upbeat positive attitude about who you are to pursue your dreams.

She is not afraid of hard work, but finding work where her education, talents and passion are valued has been extremely difficult for Sherman. Her passion is cosmetology: she wants to be certified for applying beauty treatments such as skin care, cosmetics, manicures/pedicures, hairstyling, and electrolysis. Due to financial issues, she is unable to retrain as a cosmetologist: Umm, the reason why I’m working as a food server in a nursing home is because of survival. You know, if you don’t have income, you won’t be able to survive. You have things to pay, to eat, and to take care of yourself.

Even after obtaining their landed status Alma and Marcela experienced difficulties in finding meaningful work. Both women experienced language barriers. However, the non-recognition of foreign education and experiences was the most significant obstacle. Frustrated, Alma poignantly articulates her views on the mandatory requirements for Canadian experience:

I did not have Canadian experience. You can have any achievements in the world but if it’s not Canadian, it’s no good. Many countries have…they have so many good experiences. But it’s not good enough, if it’s not Canadian experience. Let’s say India, education there it’s higher than Canada. It’s a priority. How come they don’t recognize that? Are they blind? Are they selfish? Why Canada is rules so high for immigrants that all education is less than Canada. I don’t know what’s
going on. All work experience is less than Canada... Expecting immigrants to have Canadian education and Canadian work experience is ridiculous. She asks a valid question, “Why don’t politicians travel around the world and find out that there are much better schools and education and experience in the world than Canada?” Alma considers the requirement for Canadian experience as a form of abuse towards immigrants.

As Alma could not afford to get a driver’s license or a vehicle, living in a rural area with a poor transportation infrastructure further heightened her settlement difficulties. See photograph 71, ‘Modes of Transportation’.

Photograph 71: Modes of Transportation

These were my first shoes. They were my means of transportation. I walked for miles. I did not have a car. I did not have a license even though I drove for 25 years. I arrived in Cayuga and there is no bus so I had no choice but to walk to look for jobs or even to get grocery. I could not afford anything else or even buy new shoes when these were worn out as I had no money. Even in the winter and snow these shoes transported me everywhere”

Alma

Language difficulties posed significant barriers for both Alma and Marcela. Marcela had left behind a lucrative career in public relations. It was difficult for her to pursue this vocation in Canada: “My English is not full English”. Her educational credentials and job experiences were rendered insignificant in Canada. She finds it strange that many of her Chilean friends are financially supporting their husband in Canada. As an engineer, even though her husband has a good income, she wanted to work as it provided her with a sense of self-worth and esteem. She understands that she
would have to improve her English to find a more lucrative job. Perhaps, in Toronto she would have a better chance of getting into public relations as there are many Spanish speaking people and many more employment opportunities but, since her husband is here, and she does not drive, she cannot work outside Brantford. Several people advised her to volunteer so she could gain some Canadian work experience. Initially, for her, that was an odd suggestion as volunteering is not very common or popular in Chile. Regardless, she volunteered at a community centre for seniors helping them with physical activity in the hope of finding a job in a recreational facility. To her surprise she enjoyed volunteering as it got her out of the house and she was able to meet people and have adult conversations. For her, volunteering “was also symbolic. That I am helping someone.” However, volunteering wasn’t sufficient. To work as a fitness instructor or teach Zumba--something she engaged in as a hobby in Chile--Canadian certification was required. For Sherman, her problems went beyond deskilling. Aside from working in a job that she was not particularly interested in, every day Sherman dreaded going to work. Even though most of the residents treated her well, the lack of team work was upsetting to her. Ironically, at her job interview she was questioned if she was a team player as this job demanded a high level of team coordination.

Through photograph 72, ‘Tree with Cut Branches’ (next page), Marcela explains the effects of deskilling:

This picture represents what I was feeling when I was depressed. I felt that I was full of skills and things to give and deliver in a job, but I couldn’t do it because the language and the lack of experience. I knew and I know as a family, we are in
a great country where we can be stable and have a good quality of life like we had in Chile, but anyways I felt that my branches are cut, and I can’t go further.

Sherman’s photograph 73, ‘Tree with Dead Tree Stump’, represents her work experiences:

Working with some staff members, I feel lifeless. They know that you are not of this country so they treat you differently and say things like, ‘You need to move faster.’ It’s ALL about the work. They do not even get to know me. They do not chit chat. So I don’t say anything. Afraid that they are getting some information out of you...or testing you. I am afraid that I may share something and they may use it against me. I may lose my job. I don’t make friends here as I did back home.

Furthermore, in photograph 74 below, Sherman compares her employer’s heart to a ‘Rock’.
For Sherman, ‘The ‘Rock’ also represents the heart of a particular employee who has been bullying her all through her time at the nursing home. Sherman feels that this young woman watches her constantly, waiting for her to mess up. With her eyes filled with fear and pain she utters:

Working with this person…it stresses me out a lot. Yah, it’s like about to give me a nervous breakdown. I just come home and just take a shower and just hit the bed and I’m not somebody like that. I like to be hopping about... you know, but when I work with this person, it’s like, my energy is totally gone and I am so stressed.

As a person who is energized by socializing with people, Sherman thrives on relationships. She made lasting friendships at work in Jamaica. Even now, she is in contact with some of her colleagues in Jamaica. In Canada her experiences with her colleagues disturb her peace of mind. Even though her family is a great source of support and pride, sometimes when she comes home from work she does not want to speak to anyone. Some nights she telephones her husband and prays with him for better work opportunities and peace of mind. She waits for the day when he can get his resident visa and come to Canada. She wants to leave this job but her lack of Canadian experience, immigrant status, and age are against her in the job market so she makes a laborious
effort to continue to stay employed. She feels that jobs are difficult to come by for women in their 50’s. Not feeling valued at work, she feels worthless and compares herself to a garbage can (photograph 75).

Photograph 75: The Garbage Can

The ‘Garbage Can’ represents a feeling of worthlessness, feeling reluctant to voice your opinion at work to your employer. You just dump your thoughts and feel you cannot talk to anyone. Employees are reluctant to help. You feel bad when you are alone at work, going about your business …there is no teamwork. Sherma

Marcela’s ontological narrative suggests that in the initial years of her settlement she also struggled with the feeling of worthlessness, “So I came here, felt like you don’t really…how to say …worth anything (laughing).” She has put her dream of a career in public relations on hold. The volunteering experience as a fitness instructor helped her with finding paid work. Once she was certified as a Zumba instructor, she was able to secure a couple of part-time jobs. She likes the people she works with and the exercise helps her stay healthy. Although she enjoys Zumba dancing, she never imagined that it would become her career in Canada.

The road to meaningful paid employment has been long for Alma. She was kicked out of her sister-in-law’s home after her brother-in-law made some inappropriate sexual advances towards her. She moved into a physician’s basement where she worked as a maid cleaning the physician’s house and taking care of her numerous animals (5 dogs, 9 birds, and 19 cats). “This doctor, she has three maids who help her, three full time in her
house. She paid them $23.50 per hour and me $10 per hour dollars (CASH) as I wait for my visa.” The wheels of life turned in Alma’s favour once she obtained her permanent resident visa. She was now eligible for Career & Employment Counselling and Professional Skills Upgrading workshops and training. She diligently followed the advice of her employment counsellor, updating her resume and learning interview skills. Alma’s efforts were rewarded quickly. She was hired at a local department store where she could legally make a decent living. The department manager’s words, “OK, congratulations! Come next week at this hour. You are going to be in customer service,” still fill her with profound gratitude. After all, Alma had persevered to gain this employment by following up with the manager several times about the status of her application. For a while, Alma wasn’t hopeful of securing the customer service position as she had to compete with younger Canadians for the same position. With her son accepted in a good Catholic school and some money saved, Alma actively searched for a house to rent; however, everyone wanted references. She offered to pay cash up front and every month thereafter and quickly settled on an offer for a house that she loves and cherishes. Customer service at a local department store is not her dream job but for now she is happy:

This job has provided me with financial stability as well as a sense of worth that I am doing something of worth. My job has allowed me to find a home for myself and my children. That stability and good working culture (I laugh with my colleagues) has helped me emotionally and physically. I like my managers as they are fair and my colleagues are wonderful. As I am happy I work very hard to make the company successful. Compared to my other Mexican colleagues (example, farm workers) I consider myself very lucky to have this job.
Alma wants more from life – a higher income and job security. While she continues part-time work at the department store, she is training in welding (photo 76). With retiring baby boomers and an aging population she believes the demand for skilled trades will rise steeply in a few years. She is optimistic about the future.

Photograph 76: Welding

I started welding lessons out of curiosity first, but then I start to enjoy it. I am looking at it as a way of life. This job may give me more financial stability and job security. Living in Canada is hard. As a foreigner it is harder to make it here and even more so if you are a mother with children. Then things are harder. At the training is another lady but mostly men. I fear that I will face gender bias both from people of Canadian culture and Mexican culture.

Alma

Zumba dancing has given Marcela new hope for the future. Nevertheless, like Alma she wants more from life – a career where she can utilize her education, training and skills to contribute to Canadian society. However, she is not yet sure what path to take in a country where she is ‘different’ from the dominant group. In Photo 77, ‘Yellow Flower among Red Flowers’, she speaks of this ‘difference’ and her life before finding work. In photo 78, ‘Tomato Getting Red’, she describes her feelings after attaining work, as well as her future aspirations.
Sherman is not giving up on her dream of a better future. Even through all her life she has made efforts to find something good among bad situations, she is mentally and physically exhausted from the daily drudgery at work. She imagines “…how good it would be to be free like a bird in a stream of running water, stress free, feeling healthy and alive.” She prefers alternative therapies, including traditional Chinese medicine, as compared to
Western modalities of treatment. The rare visits to the physician have been positive; however, she experienced discrimination at the local pharmacy while she was there to pick up her daughter’s prescription. The pharmacist completely ignored her and her daughter while conversing with a white client. When she addressed the situation with the pharmacist, the pharmacist just walked away. That incident, understandably, disturbed her and angered her daughter. One of the ways that Sherman tries to stay healthy is to continue on a primarily vegetarian diet, eat less salt, and not consume much sugar. Despite all her efforts to stay healthy she is afraid that the job will negatively affect her health and her cholesterol levels would rise forcing her to ingest strong medications.

Through photograph 79, ‘Dead Leaves’, she speaks at length of the fear of getting sick or injured.

**Photograph 79: Dead Leaves**

If pressure and stress continues at work then your health will eventually deteriorate like the dead leaves in the photo. I get improper training. No support at work can affect health negatively in the long run. Sometimes you get no break and nothing to eat. There is always something to do so you are either not eating or eating on the run. Sherman
Sherman adds: “I am eating granola bars as I have no time to eat properly. My feet are getting swollen and they hurt so much. I have never done such kind of work.” As the only black person in the retirement home she feels excluded from conversations. Sherman is afraid to complain even though mentally the work atmosphere is causing her great discomfort. She fears losing her job. She is not motivated to continue at this retirement home as the work has also started affecting her family. Below, she contemplates deeply upon how the work situation is affecting her family life:

> When there is no support at work your relationship with family suffers. When I am unhappy at work it affects my relationship with family. Sometimes I want to lock myself away. I get frustrated with my husband and snap at him as I think he does not understand what I am saying. I don’t want to hear anymore, just take it and fight it out. Sometimes I am having a bad day so you take your frustration out on family. That should not happen as they are not the problem. I cannot afford to keep doing that…snapping at my family.

Post-migration stress also affected Marcela’s health. In her words: “…being an immigrant affected me more in my emotional part than in my physical…Yeah, more than physical…Yeah, the other thing is that I have vasculitis. This is a disease that when you are more stressed it affects your body more.” During the early years in Canada, she suffered greatly from vasculitis. In Canada she has only been to a doctor once. As she does not like to ingest medications, she did not take the medication prescribed by the doctor for stress. Teaching Zumba helps her physical and mental health. Even though she does not have friends at work, she is happier as she is productive and busy. She tries to eat healthy, but dearly misses the fresh food markets on every street corner as in Chile.
Walking and playing with her dog helps her relieve stress. She misses her family and friends.

For Alma too, her dog is a source of strength and companionship. Her Canadian in-laws visit her and her son once a year. Other than her son, she is mostly alone at home because her husband is often out of town. She walks in the woods with her dog whenever she feels burdened by post-migration challenges. Unlike Sherman, she is not religious; rather, she identifies herself as spiritual. Her spirituality has given her faith and strength to carry on during the storms of her life in Chile and Canada. She is determined to stay healthy. “I cannot afford to get sick because, first, immigration status, so no health care and no money for private healthcare. I cannot get sick. Then I have kids, rent, food, and clothing. So I cannot afford to be sick in Canada.” She does not have a family doctor due to the shortage of doctors in Grand Erie, especially in the rural area where Alma lives.

I tried once to have everything, all papers together and find a physician and they said they were full. And I met with the previous doctor the one that I told you about she works outside this city but lives here. She was denying a lot of people, they feel like they are God... It's terrible. So I was feeling very humiliated every time that I was seeing some person get a denial from health because they are full they said and I don’t know they blame the system. I mean the doctors say, ‘It's the system. I cannot do anything’. So I don't have a family doctor.

As a spiritual person she considers every tree she encounters while walking her dog as a ‘person’, alive and breathing. Looking at a photograph of a tree that she took in the woods she says, “This picture shows a sick person. I look at it and I am afraid, ‘What if I get sick?’” She consoles herself that just as the roots of the tree are strong, her native
roots are strong and she will be all right. Alma would have liked to have more kids but with her own future so unsure, living in poverty, and with no social support, having more children was not an option for her. Possibly, she would have had another child perhaps in Chile. She is optimistic about her future having just reconciled differences with her young daughter who felt abandoned by her as Alma had to leave her behind. Her son loves Canada.

For now, Marcela is grateful to work as a Zumba instructor. With no permanent work or social support, she does not want to consider having another child. Her ideas of ‘successes’ have changed since moving to Canada. In Chile, she related success to money, house, car and other material riches. Now, “I think successful is when you feel really good about what you are doing, and you are getting money at the same time.” For sure, she feels happy when she teaches Zumba dancing. In the right time, with the right soil and temperature, one day, she will ripen into a red tomato. In an optimistic tone she says, “I am starting to go forward, getting some Canadian experience and references for the future.”

The future for Sherman is uncertain. She is certain that she made a wise decision in quitting her job. She feels less conflicted and her stress levels have decreased. Her meaning of health and success are closely connected with having peace of mind. Speaking about her meaning of health she declares, “Health means to me that you are not stressed because stress is a very awful thing… It’s all connected…your mind, your body, and your spirit.” On the subject of success, Sherman articulates:

Success would mean to me, um, not only money, having money, but having peace of mind, having enough finances that you can feel comfortable. Also, success
means to me that my family is together and my friends and I have good health and my family have good health and, you know, um, and have a nice home.

As Sherman recuperates from the impacts of bullying, she chooses to focus on the nice home that she shares with her daughter and grandson and the love and support of her husband and other children. Tomorrow, she believes, she will find her place in Canada’s job market where she is supported and nurtured by an employer like the gardener nurtures his tender plants.

Over the years, these women have endured many migration and settlement storms and have shown great resilience. Alma and Marcela’s boys are growing up fast before their eyes and becoming young men. Alma very much appreciated driving her son to his graduation in her new truck. Having a driver’s license has given her tremendous mobility. With her eyes glistening with pride, Alma uses her scarf to clean her son’s photograph which is inserted in a strong golden frame, and, choking with emotion, she whispers, “He is my pride. It was worth coming to Canada as he will have a good life. Ten years ago I wasn’t sure but now I know that my son will have a good life, I am sure I make the right decision.” Marcela nods in agreement.

Summary of the Study: Main Study Themes

This section summarizes the three key themes that emerged from women’s collective stories

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Migration Landscape: This theme includes the categories *Bidai* and *Forced Migration.* In India, Bidai translates as ‘farewell’, such as when a bride leaves her father’s home to start a new life with her husband. In a patriarchal society, women are expected to follow their husbands to *his* choice of destination. Participants from Latin America and China migrated to Canada as they considered it a marriage *obligation* to support their husband’s career move to another country. Here, culture, gender and immigration policies intersected in shaping women’s migratory choices. For example, it was not Janavi’s dream to relocate but nevertheless, she tied the marriage knot and moved to Canada. Similarly Krishna, Ding, Enigma, and Aishwarya followed their husband to Canada to support their husbands’ career ambitions. For participants from Africa and the Arab world, migration was a *forced* choice, meaning they left their countries to escape an unstable political situation. In a patriarchal culture, gender (being female) made them vulnerable to violence. Their fathers, uncles, brothers and/or ex-husbands were committed to political agendas that posed danger to their life or and/or their children’s lives.

Migrating under the ‘Family Class Sponsorship’ (FCS) policy, participants from India, Philippines and China, were dependent upon their husbands (as their sponsors) for their financial, social, and health care needs (food, shelter, clothing, health and dental care) for three years post-migration and were therefore not eligible for government sponsored programs important to their resettlement and integration. Such programs included language training, work placement, and education and social assistance. As the women from Latin America initially arrived to Canada under the ‘Visitor’s Visa,’ they were also ineligible for government sponsored programs or allowed to work. The
participants from Africa and the Arab World migrated as ‘refugees’, either sponsored by a private group, such as Ramhia, or were sponsored by the Government of Canada, such as Rudo. In both these cases these women were granted permanent residency (landed status) when they arrived in Canada and eligible for government sponsored programs.

Women -- like the participants of this study --have migrated to Canada for decades. A literature review of the immigration policy points to two broad categories: (1) *Voluntary Migration*: Family-Class, Economic category (e.g., skilled migration) and, (2) *Forced migration*: humanitarian aspect of immigration (e.g., refugees). However, as stated earlier, women in the current study who were sponsored by their spouse through Family Class Sponsorship Policy followed their husband to Canada to stay faithful to their marriage vows and support his career move--a phenomenon well established in literature as the ‘trailing spouse’ or ‘tied migrant’ (Boyle, Cooke, Halfacree, & Smith, 2001). These ‘trailing wives’ were *not refugees* (forced migration) nor did they really desire migration (voluntary migration). Rather, culturally they were expected to follow their husbands and reside in his home wherever he may choose to settle. Thus, I propose that ‘obligatory migration’ is a more fitting term to describe these selective participants’ migration into Canada than either ‘voluntary’ or ‘forced migration’ ‘Obligatory migration’ symbolizes the migration where a woman follows her husband abroad to fulfill the obligations of her marital vows, thus, her migration is neither forced or voluntary.

It is important to recognize that the period *after* the women were sponsored (pre-migration) under Family Class Sponsorship policy and *before* they arrived in this county (post-migration), marked an important time for sponsored wives. They were separated
from their spouses for at least a year. Similar to the sponsored wives from India, stories of participants who migrated as refugees also capture the spaces and time in-between their pre-migratory and post-migratory life. Ruvashe, for example, was separated from her 18 1/2 month old son before she could save enough money to bring him to Canada. It wasn’t until a couple of years after migration that all of Rudo’s children were able to join her. Alma, left her 18-year old alone in Mexico for a few years until she could sponsor her to Canada. I refer to this waiting or separation period as an ‘Immigration Station.’

Women’s stories move back and forth between their pre-migration and post-migration landscape. Often their voices rest in the memories of their life in their country of birth. Their pre-migratory stories reveal that their life was comfortable and predictable. Coming from upper middle class families, most of the participants had help with domestic chores and they enjoyed a thriving social life. Below, Gayatri articulates the ‘comfort’ of her life in India:

Yes! In India we don’t have to work if we don’t want to. We take care of our children and elders. We are so social and involved in community work. Social life for women is more important than working. In India we had car, servants, house, help, friends, relatives…

In regards to their pre-migratory career, most of the participants were well established. Many of them had maid servants for household chores. They had promising careers. Just before migrating to Canada, Janavi, an ambitious young woman, was very close to achieving her career goal as the director of her company. She drove an expensive car, ate at fancy restaurants, and her future seemed promising. Susan and her husband were also financially established. Having passed the stringent immigration medical exams, the
participants enjoyed good physical health. Also, their pre-migratory stories suggest that they did not experience any mental health issues (such as depression).

Work, Health & Family Intersections: This theme includes the categories *Expectations do not meet reality*, *Work and Health*, *Health Issues*, *Work and Family*, and *Agency and Resilience*. As most of the participants were university educated and had previous work experiences, they were confident that in Canada, they would not have any problems finding paid work. Also, women who migrated as sponsored wives under the Family Class Sponsorship policy were sure that their spouses, as their sponsors would be employed easily as these men were selected in the economic immigration category based on the points-based system. Points are allocated to them based on the applicant’s education, language skills and employment experiences. As women were moving from a developing country to an industrialized nation, they expected a superior quality of life than they had in their country of origin. However, their expectations did not meet reality.

Due to lack of Canadian experience and non-recognition of human and social capital obtained in their home country the participants (along with some of the spouses) experienced unemployment, underemployment, and deskilling. It is important to note that ‘volunteering’ emerged as a dominant code throughout the analysis. While most of the participants were not familiar with the concept of volunteering in their home country, they quickly learnt that they needed to volunteer to gain Canadian experience. I regard this *mandatory volunteering* issue needed to gain Canadian work experience as the ‘volunteering dogma’. It seems that women encountered this volunteering dogma whereever they went. Study findings suggest that while volunteering did not help women
find paid work, it was useful to strengthen their social capital (that is, meet people, make friends and/or build community).

The participants’ photovoice exposures highlight multiple intersecting obstacles to their settlement including transportation barriers--especially in rural areas--ageism, lack of availability of professional jobs, not being aware of services, child care problems, language, and/or immigrant status. Women’s post-migratory ontological and public narratives bring to light race, class, gender, nationality, immigration status, and/or geography intersections that marginalized them. Unique intersections of religion, culture, and/or sexuality posed hindrances to Arzoo’s economic and social integration. Due to the post-migration obstacles, in the initial years of settlement, most of participants questioned their decision to relocate. They portrayed their lack of clarity about their choice to migrate, combined with a sense of loss through the photograph, ‘Road’, below.

**Photograph 80: Road**

From their ontological narratives, it becomes clear that women missed their friends and family left behind. Women depict their experiences of loneliness in photograph 81, ‘Emptiness’.
It seems that a major transition in the women’s post-migratory life occurred once they found *meaningful* work. Based on these women’s stories, in this thesis, meaningful work is defined as paid employment that women enjoyed doing and that utilized some of their skills/education obtained in their home country. Women suggested that work was not just about paying bills. It helped them enhance their sense of worth and fulfill their desire to contribute productively to the Canadian society. The thesis provides evidence of a direct relationship between employment and health and sense of identity. Being employed in meaningful work had a positive effect on a woman’s mental health and identity. Lyka’s photograph 27, *‘Pink Flowers’*, and her following quote on finding meaningful employment provides such evidence of the work-health relationship that I spoke about earlier: “This represents positive change in my life after I get my job. My life is happier. I have opportunity to show my potential. Now I feel happy and less depressed. There is hope. After about 11 ½ years I start having some hope.” Harmony portrays hope on finding work in photograph 82 stating, “After few years in Canada if you keep working hard you will achieve your goal. There will be light at the end of the tunnel.” Alma narrates a similar message of hope in photograph 83: “The writings on the tree are
whispering in my ear telling me to hold on, to have faith and not to give up. To be strong even if I face many barriers and difficulties in Canada.”

Also, Marcela’s photograph 84, ‘Tomato Getting Red’, is another excellent example of the positive change in her mental health and sense of identity once she found meaningful employment. Although she is happy teaching Zumba dancing, she hopes that someday she will fully ripen into a red tomato (meaning live her full potential). Even though she had to give up her dreams of practicing a public relations career in Canada, she accommodated to another career that provided her with a sense of pride and well-being.

While working positively affected women’s health, their stories point to difficulties in adjusting to the Canadian work environment. Participants suggested that unlike their country of origin, in the Canadian work atmosphere team spirit, laughter and comradeship was lacking. Further, they experienced discrimination and bullying at work. In this thesis, based on discussions with the participants, racialization is defined as “being excluded from the dominant discourse, not being given equal opportunities at work, discriminated due to one’s race, skin colour and/or nationality, and /or looked down upon by white people.” When Rudo’s client called her a Nigger and spit on her (photo 11)
Rudo was being racialized. In contrast, bullying as defined by the participants, refers to “being repeatedly subjected to ‘intentional’ harm, cruelty, mockery, and/or ridicule by an individual or individuals.” Krishna and Sherman’s experiences of repeatedly being taunted at work exemplify experiences of bullying. Women’s stories suggest that experiences of discrimination and deskilling negatively impacted their health as well as their sense of self or identity. For example, in photograph 23, through the picture of ‘frustration’ Susan says, “The mask symbolizes a loss of identity. Who am I here? I am not myself anymore. I doubt myself. Harmony compares her work identity to that of tool (photograph 13).

Although participants were healthy upon arrival in Canada, the long hours of work, shift work, poverty, lack of leisure time, and discrimination at work and in the community intersected simultaneously to negatively impact their physical and mental health. Here I insert Rudo’s narrative (from photo 8 of a wheel chair) – a poignant example portraying the work task and health link:

I feel the longer I work in Canada that my back, my legs, my hands and even my head hurts. I am not used to this kind of work. I never work at nursing homes in my country. Sometimes I have to do two people’s work by myself and at my age it is so hard on my body.

Similarly, Ruvashe’s ambulance (photo 9) and narrative describe work and health relationship that is related to shift work:

Since moving to Canada my health has deteriorated, this is mainly due to long hours of work, the weather and lack of exercise….I work 12 hour shifts, and mostly nights because I want to stay home with my 19 month old son during the
day. So that means that lack of sleep during the day and no sleep at night because I am working. It is hard to balance between work and home.

There are several other examples embedded within the women’s stories that demonstrate the negative effect on women’s health due to an unhealthy work environment.

Eating on the run and lack of time to cook their ethnic foods resulted in weight gain. Like Alma, other participants feared falling sick. Even though women were concerned about their health, their cultural beliefs, work schedule, transportation difficulties, child care issues, and/or shortage of doctors were some of the reasons why they did not participate in regular physical check-ups. Women’s stories also addressed the lack of vegetarian options in the hospitals. Food represented a sense of community and fellowship. All the participants suggested that socializing around ethnic food was healing. See photograph 85 below

Photograph 85: Ethnic Foods

<table>
<thead>
<tr>
<th>Dish by Harmony</th>
<th>Pancit Canton by Ding</th>
<th>Food by Chinja</th>
</tr>
</thead>
<tbody>
<tr>
<td>Represents community. Also, food is healing. When we are running around there is not enough time to cook our traditional meals. Eating fast food affects our health</td>
<td>Food represents fellowship and community.</td>
<td>Food represents family. Food is a symbol of unity. It represents a sense of belonging. We celebrate together as a family. It is healing. It represents community.</td>
</tr>
</tbody>
</table>
The shortage of doctors and closure of community walk-in clinics has resulted in long wait times at the emergency room. There was a general consensus that waiting for long hours in the waiting room was very difficult for women who were engaged in shift work. In regards to the choice of family physician, their experiences were largely positive; however, their complaint was that physicians spent very little time with them. There was diversity within the KAAJAL regions as well as within a particular ethnic group in regards to the gender to the physician. While the gender of the physician was more important for women from Africa, most women from China were not concerned about the gender of the doctor. There was a general agreement among all the participants that ultimately it was the quality of service that was a critical factor in their decision to access health care in the future. Further, participants preferred alternative healing strategies such as walking, spending time in nature, drinking tea, doing yoga, and meditation as compared to Western pharmaceutical treatments.

Post-migratory challenges also affected the women’s family life. Harmony, Gayatri and Janavi’s ontological narratives describe the work-family intersections. Harmony prayed with her mother so that her work experiences did not disrupt her family life. Janavi was afraid to bring a child into poverty. Gayatri considered her primary role as a ‘wife’ and expressed guilt at not being able to look after her husband’s needs. Despite all of the post-migration barriers, women demonstrated agency and incredible resilience. Women’s stories locate agency in their private and public spaces, in their past self (self before migration), present self (self after migration) and in their future selves. Agency is often transparent in the women’s emancipatory actions such as their decision to retrain and in making choices about having/not having children or another child. They
often compared their resilience to the roots of a strong tree, suggesting that it was due to the strength, wisdom and values attained in their country of origin that they were able to survive the post-migratory stressors. Some examples of resilience were captured by Rudo’s photograph of kitchen vessels (photograph 16) hanging on the kitchen wall ceiling and Ruvashe’s photograph of a tortoise (photograph 15). These photographs demonstrate that women triumphed in the face of extremely difficult post-migratory conditions.

**Accommodation:** This theme incorporates categories ‘For the sake of children’ and ‘Moving forward’. Even though women migrated to Canada to remain faithful to their marriage vows or to escape an unstable political situation, the centrality of children was a major theme in their decision to stay and accommodate to the life in Canada.

Predominantly, women’s stories suggest that they made a conscious decision to accommodate to their post-migratory lives and remain in Canada for the sake of their children’s future. Women believed that their children had a more promising future (especially female children) as compared to the women’s country of origin. Moreover, they were worried that since their children were now conditioned to the ‘Canadian way of life’, they may experience difficulties returning home. For women without children their reasons for staying back varied. For Janavi it was too late to go back. She supported family in Singapore and they relied on her income to live comfortably. She had spent the economic capital that she brought to Canada. As a sexual minority woman, Arzoo was safer in Canada. At the time of the interview, Ramhia was waiting for the political situation to settle before she could return to Iraq. Enigma moved back and forth between remaining in Canada and going back to the Phillipines.
Regardless of their choices to remain in Canada, over time, women learnt to *adjust* to their life here. They adapted to Canada’s labour market and to Grand Erie community life. Once they made the decision to stay, they strived to do everything (such as upgrading their education and volunteering) to improve their life situation or move forward economically and socially. While adjusting to their life in Grand Erie, they held on firmly to their cultural values and religious beliefs.

Reflecting upon the findings I have formulated two models to represent the participants’ pre and post migratory process: Adjustment Model and Tree Model, that I discuss in detail later in this chapter. I am aware that the process of settlement is not linear as seen in the models. The broken lines depicting ‘Obligatory Migration’, ‘Immigration Station’, and ‘Accommodation’ are concepts that were born out of the shared experiences of the participants and are absent in literature on immigration.

‘Immigration Station’ refers to the transition period between pre and post migration. ‘Obligatory Migration’ shown in the model describes the migration of women who are sponsored to Canada or who follow their husband abroad to fulfill the obligations of her marital vows. The lines leading to economic or social integration represent the epistemological lens through which current employment practices and settlement policy views the migrant’s integration: fragmented, separate and atomistic. Most literature focuses on one aspect of their life (such as economic integration) without considering the other parts that are integral to settlement (such as social and health integration). This model depicts settlement as a holistic process rather than fragmented, meaning all aspects of the immigrants’ lives—economic, social, health and culture—are interrelated.
Figure 3: Accommodation Model

Migration Landscape - Gender, Nationality, Culture & Social Class intersections
TREE MODEL

In migrating to Canada, participants uprooted their roots and planted a new life--symbolized by a tree in Canadian soil. Just as a tree needs food, water, sunshine, minerals, soil, and space to develop strong roots and blossom, an immigrant’s first few years in particular are vital to their long term well-being. Participants experienced many challenges during the first ten years – the time when they needed to plant their roots in Canada. Many of the participants made reference to the roots of the tree grounded in their country’s culture and values that helped them deal with post-migratory stressors. The roots also demonstrate resilience. In current scholarship the pre-migration and migration station (the transition process) is largely absent. Participants were healthy upon arrival. Even when their health started deteriorating they referred to being able to hold on due to the “strong roots” of their country of origin or “coming to Canada with their armor” so the roots represent their health prior to migrating. The findings clearly validate the immigrant health effect. See figure 4
Figure 4: Tree Model
CHAPTER VI: LEARNING AND GROWING WITH STORIES

This study began with the research question: *How do employment circumstances impact the health and well-being of immigrant/refugee KAAJAL women in Grand Erie?* This chapter examines the findings with respect to the above question. Constructionist intersectionality theory provides a framework for the analysis of women’s complex and multifaceted stories. The application of a constructionist approach to intersectionality (as discussed in Chapter IV) accentuates the importance of ‘power’ as relational and dynamic. Indeed, as Prins (2006) would argue, adequately addressing the narratives that have emerged in the thesis requires rejecting analyses based on conflation of identities, rather, examining them in a dynamic way. While the women’s stories share some common cultural facets and are bonded through their pre- and post-migratory experiences, each participant’s story dwells in its own unique complexity. The stories of women within and between each of the regions (Africa, India, China, Philippines, Arab world, and Latin America/Caribbean) display great heterogeneity. Yuval-Davis (2004 p.17) eloquently writes: “People who identify themselves as belonging to the same collectivity or social category can actually be positioned very differently in relation to a whole range of social locations (e.g., class, gender, ability, sexuality, age, etc.). At the same time, while the narratives converge at the intersection of nationality, gender, and race, “people with similar positionings and/or identities can have very different social and political values” (Yuval-Davis, 2004, p. 17). For example, even though there are striking differences in their migration context, women’s marginalization in Canada’s labour market was informed by the nationality (migrants), gender and race.
In the following discussion, I consider women’s resettlement experiences in Grand Erie. I focus on three notable themes that emerged in the study: Migration Landscape; Work, Health, and Family Intersections; and Adjusting to Canada.

Migration Landscape

The participants’ journey through international migration first brought them to Toronto or other larger urban centres before they moved to Grand Erie. Statistics suggest that upon arrival 75% of immigrants/refugees initially settle in one of three most popular Canadian destinations: Toronto, Vancouver or Montreal (Boucher, 2007; Krahn, Derwing, & Abu-Laban, 2005). More recently, the Canadian government has been concerned about the negative economic effects on large urban centres resulting from a high concentration of immigrants in these areas (Krahn et al., 2005; Walton-Roberts, 2006). Consequently, federal geographical dispersion policies have been introduced to attract immigrants to smaller urban centres and rural communities to foster their demographic and economic growth. Paraphrasing Krahn et al. (2005), in dispersing immigrants away from mega-cities towards smaller or mid-sized urban centers and rural/remote areas, the Canadian government is hoping to spread cultural diversity all through the nation, help small communities compete in the global economy, develop local markets and open new revenue streams, and alleviate “the pressure on the capitals of immigrant Canada” (p. 873).

Women’s pre-migratory stories suggest that most of the sponsored wives who migrated under the Family Class Sponsorship Policy had to endure a period of time (at the minimum a year) apart from their spouses as it can take a few years after sponsorship for women to receive their papers to come to Canada. These ‘separation’ narratives
(being apart from their spouses) of sponsored wives during immigration are largely absent in scholarship. I argue that researchers must interrogate the impact of this separation period on women’s marriage and well-being. In India, for example, it is customary for married women to live with their in-laws in a joint family system. Although in this study I did not delve deeply into conversations regarding the women’s relationship with their in-laws, I wonder about how young brides negotiate this separation from their husband soon after marriage (especially those who have been married through an arranged marriage and haven’t had the time to get to know their spouse) and adjust to their new family without their husband. Marital difficulties may result if the relationship with their in-laws is not amicable. In Chawla’s (2007) study, for instance, the mother-in-law emerged as a powerful figure that created marital and other difficulties for the new bride. Perhaps that is the reason that Aishwarya was happy to join her husband in Canada and move out of her in-laws’ home where she waited until her visa arrived. In most arranged marriages, the couple do not have the opportunity to get to know one another. The ‘arrangement’ of the marriage or choice of the spouse for their children relies heavily on the parents’ decisions. The point is that along with post-migratory stressors, these men and women have the additional task of establishing their life with a ‘stranger’ in a completely alien environment with no social support. It would be worthwhile to interrogate the emotional consequences of spousal separation and reunification in the context of arranged marriages and the adjustment strategies that couples use to stay together. Studies, for instance, have recognized evidence of family troubles (e.g., divorce and separation) upon reunion, in cases of Live-in-Caregivers who come to Canada as domestic workers leaving behind their spouse and children for a
period of time until they are able to sponsor them to Canada (Cohen, 2000; Kelly, Park, de Leon, & Priest, 2011; Pratt, 2009). Rusch & Reyes’ (2012) study with Mexican immigrant families living in the United States found that the subjective appraisal of migration and family separation rather than object characteristics (e.g. age of migration, length of separation) were associated with acculturative stress and depression.

Based on the thesis findings, I would argue further that the experience of family (or spousal) separation and reunification in the context of KAAJAL refugee women needs more attention. Ruvashe’s story provides evidence of acculturation stress and psychological turmoil resulting from mother and child separation. A mother’s anguish is encapsulated in Ruvashe’s photograph #6, ‘The Empty Crib’, (Chapter V). Ruvashe migrated to Canada as a refugee leaving behind her infant. Here I insert part of her testimony:

The empty crib resembles the absence of my son in my life for the first 2 1/2 years of my time in Canada. I was very lonely and was not sure if I was ever going to see him again. This impacted my social life. I could not hang out at parties where there were children or even go any parks because everywhere I go there were constant reminders of my son.

Profound sadness (very lonely) and fear (was not sure if I was ever going to see him again) emanate from the above quote. Ruvashe is unable to socialize around other children. Understandably, “focusing on mother–child separation evokes the precariousness and vulnerability of children”, however when the focus on the vulnerability/innocence of the child leads to community/nation surveillance of the mother, such surveillance could result in public narratives that stigmatize the mother who leaves her child behind upon migration (Pratt, 2009, p. 7). The complexity of Ruvashe’s
life due to her migratory conditions and post-migration “unsettles the binary of good and bad mother” (Pratt, 2009, p. 14) and problematizes the idealized and essentialized image of motherhood. Though pre-migration context is often incorporated into the adjustment and treatment of refugees, exploring the effects of the separation phase in the lives of KAAJAL immigrant/refugee women is needed to understand its impact on family functioning and health. For instance, Alma’s separation from her 18-year old daughter resulted in a prolonged mother-daughter struggle. It is imperative for clinicians and health care providers to conduct an assessment of immigrants/refugees’ complete migration history (pre-migration, migration station or the separation phase and post-migration) to understand its consequences on their health, psychosocial adjustment, and identity. Such assessment must be careful not to essentialize women’s experiences and strive to understand the meanings that immigrants/refugees ascribe to familial separation based on the unique intersections of culture, age, immigrant status, class, and other such categories of social inequality.

**Work, Health, and Family Intersections**

The second theme in the study was related to work, health, and family intersections. Data analysis revealed a number of prominent codes, which reflect women’s experiences in the public sphere (e.g., labour market), private sphere (e.g., home) and at the intersection of public and private spheres. The discussion in this section is focused on these codes: Canadian Experience Discourse; the Volunteering Dogma; Racism, Otherness, and Bullying; Silence and Voice; Work and Health; and Work and Family.
The participants’ post-migratory ontological or personal narratives indicate the expectations of a ‘good or better life’ in Canada than they had in their country of origin. The essence of these expectations is more prominent in sponsored wives stories as compared to those who migrated as refugees. It does seem realistic that women would expect that by marrying individuals settled in “the world’s key immigrant-receiving industrialized nations” life would “offer improved social and economic opportunities in the process of establishing family life” (Merali, 2010, p. 6). On the contrary, women’s depleting finances, accumulating bills, and rejection letters from employers provide strong evidence that their post-migration reality was very different from what they had expected their life situation in Canada prior to migration. They experienced downward mobility, i.e., a lower occupational status and standard of living than they maintained in their country of origin instead of the upward mobility that they had expected in Canada. One example of the disharmony between the participants’ pre-migration expectations and their post-migratory reality, is transparent in Gayatri’s following quote (Chapter V):

We thought we are going from a developing country to a well-developed country.

When they give you points for education, points for work, etc., you think that when you come to this country you will get good job, your education will be recognized but when you come here …you start at the bottom.

Similarly in their CBPR study with Sudanese newcomers, Simich et al. (2006) found a relationship between the participants’ failed expectations, economic hardships and overall health. The participants in their study experienced constant strain, lack of sleep, unhappiness and depression. Alice’s photograph of a stone (Chapter V, photograph 26) and her following quote reflects the ‘constant strain’ that Simich et al. (2006) speak
about: “Constantly going with no safe or comfortable place to rest affects my health. It makes me feel nervous and not feel relaxed. I cannot sleep properly--I am always on the edge.”

The latter part of Gayatri’s above quote in reference to the points system also demonstrates the discordance between Canada’s economic immigration system and labour market policies. Most of the participants arrived in Canada after 2000, when the Immigration and Refugee Protection Act (IRPA) or the points-based immigrant recruiting criterion was further strengthened “to focus on the longer-term potential of human capital and factors associated with lifetime productivity and adaptability, such as education, language skills, and work experience” (Canada Gazette, 2012, “Background,” para. 6). In economics theory, the centrality of the human capital model is based on the premise that immigrants with superior human capital (e.g., university education) will achieve economic success faster than those with a lower quality of human capital (e.g., a high school diploma) (Liu, 2006). The points-based immigration selection criterion follows the human capital model. These women’s stories refute the traditional human capital model that “greater education will lead to higher labour productivity and employment earnings” (Ewoudou, 2011, p. 10). Rather, Suto’s (2008) primary theme that emerged in her interviews with well-educated immigrant women, “compromised careers,” is clearly visible in this thesis. Suto (2008) defines compromised careers as “the downward occupational (work) mobility that occurs despite expectations that education, credentials and work experience are transferable to desirable employment” (p. 417). Along with several studies documented in the literature review, Ewoudou (2011) also found that even though visible minority landed immigrants “had much higher
overeducation rates than the Canadian-born”, they had lower employment earnings and a higher unemployment rate than Canadian-born workers (Ewoudou, 2011, p.11). It seems that the shift in immigration policy to attract educated and skilled class immigrant men and women has done very little to improve their economic status. Furthermore, given that the recent immigrants are highly skilled workers, the assumptions behind the neoeconomic theorizing that human capital deficits are the primary cause of poor labour market outcomes is problematic (Roscigno, Garcia, & Bobbitt-Zeher, 2007). Similarly, Salaff & Greve (2006) argue that the conceptual narratives of the human capital model that predict an immigrant’s employment success based solely on the individuals personal attributes lead to an incomplete analysis of employment successes and failures. These authors suggest that it is important to take into consideration the social and institutional structures that regulate the entry criterion for employment in Canada and describe appropriate “patterns of behaviour, norms and expectations” in the labour market. For KAAJAL immigrant/refugee women in particular, it is critical for Canadian employers to recognize “that human capital is culture specific” and context-specific (Salaff & Greve, 2006, p. 4). For example, women’s stories suggest that in a patriarchal cultural context, the woman’s ‘wife’ and/or ‘mother’ identity is prioritized over ‘work’ identity, thus, these women may be restricted to certain career choices in their home country and may not adhere to North-American valued career milestones (Salaff & Greve, 2006). In a gendered Canadian labour market, “immigrant women run up against two institutional barriers: a career path that lacks legitimacy, and an unrecognized match between gender and occupation” (Salaff & Greve, 2006, p.88).
Settlement difficulties are further intensified for participants with a precarious immigration status. These women’s stories corroborate with other evidence-based work that confirms a link between precarity and vulnerability (Merali, 2008a, 2008b; Merali, 2009; Oxman Martinez & Vincent, 2002; Oxman-Martinez et al., 2005). Merali’s (2008a, 2009) work on sponsored wives, for instance, indicates that due to their precarious immigration status, these women are vulnerable to violence, abuse and exploitation. While immigrant women migrate for reasons other than marriage, according to the 2009 statistics, immigrant women comprise 59% of family class applicants and 39% of economic class category (Chui, 2011). Under the terms of FCS policy “it is expected that with their husbands’ support, sponsored women would develop the skills over time to support themselves and to integrate; they would learn English, try to make friends with other Canadians, seek employment, and adapt to Canadian culture” (Merali, 2009, p. 323). Their ‘dependent and precarious social location’ inferred upon these women by Citizenship and Immigration Canada (CIC) intersected with gender, race, ethnicity, education level, geography, and socioeconomic class to silence them. The current law permits spouses to leave the relationship in case of abuse; however, since the policy documents are primarily in English, non-English-proficient women’s knowledge about the policy is generally restricted to what they are told by their spouse or in-laws. For sponsored women who are not proficient in English, the dependency upon their husband for three years increases their vulnerability to abuse. This situation sets up the potential for faulty information being passed on unintentionally or in some cases, intentionally, by the interpreter (a spouse or in-law) (Merali, 2009; Raj & Silverman, 2002). It is worth noting that two women who migrated as sponsored
wives in this thesis recounted abuse by their husband, but upon reading their stories during the peer review process, decided not to include it as part of the ‘findings’ for fear of recognition in a small community.

What is interesting though is that these participants claimed that their spouses did not show any sign of abusive behavior in their country of origin. I am not excusing spousal abuse, however, it is possible that post-migratory stressors and circumstances shift the status-quo, thus, contributing to marital conflicts. Immigrant men also experience deskilling and may no longer hold the status of the ‘bread winner’ of the family. Zhou’s (2010) study uncovers a disturbing truth. He found that social workers in his study narrated growing incidents of spousal abuse in immigrant families post-migration, behaviour that was absent in these families prior to migration. His results suggest that Chinese men are angry as they are experiencing great difficulty in the labour market and are resistant to the gender-role reversal, thus, as Zhou points out, taking out their anger on their wives and children.

Above and beyond the ‘dependent’ immigrant status (such as dependence on spouse or employer to obtain their permanent residence) another way that women can experience precariousness is when they enter Canada with “an immigration status that does not confer them the right to remain permanently in the country” (Oxman-Martinez et al. 2005, p. 248). While Alma waited for her permanent residency status, she was limited to the jobs she could do or government-sponsored services such as employment and education training that is integral for immigrants’ resettlement and economic success. Her precariousness was experienced through the intersection of immigration status with other social categories of inequality such as nationality, gender, social class and
geography. With no social supports she was forced to endure her battles alone. I suspect that because of the precariousness of her legal status, she did not report her brother-in-law’s sexual advances to the authorities. Moreover, her precarious social location increased her vulnerability for further exploitation. For instance, when Alma was thrown out of her brother-in-law’s home, she moved to a local physician’s home where she was paid much less than other maids in the house ($10.00/hour compared to $23.50). Indeed as such, immigrant status intersects with socio-cultural barriers such as gender, culture, ethnicity, and geography “to place women at a higher risk for health problems” (Oxman-Martinez et al., 2005, p. 256).

The link between precariousness and vulnerability is also evident in Ramhia’s post-migratory experiences. Even though, her conditions of migration were different than Alma’s, she also occupied a subordinate status across class, citizenship, language, and gender. Based on the conditions of her migration, Ramhia’s sponsor did not have any obligations to support her financially after a year of migration. As Ramhia was unable to converse in English, in the initial years of settlement, she was not able to enroll in a Canadian hairdressing school to obtain her Canadian hairdressing license. Consequently, like Alma, she endured poverty and social isolation. The inequitable access to settlement services for women with precarious immigration status shows that “while official policy cannot be equated with practice, policy is nevertheless the official statement of social rights, statements that can be used either to provide or deny access” (Oxman-Martinez, 2005, p. 20).

**Canadian experience discourse.** Along with restrictive federal immigration policies, another element that disadvantaged the participants was the ‘Canadian
experience discourse’. Such a discourse deemed these women ‘undesirable’, ‘undeserving’ or ‘culturally deficient.’ Foucault’s (1988) notion of discourse extends deeper than mere relationship between statements or habits of thinking. Discourse, Foucault suggests are “ways of constituting knowledge, together with the social practices, forms of subjectivity and power relations which inhere in such knowledges and relations between them” (Weedon, 1987, p. 108). Thus understood, the ‘Canadian experience’ discourse constructs certain national identities (non-European and immigrants) as inferior to white native Canadians, it places lower economic value on the work experience they obtained before migration as compared to Canadian work experience. What is significant here is that “power is exercised within discourses in the ways in which they constitute and govern individual subjects” (Weedon, 1987, p. 113). This practise of legitimizing foreign work experience as inferior to Canadian work experience demonstrates that ‘Canadian experience’ and academic qualifications as forms of cultural capital, embody the individual, meaning “it has the same biological limits as its bearer” (Bourdieu, 1986, p. 50). When these qualifications are associated with ‘Canadian-born white’ individuals, they have a high monetary ‘value’ in the labour market and can also be converted into symbolic capital. But, when associated with KAAJAL immigrant/refugee women, they are rendered worthless. Nationality, gender, and class intersect in the discourse of ‘undesirable’ or ‘undeserving’ immigrant/refugee.

The requirement for Canadian experience denied participants ‘access to economic capital (such as meaningful work). The resulting loss of identity dominated the participant’s ontological narratives. Through ‘Dark Night’ (Chapter V, photo 24), Lyka
portrayed a time in Canada when she was feeling lost. She couldn’t find work as everyone wanted Canadian experience. I insert her quote again:

So not being able to fulfill my potential and not able to control my life situation makes me feel helpless. Physically, I have to keep going. I cannot give up for my son. Emotionally, I feel depressed. After I keep getting rejection letters you don’t want to send any more but you have to do that… for your son. I forced myself not to give in to feelings of worthlessness. I tell myself that I have value for self.

Lyka

Susan was frustrated that “Canadian experience is a must in order to get a job here.” Alice asked a relevant question: “… why every place needs Canadian experience?” These stories of women suggest that the requirement of Canadian experience contributes to their oppression due to their marginalized positions in the Canadian labour market. Conceptualizing oppression in a democratic, multi-cultural, and multi-ethnic Canadian society is not an easy task. Finn, Perry & Karandikar (2013) write:

Oppression, quite literally, describes how some members of a society are pressed down by others in overt and covert ways.” It may play out through practices of sexism, racism, ageism, classism, colonialism, and ableism, to name a few” (italic in the original, p. xxii).

On a structural level, oppression, I would argue, does not operate in isolation. For instance, the discourse on ‘Canadian experience’ requires the endorsements of the State -- “an apparatus of government” and the “private’ apparatus of ‘hegemony’ or civil society” (Gramsci, 1971, p. 530) ---to have power in the labour market. In fact, the requirement for Canadian work experience is now embedded deeply into the federal immigration
documents. Due to the “general acknowledgement among stakeholders and the public that foreign work experience is for the most part discounted by Canadian employers”, the most recent changes in the IRPA include, increasing admission points for Canadian work experience in the skilled worker category (such as The Federal Skilled Worker Program [FSWP], and new Federal Skilled Trades Class [FSTC]) and reducing points for foreign work experience (Canada Gazette, 2012). Here, Foucault’s (1977) power-knowledge nexus is fitting. He argued that “power produces knowledge… that power and knowledge directly imply one another; that there is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time power relations” (p. 27). By explicitly increasing admission points for Canadian work experience, the state used its power explicitly and in partnership with Canadian employers to certify Canadian work experience as a ‘true and accepted body of knowledge’ while discounting knowledge generated in certain countries.

Sakamoto et al. (2013) are appropriately critical of giving more weight to Canadian experience in the IRPA. These authors note: “Despite the established critique of a lack of ‘Canadian experience’ as an exclusionary practice, immigration policy embraced ‘Canadian experience’ as a criterion to identify immigrants who will have more success in the Canadian labour force” (p.3). While the federal government recognizes past failure of the human capital model in the integration of immigrants, the federal government is hopeful that the proposed changes (also based on the human capital model) will create a better match between immigration and labour market needs (CIC, 2012a). The reduction of points for foreign work experience could be beneficial, for
instance, to immigrant women who due to their subservient status as compared to men, are not able to access resources to participate in the labour market in their country of origin or those who live in a society that does not support paid employment for women outside the home. Conversely, since Canadian experience still carries heavy weight within the skilled worker selection criteria for FSWP, and that the experience has to be recent, it penalizes immigrant women “who have had to leave the workforce for family care responsibilities” (Canada Gazette, 2012. “Benefits and cost”). It is very likely then that the gender imbalance in the profile of this class will continue. For example, 70% of immigrants migrating under FSWP are male (Canada Gazette, 2012).

The normalization of Canadian experience and “it’s taken-for-granted and institutionalized status” (Sakamoto et al., 2013, p. 25) raises the idea of difference that as a postmodern scholar, I am concerned with (Parpart, 1993). On the subject of difference, Ahmed (2000) argues, “Difference is immediately ‘our difference’: it is difference that belongs to the inclusive ‘we’ of the nation” (p. 96). Bannerji (1996) adds: “‘Difference’ read through ‘race,’ then produces a threat of racist violence. The creation of a minority rather than of full-fledged adult citizens” (p.116), By allocating more weight to Canadian work experience the Canadian government has legitimatized it as the ‘we’ of the nation while the foreign experience remains more prominently than ever before, the ‘they’ of the nation. In endorsing Canadian experience as a significant requirement for migration, the Canadian government has sustained the skilled/unskilled, deserving/undeserving and desirable/undesirable immigrant binaries. In the end, immigration policy is not just about supplying skilled labour or increase population growth, “it is also an expression of a political idea of who is, could be, eligible to receive the entitlements of residence and
citizenship” (Smith, 1993, p. 50, cited in Mackey, 2002, p.32). The absolute demand for Canadian experience by employers “accomplishes the task of relegating skilled immigrants to a marginalized position in the labour market as they confront the difficulty of establishing their worthiness through ‘Canadian experience’” (Sakamoto et al., 2013, p. 20).

Erasing or undervaluing of that which is different does not align with the Canadian multicultural policies that pride it in celebrating differences; rather it points to managing or disciplining differences. The Canadian experience discourse “helps perpetuate the inequalities required to reserve benefits to the elite few while maintaining a multicultural face in the global world” (Sakamoto et al., 2013, p. 20). Susan, for example, was correct in her conceptualization of ‘Canadian experience’ as an egg and chicken situation. She asked, “Which comes first, the egg or the chicken?” Likewise, Alice questioned: “How can a newcomer get Canadian experience if no one would like to provide an opportunity?” In this double movement of legitimizing Canadian experience and conferring institutional recognition upon it as a “true body of knowledge” and then denying access to such knowledge (a form of cultural capital) the state and employers contributed to the exploitation of the participants, to their marginalization and to their powerlessness. These three forms of oppression--exploitation, marginalization and powerlessness--“are related to the ways in which economic and social power are distributed based on peoples’ positions within labor markets” (Hinson & Bradley, n.d., p.4). When these women were not able to conform to the occupational entry rules, that is, unable to get Canadian experience, their oppression was reinforced. Precisely for these reasons, I contend that ‘Canadian experience’ is a “marker of difference”, an axis of
differentiation that contributes to the marginalization of skilled immigrants. To my knowledge I am not aware of any study that has linked Canadian experience to a marker of difference.

Referring to the work of Dorothy Van Soest and Betty Garcia (2003), Finn et al. (2013) note, that all forms of “Oppressions are maintained by ideologies of superiority or inferiority and by threat (and reality) of both individual and institutional forms of violence” (xxiii). For example, certain kinds of difference are accepted and valued, as long as they are not a threat to the Canadian nation’s identity (Mackey, 2002, p. 32) or to the “inclusive ‘we’ of the nation” (Ahmed, 2000, p. 96). Caragata (1999) asserts that although European immigrants also bring with them their own language and cultural values, the Canadian mainstream society may be more willing to accommodate them than KAAJAL people who are significantly more visible and may be perceived as a threat to the dominant groups. On the issue of difference, Bannerji (1996) speaks powerfully, “The irony compounds when one discovers that all white people, no matter when they immigrate to Canada or as carriers of European ethnicity, become invisible and hold a dual membership in Canada” (p. 112).

Janavi asked, “What is Canadian experience?” I have classified it as a body of knowledge and a marker of difference. I would add that the requirement for Canadian experience is not about ‘protection’ of the profession but rather, about ‘protectionism’. I offer the following definition of protectionism. Protectionism is about acting as gatekeepers to exclude professional ‘membership’ to certain immigrants (read: inferior to Canadians; their education and professional experience is thus rendered inferior to Canadian experience), contributing to their economic exclusion. When individuals are
economically excluded, they “cannot access economic resources and opportunities such as participation in paid work” (Mikkonen & Raphael, 2010, p. 32). Sakamoto et al. (2013) associate Canadian experience with democratic racism:

The dissonance between our racist beliefs about people of colour and our sense of democratic self; as such the expectation of ‘Canadian experience’ is justified by a liberal democratic belief in meritocracy and multiculturalism. Racial beliefs, which are embedded in the liberal democratic order, including the dominance of whiteness, maintain the status quo without calling attention to inequality (p.21).

These authors also identity Canadian experience as “tacit knowledge”, as “exclusionary practise”, as “representative of ‘Canadian-ness’….” (p. 4, italic my emphasis). It helps to scrutinize what we mean by ‘Canadian-ness.’ Petri (2010) notes that for immigrants from non-Western countries lack of Canadian experience is a significant barrier to their economic integration and their success depends upon their “ability to adapt to Canada and the Canadian way of thinking and behaving” (p. 38, italic, my emphasis). To show their Canadian-ness in Petri’s (2010) study, participants learnt to think and act the Canadian way meaning “learning to communicate and expressing oneself properly in the way that Canadians expected” (Petri, p. 20) pointing to workplace “assimilation”, an acculturation strategy identified by Berry (1997, p. 9).

Berry (2008) presents acculturation as a phenomenon which results when ethnically diverse groups come into continuous contact with one another resulting in psychological and social changes in either one or both groups. Berry proposed four acculturation strategies. In ‘Integration’, immigrants participate in the mainstream’s culture and maintain their cultural identity. ‘Separation’ implies holding on to one’s
cultural identity and refusing mainstream identity (such may happen due to enforced cultural loss). ‘Assimilation’ occurs in refusing one’s cultural identity and embracing mainstream value (e.g., melting pot of United States). In ‘marginalization’ both one’s own and the mainstream identity are rejected (because of exclusion or discrimination experiences). Berry (2008) suggested that integration experiences lead to the least amount of resettlement stress while experiences of marginalization entail the maximum amount of stress. In assimilation and separation, immigrants experience an intermediate level of stress.

Returning to my discussion on Canadian-ness, if an individual’s name is considered an important aspect of his or her culture, it can then be argued that when some women changed their names or shortened them to sound like ‘Canadian’ or ‘English’ names (e.g. Cindy and Aishwarya) to be accepted in Canadian society, they were being forced to assimilate. Their labour market experiences of deskilling taught them that their native names were not acceptable in the new cultural context and they needed to be willing to shed aspects of their culture (that is their native name) in order to gain the rewards of economic or social success (Berry, 1997; Graves, 1967). As pointed out in the literature review chapter, Oreopoulos’ (2009) field experiment showed that resumes with English-sounding names were 40% more likely to receive a call back for an interview compared to resumes with Indian, Chinese or Pakistani names even when the two resumes listed similar Canadian experience and education differing only in their name. It is then worth considering how certain acts such as consenting to changing one’s name on a CV are techniques of legitimizing “the national fantasy of multiculturalism, in which one passes for strangers by adopting or assuming their style (Ahmed, 2000, p. 133, italics
in the original). Still, at the cost of not being economically successful, Ding and Janavi refused to change their name. Ding forcefully argued (Chapter V):

Many immigrants I know change their name because their name becomes a barrier to finding work. I will never change my name. My name is very personal to me. I love my name. My name is identity of my culture. It is personal to me…If Canadians cannot say my name, it is their problem, not mine.

Based on Berry’s (1997) aforementioned acculturation model, it would seem that Ding somewhat adopted the separation strategy of acculturation. I say ‘somewhat’ as Berry (1997) defines separation as an acculturation strategy “when individuals place a value on holding on to their original culture, and at the same time wish to avoid interaction with others” (p. 9). While Ding was unwilling to give up her name, she thrived on interaction with other Canadians. I wonder then, if KAAJAL women can be easily compartmentalized within Berry’s acculturation model. I will elaborate this point later in this chapter.

Ahmed powerfully asserts that externally people can be different but at the core of their being immigrants/refugees are expected to be Canadian (Ahmed, 2000). Such a metanarrative about Canadian-ness sets up a binary between “appearance and being”, thus reducing the meaning of culture (read as cultural difference), “to an outward appearance that actually conceals a Canadian being” (Ahmed, 2000, p. 105). What is clear is that the more abstract and multifarious Canadian experience becomes, the greater the risk of sustaining ‘Canadian/immigrant’ and ‘desirable/undesirable immigrant’ binaries.
The Volunteering Dogma. Oddly, it is through volunteering that participants were expected to gain the necessary Canadian experience and make a smooth transition into the Canadian labour market. The Government of Canada website for new immigrants defines volunteering as a service that is performed “willingly and without pay” (CIC, 2013a). Handy & Greenspan (2009) refer to volunteering as a possible “stepping stone for integration” (p.956). The Government of Canada explicitly encourages new immigrants to volunteer suggesting that this unpaid service can help them gain work experience, practise English or French, build a social network, establish a suitable reference for employment, and demonstrate to prospective employers their ability to “work hard” to find employment (CIC, 2013a, “Volunteer to build your resume”). There appears to be a paradox between ‘volunteering as a helpful tool’ to integration and ‘volunteering as free or unpaid labour’ (Wilson-Forsberg & Sethi, 2013). The current thesis results regarding volunteering are mixed. The participants’ stories challenge this concept of ‘willingness’ or ‘free will.’ The notion of volunteering was alien to many of these women. While three volunteered in their country of origin, after arriving in Canada twelve engaged in a volunteering role. It is worth noting that once the participants were employed only seven participants continued to volunteer and all of them on a part-time basis. In consenting immigrants to volunteer as a way to gain Canadian experience, power works through discourse (Foucault, 1988) and is expressed through consent rather than force (Gramsci, 1971). Having no other means to find meaningful work, they consented or agreed to volunteer, thus, maintaining the status quo. In Arzoo’s statement, “When I could not find a job the HR manager at the employment centre told me to volunteer,” the volunteer dogma was masked as a support strategy to help her integrate in Canadian society.
Enticing immigrants to volunteer seems to be a smart business strategy for organizations struggling with manpower, but it did not directly facilitate most of the participants’ economic integration. Nevertheless, similar to Handy & Greenspan’s (2009) findings, participants confirmed that volunteering helped them to increase their social capital and mediate stress. In my previous study with newcomer men and women in Grand Erie (Sethi, 2009), overall participants agreed that volunteering helped them practice English, help other organizations/people, get work experience/references, network, and meet people from their own cultural background. However, I did not find any evidence that volunteering led to a position in the participant’s field of expertise. The increasing requirement to volunteer for new immigrants seems to symbolize a labour market *mantra* (a magical word that if repeated can bring spiritual and material rewards). It seems that the Canadian labour market is entrenched with this mantra. The participants’ experiences suggest that the demand for Canadian experience, and their lack of, posed a surmountable barrier to their entry into meaningful work. The underlying claim is that volunteering will help immigrants’ careers by assisting them to “regain social and human capital lost in the migration process” (Handy and Greenspan 2009, p. 95). I argue, that in Canada’s labour market, volunteering remains an ‘unchallenged dogma’.

Ironically, while volunteering was expected to help KAAJAL women transition into Canada’s labour market, none of the participants could not even get what Susan describes as “a professional job-related volunteer position”. Janavi notes with anger, “How does pushing wheel chair equate to getting HR experience?” She brings to light another dimension of the volunteering dogma –what she describes as ‘abuse’ of volunteers (Chapter V):
I feel that volunteers are made to do other people’s work…and getting away with it…and that is the abuse part of it. So unfortunately immigrants are so desperate that they would take any volunteer experience for there is this notion that volunteers experience is equal to Canadian experience so it’s sad. Not surprisingly, because volunteering was causing her intense anxiety, Janavi quit her volunteering position. Besides, the position did not help her gain work experience in a field in which she desired to work. I want to underscore the point that I am not advocating that immigrants/refugees should not volunteer. By asserting that there is a problem with having immigrants volunteer at a time when, as newcomers to Canada, they need to focus on paying their bills, getting their driver’s license, and dealing with child care and other issues, I am legitimizing women’s experiences about volunteering. I am contesting the equating of volunteering with Canadian experience. I am concerned that if immigrants are engaging in volunteering activity solely to get Canadian experience, such volunteering motivation may not benefit the volunteer or the person who is at the receiving end of the volunteering service.

**Racism, Othering, and Bullying.** Racism glares from behind the employment recruitment policies that require Canadian experience and do not recognize foreign credentials. Racism refers to “beliefs, attitudes, institutional arrangements, and acts that tend to denigrate individual or groups because of phenotypic characteristics or ethnic group affiliations” (Clark, Anderson, Clark, & Williams 1999, definition of p. 805). Sarah Ahmed’s ‘stranger’ discourse is relevant here. Ahmed’s ontology of stranger is not someone we do not know or do not recognize. On the contrary Ahmed (2000) conceptualizes stranger as “some-body whom we have already recognized in the very
moment in which they are ‘seen’ or ‘faced’ as a stranger” (p.1). The stranger, Ahmed (2000) continues is “an effect of processes of inclusion and exclusion, that constitute the boundaries of bodies and communities, including communities of living (dwelling and travel), as well as epistemic communities” (p. 6). I want to clarify that the question of ‘ontology or being of the stranger’ only comes into fruition during an “encounter” with the stranger. The key ingredients of such an encounter are “surprise and conflict” (Ahmed, 2000, p. 6). Since the production of subject as a being, occurs through encounters with others “the encounter itself is ontologically prior to the question of ontology.” (p. 7). Allow me to explain. Rudo’s agonising statement, “They call me Nigger. They spit on me,” is deeply entwined with Ahmed’s (2000) stranger. The moment she entered her client’s room, there was an encounter. In this encounter there was surprise and conflict. In an institution dominated by white staff and all white residents the clients are surprised to see a black body in their social and bodily space. Such a white-black body encounter opened the door to past encounters (Ahmed, 2000). Her client recognized her as a ‘stranger’ due to her black skin and African descent. In that recognition she knew her again. Possibly, as a knowable figure of a slave. In that recognition she excluded her. Rudo embodied a figure that posed danger to the client’s pure white body and spaces (Ahmed, 2000). Aiken (2006) writes:

With the aid of science, skin colour became a potent rationale for slavery, a practice that emerged from the material quest of the European colonizers for a cheap source of labour to clear the lands and work the fields in the colonies (p. 69).
Similar to Rudo’s experiences of racialization, Ruvashe’s quote (Chapter V) below demonstrates that she was dehumanized by her white client due to Rudo’s black body:

She had a bowel movement, and she was covered in this bowel movement...everywhere the bed, the walls, her hands, her hair, everywhere. And I went in and I said “Hi, I am going to help you clean up”, and she was like “Do not touch me with your black hands!” And I said to her “Well I am wearing white gloves.”

Ruvashe too, is Sarah’s stranger whom her client recognized and produced as a figure that was stranger than the stranger itself. Even though the client was covered in faeces, she did not want Ruvashe to invade her pure bodily space by touching her. In the above analysis of strange encounters, I am not solely relying on the metanarrative of history as “history is not a continuous line of emergence of a people, but a series of discontinuous encounters between nations, cultures, and others and other others” (Ahmed, 2000, p.11). Although, history does come into play in the above slave-master discourse, the above incidents demonstrate that in the post-colonial period we haven’t overcome colonialism (Ahmed, 2000, p. 11). Rudo’s and Ruvashe’s encounter with the white bodies also displays cultural and class tensions.

Advancing Sarah Ahmed’s discussion of the stranger a bit further, I want to add that both race and class often interlocked to produce the figure of the stranger in the caregiving roles of Rudo, Ruvashe and the other participants from Africa, that is, in the interaction between their black bodies and their clients’ white bodies. Similar to Skeggs’ (1997) study ‘class’ is central to these women’s post-migratory lives, to their subjectivities. Perhaps, KAAJAL women’s concealments or reluctance to name the
encounter as a ‘class issue’ (that is, identifying that they are working class) is because it symbolizes “all that is dirty, dangerous, and without value” (Skeggs, 1997, p. 74). These women identified themselves as ‘upper middle class’ pre-migration. However, deskilling relegated them to the ‘working class’ status. This suggests that “class is structural. It involves the institutionalization of Capitals” (Skeggs, 1997, p. 94) meaning that it is not personal choice or will that decides class membership. Classicism is really about respectability and the discourse around respectability “informs how we speak, who we speak to, how we classify others, what we study and how we know who we are (or are not)” (Skeggs, 1997, p. 1). It seems that Rudo and Ruvashe’s ‘working class’ status simultaneously intersected with their race and nationality, hence, contributing to their experiences of racism. Indeed, racism is the derivative of colonization and capitalism. While it is possible that KAAJAL immigrants are more likely to encounter racism in certain professions, such as caregivers in a white institution, racism of KAAJAL women in high skilled or higher status employment has been reported previously in literature (Reitz & Banerjee, 2007; Turittian et al., 2002).

The study findings show that along with the experience of racism, the discourse of the other or othering manifested in the female participants’ lives. Otherness, Staszak (2008) explains, “is the result of a discursive process by which a dominant-in group (‘US’, the Self) constructs one or many dominated out-groups (‘Them’, Other) by stigmatizing a difference – real or imagined – presented as a negation of identity and thus a motive for potential discrimination” (p. 2). In the Western construction of KAAJAL women as others, discursive power operates, meaning it is fuelled not only by “the logical power of discourse” but also of the “political, social, and economic power of
those who speak it” (Staszak, 2008, p.3). By political, social, and economic power of those who speak it I am particularly referring to the Canadian government and employers who deskill KAAJAL women and thus, produce and reproduce contemporary racism. It is through words, text and talk, van Dijk (2002) proclaims “political, bureaucratic, corporate, media, educational, and scholarly elites control the most crucial dimensions and decisions of the everyday lives of immigrants and minorities: entry, residence, work, housing, education, welfare, health care, knowledge, information, and culture” (p. 145).

Arzoo’s fear of othering is transparent in her quote, “I don’t want to be gay. I don’t want to be a Muslim woman and gay.” While gender analysis is important in understanding the challenges that Arab lesbian women experience in their settlement, the analysis would be incomplete if we stopped here. In her above quote, nationality, race, sexual orientation, and social class (being working class rather than business woman) were implicated in her oppression. In her book, “Casting Out”, Shereen Razack (2008) shows that race thinking has intensified post-9/11 and is responsible for violence and surveillance towards those with a Muslim identity. Everyone with a Muslim identity is constructed as the Cultural Other and objectified. In post-911, a Muslim ‘stranger’ is produced as a “figure of danger” (Ahmed, 2000, p. 37). The “stranger danger discourse” perceives the Muslim stranger’s presence as a threat to the nation space, thus, legitimizing the othering and expulsion of Muslims from the nation’s boundaries (Ahmed, 2000, p. 36). In the climate of rising Islamaphobia, it wouldn’t then be an exaggeration to make a bold statement that Canadians projected ‘danger’ onto Arzoo’s hijab. Gottshalk and Greenberg (2008) define Islamophobia as “social anxiety toward Islam and Muslim cultures” and add that it “relies heavily on a sense of otherness” (p.5;
While I applaud the City’s initiatives geared towards making Grand Erie safe for Muslims, the intolerance of some Brantford residents towards certain populations has been disconcerting. For example, recently, the following was posted in the ‘Readers Comments’ section of the local newspaper, *The Expositor*. “If they came from the middle-east, Brantford would be like Disneyland, lol. What, only 2 stabbings a week?” (Mein, 2012)

What is at stake here is that exposure to acute and chronic discriminatory stressors adversely affects psychological health (Abdulrahim, James, Yamout, & Baker, 2012; Chae, Lee, Lincoln & Ihara, 2012; Clark, Anderson, Clark & Williams, 1999; Hansen & Sørlie, 2012); physiological health (Clark et al., 1999; Williams, Neighbors, & Jackson, 2003) and lowers self-esteem (Panchanadeswaran & Dawson, 2011). The findings of the current thesis corroborate the discrimination-health association reported above. Chinja found refuge from her racist landlord through gambling which negatively affected her health and self-esteem. Sherman compared herself to a ‘garbage can’. Even though Enigma’s religious discrimination case with Human Rights Tribunal had a happy ending, she endured both physical and psychological turmoil as a result of the discrimination.

To add to the participants’ post-migratory burdens, some of the participants were also bullied. There is no universal definition on bullying in literature. The Canadian Centre for Occupational Health and Safety (2005) defines workplace bullying as “acts or verbal comments that could 'mentally' hurt or isolate a person in the workplace. Sometimes, bullying can involve negative physical contact as well” (“What is workplace bullying?” para. 1). There is an element of repetitiveness in the definitions I reviewed.
Consider the following two examples: “Bullying usually involves repeated incidents or a pattern of behaviour that is intended to intimidate, offend, degrade or humiliate a particular person or group of people (Canadian Centre for Occupational Health and Safety, 2005, italic my emphasis) and “workplace bullying is repetitive, abusive behavior that devalues and harms other people on the job” (Barrow, 2010, italic, my emphasis). Sherman’s experiences of bullying entailed the element of repetitiveness described in these definitions. Her bully constantly watched her, repeatedly tried to sabotage her work, gave her more workload, belittled her, and refused to help her.

All four women--Sherman, Rudo, Krishna, and Harmony--who experienced some form of workplace bullying--were employed in unskilled or low paying jobs. Gender, race, and class intersected to victimize them, supporting studies that found “women, ethnic minorities, and lower level workers are more apt to be targets of bullying than upper level management employees” (Pomeroy, 2013, p. 5; see also Pace, 2012). Interestingly, Sherman, Rudo, Krishna, and Harmony’s bullies were female. There is some evidence that while women are more vulnerable to be victims of bullying they are also more likely to be the bully (Pomeroy, 2012, p. 5; see also, Pace, 2012). Conversely, an earlier study in Norway (N=7986) reported that men were more likely to be bullies but men and women did not differ in the prevalence of bullying (Einarsen & Skogstad, 1996). In this study, the authors Einarsen & Skogstad (1996) also demonstrated that bullying is more likely to occur in male-dominated organizations and large organizations with many employees.

A recent editorial of National Association of Social Workers bulletin describes workplace bullying as “a silent disease” and reported the following impacts from being
bullied: “Often, the victim becomes withdrawn and isolated, develops psychosomatic health problems and symptoms of PTSD, and has increasingly more difficulty working at capacity” (Pomeroy, 2012, p.6). Other studies also point to the adverse effects of bullying on a person’s health and well-being (Canadian Centre for Occupational Health & Safety, 2005; Canadian Association of University Teachers, 2008, College of Registered Nurses of Nova Scotia, 2008; Hansen, Hogh & Persson, 2011; Laschinger, Grau, Finegan & Wilk, 2010; Nolfe, Petrella, Zontini, Uttieri & Nolfe, 2010), lowered self-esteem (Vie, Glaso, & Einarsen, 2011), and low level of efficacy (Laschinger, Grau, Finegan & Wilk, 2010).

Silence and Voice. It is noteworthy that most participants remained silent about the racism and bullying at work. Very little is known about the link between employee silence and health and/or organizational productivity. Pinder & Harlos (2001) introduced the concept of employee quiescence and acquiescence silence in unfair work settings. While quiescent silence is driven by feelings of fear, acquiescent silence is motivated by feelings and beliefs of futility (Pinder & Harlos, 2001; Whiteside & Barclay, 2013, p. 25). It could be argued that in the initial years of employment, fear of the repercussions prevented Rudo, Krishna, and Sherman from reporting the experiences of racialization by their colleagues and/or clients to their supervisors. They did not want to lose their jobs. Over time, Rudo learnt that it was futile to complain to alleviate her suffering as her direct supervisor was also implicated in racist attacks. Her statement, “I am used to it for 9 years. Now I don’t care anymore,” reflects a transition from employee quiescence to acquiescence, an adaptive response under the circumstances. Pinder & Harlos (2001) contend that, “People in deep acquiescence have given up hope of improvement and
become more or less oblivious to the importance of external events that may provide grounds for hope and a possibility for amelioration” (p. 349). Acquiescent employees are less likely to take action to improve their situation and may ultimately quit the organization (Pinder & Harlos, 2001). Krishna was afraid to lose the insurance package as her husband’s heart medications were very costly but after a period of acquiescent silence she quit her work. She could no longer bear the psychological stress resulting from being bullied and was convinced that it was futile to complain. The thesis findings suggest that employee silence hindered the participants’ mental health. For instance, Sherman’s testimony reveals that quiescent silence emotionally exhausted her, “I feel emotionally exhausted. But I have to continue working here.” Rudo expresses feelings of exhaustion and helplessness when she says, “I feel helpless. I feel tired. I cannot do anything…”

Aside from employee silence, ‘the dark shadow of voicelessness’ or absence of voice pervades some of the study participants’ lives. First, it is important to understand that silence and absence of voice is not the same thing. Paraphrasing Pinder & Harlos (2001), just as silence can communicate through thoughts, feelings, and action, voices can be silent (p. 362, 363). As explained earlier, when employees remain silent, it is generally due to the fear of the repercussions or passive resignation to the issue as in the case of Rudo. However, when employees wish to voice their thoughts or ideas, the motivation is generally to improve certain conditions or bring out a positive organizational change (Whiteside & Barclay, 2013). The issue of voicelessness or absence of voice was apparent in the two study participants who called me with an urgency to share parts of their lives that they had not disclosed in the initial interview.
Even though they insisted that something needed to be done about spousal abuse in immigrant families in Grand Erie, they did not want their stories to be told in any details in the thesis. Despite the abuse, they were still living at home with their spouses and in-laws and continuing to maintain the role of obedient wives. They were also concerned for the safety of their spouse and family if the truth was revealed. As immigrant women sponsored by their husband they were voiceless as they were trapped between patriarchy and nationality (immigration status).

In her celebrated essay, “Can the Subaltern Speak?” Gayatri Chakravorty Spivak (1988) questions if indeed the subaltern woman can speak. Poignantly, she answers that the subaltern cannot speak. She then asks the readers to consider if anyone would listen to the subaltern woman if she spoke. The question “Would anyone listen if KAAJAL women spoke?” is an important question to ask. Gayatri’s quote is relevant to the above question: “…some white people you work with underestimate you. They think because we don’t say much and because of our skin colour that we are not that sharp, that we are not so intelligent. I know their cleverness but I don’t say much. I keep silent.” The participants’ subject positions are intimately connected to their lack of access to various forms of capital (such as economic, social, cultural, and/or symbolic) that was critical for their settlement in Canada. It seems then

Between patriarchy and imperialism, subject-constitution and object-formation, the figure of the woman disappears, not into a pristine nothingness, but into a violent shuttling which is the displaced figuration of the ‘third world’ woman caught between tradition and modernization (Spivak, 1988, p. 102).
Work and Health. The participants’ experiences show that the social space they occupied (KAAJAL immigrant/refugee women) limited their access to high-skilled work in Canada’s labour market, a labour market that undervalues human and social capital of non-white and non-European immigrants/refugees resulting in their deskilling. Wren & Boyle (2001) define deskilling as “a down ward mobility and potential loss of skill due to failure to recognize, skills and qualifications gained during previous educational and professional background” (p. 40). Discrimination and bullying added another burden to their settlement in Canada. While the relationship between discrimination and health is well established, minimal literature brings attention the relationship between deskilling and health. Getachew (2012) found that deskilling resulted in disempowerment of skilled immigrants. Fang identifies deskilling as a social determinant of health (2011). There are abundant other examples on the deskilling-health glare from the participants’ stories (see photograph 25, ‘The Planes’; photograph 72, ’Tree with Cut Branches’; photograph 73, ‘Tree with Dead Tree Stump’; photograph 58, ‘The Aquarium; photograph 61, ‘Birds in a Cage’). Wren & Boyle (2001) found a complex and circular relationship between deskilling and health that is influenced by

Structure and agency, where institutional factors which impede retraining and employment (these include racism, discrimination, institutional / financial barriers to employment and relevant retraining courses etc.) interact with prior health problems (associated with the trauma of forced migration and potential torture / witnessing of genocide / murder, loss of relatives and home etc.). Thus poor mental and physical health may constitute a significant barrier to effective retraining and employment, while deskilling itself may influence mental health outcomes. (p. 42)
While deskilling and/or bullying negatively impacted KAALAL women’s mental and/or physical health, their ontological narratives demonstrate that being employed in meaningful paid work had a positive effect on their health and well-being and restored their integrity and sense of identity. Most of the participants did not just work for economic sufficiency. Rather, work was closely tied to their self-worth. This finding contradicts Martins’ (2007) study. He found that in the initial years of resettlement, women experienced many economic hardships; thus, they primarily worked for economic efficiency. It may be because his study sample was restricted to south-Asian women. Interestingly, while women in the current thesis came from diverse cultural backgrounds, were university educated, and most (80%) were also employed in the paid labour force in their country of origin, the two participants who weren’t interested in employment outside the home were of south Asian descent.

Prior studies with mainly white woman have recognized that paid employment has positive benefits on women’s health (see for example, Anson & Anson, 1987; Arber & Lahelma, 1993; Bancej, 1997; Elstad, 1995; Hamilton, Merrigan, & Dufresne, 1997; Repetti, Mathews & Waldron, 1987; Ross & Mirowsky, 1995; Welch & Booth, 1977). But what is it about ‘paid employment’ that fosters health? Paid employment is a significant social determinant of women’s health status, and has the capacity to reduce health inequities in women (Bancej, 1997); gives women a sense of control over their life (Ross & Mirowsky, 1995); and improves their self-esteem and confidence (Sorensen & Verbrugge, 1987). Hibbard & Pope (1985) argue that employment provides women with opportunities for social support and integration, thus, enhancing their health status. The authors assert that this is especially true for women over 40 years of age and those who
have very little opportunities for fostering their social integration outside work. It does not seem that work assisted the participants with social integration; most of the participants did not socialize with their work colleagues. Most of the women were working in survival jobs that were not conducive to forming deep friendships.

Repetti et al.’s (1987) important review of limited longitudinal data shed light on other aspects of work. They showed that characteristics of women (such as women’s attitude towards work) and job conditions (such as amount of social support at work) influenced how employment impacted married and unmarried women’s health. The link between job conditions and the job conditions that Repetti et al. (1987) are referring to was evident in this thesis. Participants did not feel supported at work. They found the work culture (e.g. lack of team work) quite disturbing. The lack of support by the employer and other employees negatively impacted their health. Furthermore, Alice’s photograph, ‘Bare Tree’ (Chapter V, photograph 29) and her quote, “Immigrants come to Canada after passing the health exam. They have good physical health. But due to stressors (for example, not finding a job, financial difficulties, language difficulties, social isolation, etc.) the health starts to deteriorate,” is a good representation of Healthy Immigrant Effect (HIE). Evidence on HIE suggests that while on arrival immigrants are healthy, as they have undergone a pre-entry screening immigration process, over time due to deskilling, discrimination and other economic and social hardships their health deteriorates (Public Health Agency of Canada, 2006). Most of the participants in this study were from Asia or Asian countries (55%) with a low reported rate of depression (Public Health Agency of Canada, 2006). At the same time, most women were in the core working age (self-selection process) at the time of migration. Although, the results
support the existence of HIE, a longitudinal empirical work would be more appropriate to confirm or discount the existence of this model. Interestingly, similar to Carpenter-Song et al.’s (2010) study, a recurrent theme in the participants’ stories was that mental health was a ‘private’ matter. Perhaps, it is the ‘stigma’ attached to the mental health construct that prevents immigrant women from discussing their mental health issues. Logan. (2011) argues for a holistic concept of mental health that integrates mind, body, and spirit. Within this holistic conceptualisation of mental health, Logan contends that it is critical that individuals focus their attention on keeping their mind healthy, stable, and focused as such a state of mind will undoubtedly, “reverberate harmonious relationships within their families and communities” (p. 45).

In the context of physical health, it seems that the participants mainly utilized physician services or urgent care when they were in a health crisis. Most of them did not regularly see other health care providers. It is possible that, as Durga stated, they had no time and the physician’s hours were inflexible: “Immigrants are working two jobs or when I work in factories it is shift work and then you cannot go to the doctor…they need to have hours in the evening and weekend.” Arzoo’s story highlights how intersection of race with sexual orientation can create difficulties in accessing services especially in rural areas where most physicians are white, male, and heterosexual. Precarious immigration status can also intersect with Canadian health policies and create barriers to health care access (Oman- Martinez et al., 2005). For example, Alma’s testimonies suggest that she was depressed during the first few months of migrating to Canada. Since it takes about 3-months after arrival before immigrants are eligible for Ontario Health Insurance Plan (OHIP), she was ineligible to access health care. Aishwarya’s story shows that cultural
differences can impact an immigrant’s access to health care. Her statement, “I was there (at the hospital) only one day but we like hot food when we are pregnant or when we give birth,” supports Grewal, Bhagat, & Balneaves’ (2008) arguments that Western biomedical epistemologies often clash with non-Western women’s cultural health practices and creates barriers to service accessibility and provision. These authors document an ongoing conflict between South Asian women from rural India and Western health care providers (physicians and nurses) in regards to the perinatal health. South Asian participants in their study reached out to other mothers and elders of the same ethnicity as a source of support and advice. Their elders recommended that women follow traditional birthing rituals: get lots of rest, eat hot food like lentils to balance their energy, use traditional herbs and spices, pray, and meditate. Overall, the South Asian community did not welcome the Western doctors’ focus on exercise, blood tests, and regular checkups that involved heart monitors and other hospital technology. Women were afraid that technology would cause harm, they disliked the cold food (salads), sandwiches and Jell-O served in the hospital, and were ambivalent about the purpose of a postpartum visit by a public health nurse. Food, as the thesis findings demonstrated, has a special place in these women’s lives. It represents fellowship, friendship, community, and celebration.

**Work and Family.** Similar to the aforementioned Martins (2007) study, all the participants described living in a patriarchal society pre-migration, which considered their most important occupational role(s) as: wife, mother and caregiver. Feminists may interpret Gayatri’s words, “He is my God” as a sign of gender oppression. It is my contention, though, that this statement reflects a cultural aspect where looking after their husband's needs is the most important aspect of their life. But with hired help and family
support it was easier for women to complete their duties of a wife and mother. However, post-migration, these women carried the double weight of paid and unpaid labour. Without familial and community support, as women noted, they found it tiresome to balance work and family life, often resulting in family conflicts. Work or volunteer roles conflicted with family roles to create ‘work-family’ spillover.

Primarily studied with white women, in work-nonwork spillover (nonwork domain includes family, community, leisure and recreational), “the strain produced by stressors in one domain provokes stressful situations in another domain” (Greenhaus & Parasuraman, 1987, p. 44). Earlier scholarship on work-nonwork domains and how they intersect to influence individual’s lives mainly concentrated on ‘conflict’ or ‘interference’; that is, “negative or unbalanced outcomes of combining paid work and non-work activities” (Chang, McDonald & Burton, 2010, p. 2382; Greenhaus & Beutell, 1985). Building on the work of Kahn, Wolfe, Quinin, Snoek, & Rosenthal (1964), Greenhaus & Beutell (1985) define work-family conflict (WFC) as “a form of interrole conflict in which the role pressures from the work and family domains are mutually incompatible in some respect. That is, participation in the work (family) role is made more difficult by virtue of participation in the family (work) role” (p. 77). Paraphrasing Greenhaus & Parasuraman (1987), it is important to note that pressures arising from the work or nonwork domain may not be highly stressful in and of themselves but, when they collide or their joint occurrence produces WFC. Work-Family conflict can arise as a result of stress produced from stressors in either of the domains (work or family). That is work can interfere with family or non-work life (social activities or leisure) (work→family conflict) or family impacts work life (family→work conflict) (Chang et
al., 2010; Frone, Russell & Cooper, 1992; Greenhaus & Beutell, 1985; Lambert, Pasupuleti, Cluse-Tolar, Jennings, & Baker, 2006). Gayatri’s quote is one example demonstrating work-family conflict (Chapter V):

In 20 years of marriage we don’t fight. We come to Canada and we fight. We fight. We fight all the time. Immigration separates families. It tears them apart. Sometimes even my husband cannot touch me sometime. I am tired all the time. Who you are going to talk to? You cannot scream at work. You cannot scream at neighbour. So you come home after hard factory job and then you are tired and he comes home after hard factory job and he is tired. So we fight.

Similarly Sherman’s testimony below provides evidence of work-family conflict (Chapter V):

When there is no support at work your relationship with family suffers. When I am unhappy at work it affects my relationship with family. Sometimes I want to lock myself away. I get frustrated with my husband and snap at him as I think he does not understand what I am saying. I don’t want to hear anymore, just take it and fight it out. Sometimes I am having a bad day so you take your frustration out on family. That should not happen as they are not the problem. I cannot afford to keep doing that…snapping at my family.

Likewise, Harmony feels emotionally unsettled whenever she brings the remnants of the ‘war’-- meaning work conflicts--to her home; she prays with her mother to give her strength not to let work conflicts disrupt her family life. Research suggests that the consequences of work-family or family-work conflict are damaging to a person’s psychological and/or physical health and well-being (Greenhaus & Beutell 1985;
Greenhaus & Parasuraman, 1987; Lambert et al., 2006; Watkins et al., 2012). WFC also influences the employee’s job satisfaction (Lambert et al., 2006).

WFC conflict experienced by individuals depends upon how much of their sense of self or identity they derive from a particular role (work or family) or the amount of value that the person attaches to their role (work or family) and whether they are able to fulfill that role (Carlson & Kacmar, 2000; Greenhaus & Beutell, 1985; Greenhaus & Parasuraman, 1987). Greenhaus & Parasuraman (1987) explain:

The more equally an individual is committed to his or her work and nonwork roles and responsibilities, the more the self-imposed demands to be competent in each role, and the greater the psychological conflict experienced as a result of incompatible demands from the two domains” (p. 46).

While Gayatri expressed guilt at not being available to make rotis for her husband (whom she described as her God) as she was working (read: not fulfilling her occupational role of a wife), Marcela was depressed when her role in Canada was reduced to a mother/housewife. She spoke powerfully: “I am not only Matias’s mother or someone’s wife, I am Marcela.” What is significant here is that even though both Gayatri and Marcela share the group membership of ‘KAAJAL immigrant/refugee’ women, they do not give the same importance to their role of wife or share the same desire for work. Thus, to claim simplistically that ‘KAAJAL women’ are a homogenous group, is to essentialize and construct them as a “single monolithic subject” (Mohanty, 1988, p. 6).

It is worth noting that recent studies are directing their attention to the positive side of work-family interface. Greenhaus and Powell’s (2006) model of work-family enrichment addresses the “extent to which experiences in one role improve the quality of
life in the other role” (p. 73). McNall, Masuda & Nicklin’s (2010) study on work-family enrichment found that flexible work arrangements (instead of the traditional work schedule) were crucial in maintaining work-family balance. When employees had control over their work schedule and work place (e.g. working from home) their multiple roles enriched their life. These authors also note that “flexible work arrangements such as flextime and a compressed work week seems to help employees experience greater enrichment from work to home, which, in turn, is associated with higher job satisfaction and lower turnover intentions” (McNall, Masuda, & Nicklin, 2010; p. 61).

Most of the participants were employed in lower-wage hourly jobs and recent work by Swanberg, McKechnie, Ojha & James (2011) suggests that employees employed in lower-wage hourly jobs have very little access to flexible work arrangements. As none of the participants had control over their work hours, place of work, or opportunity for flexi-time/compressed workweek schedule, engaging in multiple roles (employee, wife, mother, student, and/or volunteer) left them with very little time for leisure or physical activities compromising their well-being. Some participants did not even have much time to spend with their spouses. In Janavi’s life situation, she and her husband were working and studying. Her photograph of ‘The Bed’ (Chapter V photograph 53) accompanied by the following quote is a rich example of work-family spillover:

One side of the bed is always empty. We were trying to progress and move forward in Canada, but in the process we lost ourselves. The constant struggle to find employment anywhere, upgrade to get jobs, credentials, while trying to balance our finances, we sacrificed being together and it resulted in the decline of our relationship, the closeness.
Also, Janavi’s photograph entitled, ‘Pram’ (Chapter V, photograph 54) reveals the impact that post-migration difficulties had on her reproductive decisions:

I am in the stage of immigration where I can now ideally have a child but now the reproductive time is gone…Financially I am stable but I have missed the boat. Besides I don’t have support of family so I don’t yet feel safe to have a child.

Both Marcela and Alma stated that in Mexico they would have another child but not in Canada. They did not expect that life in Canada would not support motherhood. Susan was not able to have another child in China due to the one-child policy there. In Canada, she wanted to have more children. Her husband and his family wanted a male child. As her quote suggests, due to post-migratory stressors she did not fulfill that desire (Chapter V):

We came here and stayed in the basement. We had to go to school. We had to work whatever jobs we got. Became so busy. I wish we could have another child. When you have stress of settling down in a new environment it is later on when you are more settled then I finally thought about having more kids. I was by then over 40 years of age. I tried but reproductive health wasn’t that good.

Ding, Aishwarya, Silk Road, and Harmony’s stories also demonstrate that in their country of origin they were expected to prioritize their ‘mothering’ identity above their ‘work’ roles. It is important to recognize that in most patriarchal societies, women are valued for their reproductive capacities and they bear the responsibility of producing a male offspring to carry on the generation. For sure, like gender, fertility is a social construct as:
The political status of women in society, expected sexual behaviour, desirable number of children, use of contraceptives, the status of abortion, existing support for women, all these elements create a framework of reproductive behaviour of a fertile female body in a given culture (Alvadj- Korenic, 2005, p. 65).

As the need for survival competes with the “familiar patriarchy collective” power that dominated their life pre-migration, these women found that "the environment, where the whole family celebrates the role of a mother and wife, has disappeared after immigration. The female fertile body has moved from the centre to the periphery of the social universe" (Alvadj-Korenic, 2007, p. 39). It is indeed paradoxical that due to Canada’s declining fertility rate, immigration is expected to assist with population growth (Chui, 2011). For more than thirty years in Canada, for instance, “the total fertility rate has been below the replacement level (which is currently approximately 2.1 children per woman). This means, that on average, couples are no longer having enough children to replace them” (Statistics Canada, 2008, p. 8). However, as I have discussed earlier, immigrant women are choosing not to have children (e.g., Janavi) or are delaying motherhood (as Ruvashe did) due to the intersection of several factors: time, money, childcare difficulties, lack of social support, difficult work conditions, and a shortage of culturally relevant and affordable child care. While it was not the aim of the doctoral thesis to explore the meaning of childlessness or the importance of fertility in integration, research suggests that post-migration, the ability to make reproductive decisions can empower women (Alvadj-Korenic, 2005). It seems to me that a woman who could not fulfill the expectation of providing a male child (such as Susan) or having a child (e.g., Janavi) struggled with her sense of identity. Susan asked, “Who am I here?” Furthermore, from
Gayatri (memo ‘Biology and Work’ Appendix G) we learn that factory work may be particularly hard for some women and yet, they are forced to endure these hardships to provide for their family:

See, Indian women are not made like Canadian women …our body structure is small; we are very different from Canadian women. Especially Gujarati women are small, they have small body structure. I am not even 5 ft. tall and it is hard physically… stress for me on my body to work in factories (Gayatri).

It seems that in an individualistic modern Canadian society, immigrant female body “is under serious reconstruction, from a previously promoted reproductive” (Alvadj-Korenic, 2005, p. 66) or domesticized body to a body that is now monitored and controlled in the labour market to fulfill the role of an industrious citizen.

Immigrant/refugee women are now under the surveillance of a new power system (Alvadj-Korenic, 2005) that is focused solely on their economic integration.

Paraphrasing Alvadj-Korenic (2005, p. 66), the result of the intense pressure that immigrant/refugee women undergo to be economically productive in Canada and to fit within a new cultural ideology while staying true to their ethnic group identity and abiding by their family dynamics, results in identity dissonance. It can be argued then that after migration “the new social order of power reflects the one left behind in a perverted, up-side down fashion” that does not provide immigrant/refugee women resources to deal with their complex lives, the compromises that they make, and the conflict they endure in negotiating their priorities (Alvadj-Korenic, 2007, p. 39). The result of this reconstruction of a female fertile body to a machine or tool (see photo 2), for
producing goods and services to help Canada prosper is physical and mental exhaustion leading to health problems (Alvadj-Korenic, 2005).

**Women’s Agency.** Despite their enormous economic, social and health challenges post-migration, the participants demonstrated a high degree of agency. By ‘agency’ I mean the various ways in which participants enacted, resisted, articulated, and negotiated their various intersecting social identities (e.g., such as gender, race, class, nationality and sexuality) at the micro (family), macro level (society) or the private sphere (home) and public sphere (community/nation). In scholarship the meaning of agency is fraught with differences, elusiveness, and conflicting images. Grappling with theorizing agency, authors conceptualize it as an ‘ability to initiate emancipatory actions or ability to act in the face of difficult situations’ (Ashcroft, Griffiths, & Tiffin, 1998; McGuire, 2006); “internal capacity” (Nespor & Groenke, 2009, p. 997); “capacity or capability” which is inked to personal power (Campbell, 2009, p. 409); “internally complex temporal dynamic” Emirbayer & Mische, 1998, p. 964), etc. In the current study, women’s narratives locate agency in their private and public spaces, in their past self (self before migration), present self (self after migration) and in their future selves. Agency is often transparent in women’s emancipatory actions such as their choice of following their husband to Canada; in their decision to retrain and in making choices about having/not having children. Agency resides at the intersection of nationality culture and gender. As an ‘actor/agent’ Ding exerted her agency on ‘social or institutional structure,’ that is, the Canadian labour market, by not succumbing to institutional demands to change her ‘cultural name’ to a more ‘Canadian sounding name’. In so doing, Ding resisted becoming “a subjected being who submits to a higher authority, and is
therefore stripped of all freedom except that of freely accepting [her] submission” (Althusser, 1971, p. 182). Rather, by keeping her name she exhibited agentic power. Although, often used synonymously, the ‘power of agency’ refers to “an actor's ability to initiate and maintain a program of action” while agentic power is defined as “an actor's ability to act independently of the constraining power of social structure” (Campbell, 2009, p. 407). Marcela, Janavi, Alma and Durga’s decisions not to have another/a child is another expression of agency. There appears then a dynamic, complex, dialectical, and temporal interaction between these women’s agency and social structures. As Berger & Luckmann (1966) argued, “Society is a human product. Society is an objective reality. Man is a social product” (p. 61). KAAJAL women are the producers and product of society.

Different aspects of their agency come forth in the participants’ storied pre- and post- migratory lives. Defining KAAJAL women’s agency is not simple. It is indeed a complex construct. Certainly, the participants’ subjective/human agency is deeply intertwined within their family web just as a spider is entangled within its web. The spider is the web and the spider builds the web. Even though some participants were financially supporting their husbands’ education, they still maintained their traditional gendered roles at home. The above notion of ‘family agency’ problematizes the current individualistic integration model.

**Adjustment/Accommodation not Integration.** In this final theme I argue that the participants did not ‘integrate’, rather, they adjusted to their life in Canada. Integration is a complex concept to operationalize and measure. CIC defines integration as “an ongoing process of mutual accommodation between an individual and
society” (CIC, 2012b, p. 23). Biles & Winnemore (2007) add that integration in Canada is a “two-way street’ requiring accommodation and adjustments, and rights and responsibilities on the part of both newcomers and the host society” (p. 50). From a theoretical level Berry’s (1997) model defines integration as one of the acculturation strategy (the other being Assimilation, Separation and Marginalization) in which “some degree of cultural integrity maintained, while at the same time seeking to participate as an integral part of the larger social network,” (p. 9). Similar to the “two way street” model described by Biles & Winnemore (2007), a significant aspect of integration as outlined by Berry’s (1997) theory is “mutual accommodation” from both parties (immigrant and host country). Berry (1997) writes “…a mutual accommodation is required for integration to be attained involving the acceptance by both groups of the right of all groups to live as culturally different peoples” (p. 10).

There is abundant evidence in the thesis that even though these women were willing to work hard, there was very little accommodation from the host community (such as employers) to accommodate them. As discussed previously, the requirement for Canadian experience is one example of the employers’ and policy makers’ refusal to accommodate foreign work experience. As a result, participants had to give up their career for which they had trained. Failed expectations, anxiety, racism, and deskilling were the thread that stitched together the tapestry of their life in Canada. If mutual accommodation is a requirement for integration, evidence is clear: there was little or no mutual accommodation in the labour force. I believe I am therefore justified in suggesting that participants did not integrate, at least not in the workplace. They accommodated or adjusted to the work force by giving up their career dreams, retraining and finding work.
that was at least somewhat meaningful to them. Krishna poignantly articulates the issue of not integrating: “I feel like after 18 years of struggling in Canada I still haven’t integrated. I haven’t moved forward. I am still surviving. I would like to move beyond the survival mode.” In fact, the women’s primary decision not to return to their country of origin was the well-being of their children, a decision that most of the participants did not regret. They believed that their children had a better life in Canada as compared to their country of origin. Once these women decided to stay, they accepted their compromised careers, started at the very bottom, and did all that was required through work and retraining to survive, to move beyond survival, thus demonstrating incredible resilience. They retrained for career options that were available to them. It can be argued then, that the participants acted deliberately and consciously to adjust to their post-migratory lives becoming “author of and responsible for its (their) actions” (Althusser, 1971, p. 182). For sure, they did not integrate, at least not in the employment domain.

Furthermore, participants maintained their cultural values and accommodated only those Canadian values they considered absolutely necessary to survive such as wearing Western dress and change of name to English or Canadian. Consider Arzoo’s conflict with the hijab and Janavi’s statement: “Is this assimilation or integration? I respect diversity but does that mean I have to lose my sense of identity of who I am to get where I need to go?” It is clear from the findings that women adjusted some aspect of their selves to survive and perhaps move beyond survival in Canada. Also, they resisted assimilation in their private sphere.

There are then some problems with the current conceptualization of integration from the policy and/or theoretical level: One, much of the integration literature is focused
on the binary ‘either/or’ and additive approach; very little attention is given to how integration in one sphere (i.e., the workplace) is interconnected with integration in other spheres such as immigrants/refugees private and social domain. For instance, if immigrants are not able to achieve economic integration, it would impede their social integration and impact their health.

Mikkonen & Raphael (2010) identify income as a significant social determinant of health and state: “Canadians are largely unaware that our health is shaped by how income and wealth is distributed, whether or not we are employed, and if so, the working conditions we experience” (p. 7). Two, acculturation and integration are discussed from an individual level and not family context. KAAJAL women come from a collectivist society and their health and happiness as well as their integration (similar to their agency) is very much tied to the integration and well-being of their husband, children and even extended family. In the era of globalization and transnationalism, these bonds are maintained across space and time, thus, considering integration from a family rather than an individual level has become of paramount importance (Carranza, 2012). For instance, geographical distance and time did not weaken the bond with their parents and other relatives. Similar to Carranza’s (2012) findings, participants in this thesis considered “emotional and spiritual connections” with their parents, siblings, children and extended relatives as “sources of resilience” (p. 57). As Carranza (2001) has persuasively argued, family acculturation, “a process by which immigrant families negotiate new roles and identities between family members in the settlement country and across borders for the welfare of the family” helps to mediate individual and family stress resulting from
acculturation process at the level of economics, psychological and cultural thus ensuring survival of successive immigrant generations (cited in Carranza, 2012, p. 59).

Through its multiculturalism policy, the Canadian state intends to promote the economic, social, cultural and political participation of newcomers and help them integrate; thus maximizing the economic benefits of immigration (CIC, 2012c). In theory, multicultural policy is about “inclusive citizenship” that ensures “that all citizens can keep their identities, can take pride in their ancestry and have a sense of belonging” (CIC, 2012c., para. 2). For Bannerji (1996), multiculturalism is a Mode of workings of the state, an expression of an interaction of social relations in dynamic tension with each other, losing and gaining its political form of fluidity. It is thus a site for struggle, as is ‘Canada’ for contestation, for a kind of tug-of-war of social forces (p. 120).

Critics of multiculturalism policy argue that by emphasizing difference rather than what cultures have in common, this policy is promoting dominant populations hostility and exclusion of immigrants (Leman, 1999). The supporters of the policy defend it by suggesting that in a democratic pluralistic society such as Canada, multiculturalism has been beneficial in promoting inclusion of diverse populations (Hyman, Meinhard & Shields, 2011; Leman, 1999). Hyman et al. (2011) maintain that “the challenge for multiculturalism policy is not only to recognize and celebrate our diversity, but also to make sure that we are creating an inclusive society” (p. 21). Unless we challenge the separation based on ‘we versus they of the nation’ (Ahmed, 2000; Hyman et al., 2011) successful integration of KAAJAL immigrant/refugees cannot be achieved. There is an urgency to go beyond theorizing integration as a private or individual issue. Integration is
“our” issue—the employers, the service provider, the academics, the policy makers, and
the host community. Without doubt, considering the relationship between work and
health, discrimination and health and deskillling and health, the oppression of KAAJAL
women and their inability to integrate in the host society will negatively influence the
economic prosperity of Grand Erie and Canada as well. To prevent this from happening
“our politics must sidestep the paradigm of ‘unity’ based on ‘fragmentation or
integration’ and instead engage in struggles based on the genuine contradictions of our
society” (Bannerji, 1996, p. 120).
CHAPTER VII: LISTENING TO WOMEN’S STORIES AND FUTURE ACTIONS

This CBPR study engaged in arts-based methodology to understand the lived experiences of KAAJAL immigrant/refugee women in Grand Erie. The goal of the thesis examination was to gather local knowledge about the health effects of employment for this population. This chapter deliberates upon the economic, health, policy, and social work practice implications and provides recommendations to improve KAAJAL immigrant/refugee women’s settlement experiences in Grand Erie. The strengths and weaknesses of the study and suggestions for future research are also discussed.

Economic Implications

The evidence that has accumulated in the study was in relation to the work atmosphere/culture, including the participants’ experiences of racism and bullying. Most participants worked in an environment of fear. Although, participants were not able to articulate as such, I would argue that the strict and unfriendly work atmosphere, including their experiences of racism and/or bullying influenced employees’ opinions of their workplace, management, and supervisors. The participants’ narratives, for example, demonstrate that most of them did not have confidence in their supervisors to address issues of racism. It is noteworthy that a 2011 Public Service Employee Survey (PSES) on discrimination found a relationship between discrimination and “employees' perceptions of their workplace, particularly perceptions of their organization's efforts to prevent or deal with discrimination, and perceptions of values and ethics, leadership, staffing, career development, and recognition” (Treasury Board of Canada Secretariat, 2013. “Focus on discrimination”).
Furthermore, the thesis illustrated that although the participants desired to be productive in the paid labour force, they were deskilled. It could be argued that when individuals are deskilled and/or employed in occupations that do not capture their interest, they are likely to be disengaged at work. I am suggesting that there is a link between deskilling and disengagement. Durga’s photograph of the clock (Chapter V, photograph 42) is a great example of such disengagement. Her quote, “I feel so much stress to go to work and, like the clock, just passing my eight hours,” suggests that Durga is not very engaged with her work. Anderson (2012) defines employee engagement as “the practice of employees fully and enthusiastically committing to their work in a way that advances their employer’s strategic mission” (p. 1). Engaged employees, he argues, demonstrate enthusiasm and motivation (Anderson, 2012), signs that are missing from Durga’s quote. Schaufeli & Bakker (2004) consider work engagement as a “positive, fulfilling, work-related state of mind that is characterized by vigor, dedication, and absorption” where vigor refers to “high levels of energy”, dedication denotes “enthusiasm” and absorption signifies being “happily engrossed in work” (p. 295). Once again, Durga’s quote does not reflect a positive state of mind demonstrating vigour, dedication, and/or enthusiasm. The Conference Board of Canada (2012) alludes to possible reasons for employee disengagement:

Many organizations focus most of their attention on day-to-day operations and financial results—including revenues and expenses, earnings ratios, stock prices, market conditions, and performance measures... By comparison, few employers devote enough attention to the actions and measures that create supportive
workplaces, effective work cultures, and happy employees—all integral elements of organizational performance and productivity.

Also, when organisations lack “job resources (i.e., performance feedback, job control, participation in decision making, social support)”, these lead to work disengagement (Schaufeli & Bakker, 2004, p. 296).

Immigration and demographic shifts in Grand Erie and similar communities creates an urgency to educate employers about the negative consequences to the company due to deskilling and disengaged employees. Research by Gallup and others found that the cost of lost productivity due to disengaged employees was 300 billion dollars (Anderson, 2012). Schaufeli & Bakker (2004) note that when employees are disengaged at work they are less likely to fulfill their work goals and more likely to quit the organisation. It is also worthwhile to interrogate the benefits that companies can accrue when employees are engaged at work. Durga’s statement: “I think that employers should give staff some liberty then I think that staff will do much better and perform better for the company” (italic my emphasis) mirrors recent research findings. For example, when employers take the time to build a culture of engaged employees, these individuals are “productive, create better customer experiences, work more safely, and are more likely to remain with their employers” thus increasing employers profit margin that would have otherwise been lost due to high worker attrition rates and dissatisfied customers (Anderson, 2012, p. 1). Engaged employees show “organizational attachment” and are less likely to quit (Schaufeli & Bakker, 2004, p. 310). Ultimately, failure to leverage a competitive advantage and tap into a growing skilled, university-educated, and culturally
diverse female population in Grand Erie will lead to loss of employer productivity and labour market skills deficiency.

It is also critical that employers and policy makers pay attention to the link between discrimination and health as well as deskilling and health. Employees who are discriminated and bullied at work are unlikely to feel valued by the organization. For instance, Rudo’s photograph of the ‘Toilet’ (photograph 11) signifies low self-efficacy. It is advisable for employers to invest resources in improving employee efficacy as there is empirical evidence (Xanthopoulou, Bakker, Demerouti & Schaufeli, 2009, p. 242) that suggests:

Employees who feel self-efficacious, valuable and optimistic (i.e. they have high levels of personal resources) may create a resourceful work environment. In both cases, it is likely that these employees will end up engaged in their work tasks. When employees experience work engagement, they tend to easily recognize, activate or create resources.

It is clear from the thesis findings that discrimination and deskilling negatively impacted women’s health. In a qualitative study, the relationships between discrimination and employee perception of the workplace, deskilling and disengagement, and deskilling and health cannot be interpreted as ones of cause and effect. However, these findings can be helpful to employers to develop policies and strategies to address discrimination, bullying and disengagement, and create supportive workplaces. The Mental Health Commission of Canada (n.d.) found that “more than 80% of Canadian employers rate mental health problems and illnesses among the top three drivers of both short- and long-term disability claims made by their employees” (“What is the financial impact of mental health problems on Canadian organizations?” para. 1). Health-related absentees or loss of
labour market participation due to mental/physical health conditions is costly to the individual, employers, and the Canadian economy (The Conference Board of Canada, 2012).

**Health-Care Implications**

Social Determinants of Health (SDOH) refers to work, age and the conditions in which people live that create health inequities including income, food insecurity, housing, social exclusion, health services, education, gender, race, and disability (Mikkonen & Raphael, 2010). For participants, SDOH operated and intersected at multiple levels: individual level (e.g., low income and personal behaviours such as overeating); institutional level (experiencing institutionalized racism); system level (e.g., living in precarious conditions due to federal policies); neighbourhood or community level (e.g., lack of access to services such as child care). While diet and exercise are important to maintain health, it is important to pay attention to SDOH that are unique to immigrants and refugees (Raphael, Curry-Stevens & Bryant 2008).

Not much is known about occupational hazards in relation to KAAJAL immigrant/refugee women; for example, most of these participants were not accustomed to strenuous work tasks in their country of origin. Unfortunately, upon arrival, these women were largely able to get work in factories or as care-givers. Their job descriptions included physically demanding and repetitive tasks that may cause illness and injuries related to their occupation. Occupational Health practitioners may want to explore work related health hazards for this population to reduce work-related absentees. Furthermore, the thesis finding that is was the *quality* of doctor-patient interaction, rather than gender, which influenced women’s adherence to recommended treatment regimens. This point
must be considered in recruiting this population for Papanicolaou test screening and other preventative health measures. We must be careful not to assume that as KAAJAL immigrant/refugee women come from patriarchal cultures, that all of them would prefer a female physician. The preference of the physician’s gender varied within and between the KAAJAL regions.

To encouraged KAAJAL immigrant/refugee women’s use of mental health services, a complete paradigm shift, as suggested by Logan (2011), is needed that “is based primarily on not viewing and understanding mental health problems in terms of ‘illness’ model. Prevention and intervention must be based on a conceptualization that factors in the human mind are central to securing and maintaining good mental health” (p. 50). Health care providers and policy makers must collaborate with KAAJAL immigrant/refugee women to develop health-care programs that are responsive to this population (Logan, 2011).

**Theoretical and Methodological Implications**

Researchers must be careful not to prioritize gender in the examination of immigrant women’s health, their experiences of racialization, spousal abuse, and/or other settlement issues without taking into account their context (e.g., unique migration history). For example, as indicated in the literature review, even the most recent version of Gender-based (GBA), sex- and gender-based analysis (SGBA) and gender- and sex-based analysis (GSBA) consider sex and/or gender as the most important variables in shaping women’s experiences (Hankivsky, 2011). The thesis findings revealed that depending upon which markers of difference and identity intersected (e.g., geography, ethnicity, or social class and race) across space and time, women experienced the
consequences of those intersections differently (Oxman-Martinez et al., 2005). Although, ‘gender’ was implicated in the participants’ subordination, first, it is important to acknowledge that these women’s experiences within the category ‘gender; varied; second, privileging gender (that is giving ‘gender’ more power and status in the analysis as compared to other socially constructed categories of differentiation such as class, ethnicity, immigrant status and geography) would obscure to reveal the complex lives of KAAJAL immigrant/refugee women. By ignoring the scrutiny of the various contextual intersections, social work practitioners are at a risk of developing ‘individualistic’ treatment regimes that focus on blaming the individuals for their health problems. For example, even though Arzoo locates herself as a “lesbian woman,” she occupies a very different social location compared to a white Canadian lesbian woman. Social categories of race, nationality, immigrant status, age, gender, ability, class, and religion intersect simultaneously to create Arzoo’s unique social location in Canada and inform her experiences within the Canadian health care system. Thus an effective response to treating her PTSD symptoms would involve exploring her pre-migratory history as well as situating her disability with the broader pre- and post-migratory social and political environment.

Photovoice has been largely popular in the field of community development and education. Nevertheless, recognizing that some critical dimensions of health cannot be studied through traditional, quantitative, positivist paradigms, this technique has made a favourable impression amongst health researchers, especially in public health arenas such as health promotion (Fleming, Mahoney, Carlson, & Engebretson, 2009; Shams & Robinson, 2005). I concur with Fleming et al. (2009) that inventive research tools that
capture and illuminate the participants’ lived experiences through the emotional power of photographic images are much needed in the era of funding cuts and lack of health resources to engage health professionals and to take action that leads to a more equitable standard of care and service provision for marginalized populations. In a similar vein, Shams & Robinson (2005) note that culturally appropriate research approaches such as arts-based methodologies in health research and social work, have the ability to produce contextual data embedded in a person’s socio-cultural context.

Social workers might consider combining photovoice with CBPR to address complex research questions that provide answers from a specific community’s historical, economic, social, health, and geographical standpoint. Photovoice and CBPR principles of placing the participants’ standpoints at the forefront of the research process, social change, and social justice align with the Canadian Association of Social Work (CASW) code of ethics: respect for the inherent dignity and worth of persons, pursuit of social, justice, service to humanity, integrity in professional practice, confidentiality in professional practice, and competence in professional practice (CASW Code of Ethics, 2005). It is important, that while adhering to these values, social work researchers must address the pros and cons of using photovoice by following strict ethical guidelines (Wang & Redwood-Jones, 2001). Below, I highlight the effectiveness of photovoice in relation to the current thesis and the challenges that I experienced in using this methodology to gather data on the employment and health association.
**Effectiveness of photovoice as related to the current thesis**

*Empowerment:* I found that photovoice engaged participants of various ages and ethnic backgrounds in an empowering way to tell their settlement story and thus, disrupt dominant discourse related to immigration, employment and health.

*Accessibility of knowledge:* By interviewing women individually, I was able to access their intimate thoughts about issues that they may not have necessarily shared in a focus group (such as information related to child-bearing).

*Voice:* Women’s photographs penetrated deep through their consciousness (or psyche) to reveal their feelings and give voice to those experiences they were not able to articulate in the interview. For example, in my first interview with Aishwarya she spoke about how fabulous her life was in Canada and stated explicitly that she did not encounter many difficulties. However, when she spoke about her photographs, her testimony was completely contradictory to the interview, revealing the many challenges she had experienced as an immigrant.

*Participant perspectives:* Photovoice allowed participants to voice their concerns from their perspective and in multiple ways. For instance, participants took several photographs to highlight one particular problem or strength.

*Self-and Family-Reflection:* As I met with the participants individually several times, this process allowed them to reflect upon their previous photographs and provided opportunities to add to, modify, or delete their narratives. Also, women told me stories of sharing the photographs with their family and how through this ‘collective family time’ they were able to revisit the past and trace their progress over the years. While I did not ‘formally’ dwell into their experiences of photovoice, it seems that such
self-reflection and writing the meaning of their photographs in their diary helped them gain an understanding of their experiences and thus, raise their critical consciousness.

*Acquiring a new Skill:* Participants appreciated their time with the photographer to learn about the project.

*Enjoyment:* Most enjoyed the process of taking photographs. They were excited to show me their masterpieces. Also, participants were able to keep their photographs to share with family back home or show their toddlers in the future.

*Sense of Ownership:* There was clearly a sense of pride and ownership in completing the project. Women have shared their excitement with me in regards to the Knowledge Translation (KT) process in the form of an art exhibit of participant generated photographs. This is an opportunity to bring their concerns to the employers, health care providers, policy makers, and the local community. For many of these women who have been oppressed for so long, recognizing that their photographs have the potential to make a difference, educate others, and/or foster other immigrant/refugee KAAJAL women’s resettlement seems at the same time empowering and very emotional.

*Researcher-Researched Relationship:* As compared to interviews (without photographs), using photographs as a methodology helped to establish a certain kind of ease between the participant and me. It seemed that the photographs facilitated dialogue, encouraged laughter and tears, thus simplifying the process of establishing rapport with the participant and reducing researcher-researched distance.

**The challenges I encountered in using photovoice**

*Time:* This methodology is very time consuming. For instance, hiring a photographer, arranging participant training with the photographer and interviewing women about their
photographs through several meetings consumed a lot of time and energy. Also, most of these participants worked long hours and I had to often reschedule appointments to meet their needs, thus, prolonging the process of data collection. Ramhia did not participate in photovoice due to time issues.

Costly: I used digital cameras and unless the researcher has project funding, the project can be quite costly. Further, the designing of portraits, printing photographs and developing material for the art exhibit can cost a few thousand dollars.

Creativity: As the study was exploring a relationship between two variables, for some women, initially, it was hard to conceptualize photographs that would portray that link. The data collection with these participants was lengthy until they felt comfortable and satisfied with the output.

Age: I found that some of the older women had difficulty utilizing digital cameras and/or downloading the photographs in the computer. The photographer met with these participants several times to help them get comfortable with the camera.

Perceived Risk: Two participants refused photovoice due to concerns to their safety. Arzoo, a refugee suffering from post-traumatic stress disorder, was afraid that the photographs could cause political turmoil and pose safety issues to self or family members. Gayatri felt that culturally this was an unacceptable methodology as it could bring safety concerns and shame to her community.

Ethical Dilemma: It is possible that as a result of prolonged engagement and repeated meetings with the participants that they felt comfortable to ‘confide’ in me. It seems that the creative and intimate process of taking photos stirred up something inside them. Often, I found myself in the uncomfortable role of a ‘counsellor.’ I felt that the research
had opened up a ‘Pandora’s box’. Some of these participants had no one to speak with except me.

On one occasion I had a phone call from a participant. We did not have any scheduled meeting. There seemed to be urgency in her voice. She wanted to meet with me that afternoon. I obliged. She brought photos that clearly provided information of spousal abuse. I was disturbed. She informed me that this research had given her the courage to face her domestic violence situation. Through photographs she wanted to document the abuse so that she could help other women in the same situation. When I expressed concern about her safety, she told me that she was fine.

After she left I felt an incredible sense of responsibility. As a researcher what were my obligations if I suspected that the participant was in an abusive situation? I was not a counsellor. I contacted my supervisor and the ethics board. I was told that I did not have any obligations except to inform her of the resources available to her. I provided the woman with the names and contact information of local services that may be useful to her.

A month later, after making changes to her story and adding information about the abusive situation that she had endured, I sent this woman the information and as part of the member checking process, requested feedback. She called me in a panic and told me to erase the account of the abuse and delete that photograph depicting abuse. She tried really hard to assure me that there was no abuse and that she was happy now. Although I erased the account of the abuse, I felt uneasy every time I met with her following this incident. She always seemed anxious and afraid whenever the situation about her husband arose in our conversation.
She went back and forth several times about including and then excluding the experience of domestic violence in her narrative and finally decided that she did not want me to document any of her accounts of violence. As a researcher, this process was exhausting and emotional for me. Ethics, it seems, are not as straightforward as I had imagined when I entered the doctoral field of research. As much as I would have liked to help her, and perhaps in the process ease my discomfort, I had to allow her the freedom to make choices and give her the right to self-determination.

**Policy Implications**

Many Ontarians are not attaining “adequate levels of education to find employment in today’s economy” resulting in skills crisis or skills gap that is costing the province “up to $24.3 billion in foregone GDP and $3.7 billion in provincial tax revenues annually” (Stuckey & Munro, 2013, p.1). As a result, the recent changes to the selection criterion in the Federal Skilled Worker Program is expected to assist with the skills shortage by admitting those immigrants whose education and skills are in demand in Canada’s market. However, evidence in this thesis and other studies (see Reitz, 2001) suggests that skilled and educated immigrant women are not able to gain employment that matched their skills and interests. This paradox between recruiting skilled immigrants and once they are here, denying them opportunities to practise their skills, speaks of the dysfunction of the federal recruitment policies. In 2007 the provincial government set up the ‘Office of the Fairness Commissioner’ (OFC) to deal with immigrant’s non-recognition of education and work experience and ensure their fair access to work. The Office of the fairness Commissioner (2013) defines fair access as going “beyond improving registration practices. It requires looking at fairness in new
ways: the goal is not just treating all people the same, but ensuring substantive equality with regard to key outcomes” (p. 6). Through the Fair Access to Regulated Professions Act, 2006 (FARPA) and the newly amended Regulated Health Professions Act (RHPA) OFC mandated “transparency, objectivity, impartiality and fairness in the policies and procedures that regulators use to license applicants in their professions” (Office of the Fairness Commissioner, p.4). One of the areas that OFC is currently focusing on is to ensure that immigrants are not penalized due to lack of Canadian experience in occupations where Canadian experience is not relevant to performing work tasks.

Paradoxically, as noted in the discussion chapter, in the amended 2013 Federal Skilled Worker program, more points have been allocated to Canadian experience and the points for foreign work experience in the recruitment of immigrants have been lowered. Open and honest conversations are needed between the federal and provincial government to ensure that we provide fair access to employment for immigrants currently in Canada and for those to whom we are planning to open doors in the future.

It seems then that unlike previous decades, when family reunification was the corner stone of the Canadian immigrant (selection of 60% non-economic immigrants and 40% economic immigrants), “current skill-based policy favours the individual’s economic attributes over family relationships” (Sethi & Gebotys, 2012, p.16). In 2006, 54% of all immigrants admitted to Canada that year were under the economic component of the immigration policy (including principal applicants as well as their spouses, partners and dependents) (Statistics Canada, 2008). Considering that in the last decade, India, China and the Middle-East have been the major immigrant sending countries (Statistics Canada, 2008)--countries with a collectivist orientation -- it would be
worthwhile to view immigration and policy issues from a ‘family’ rather than ‘individual’ perspective. As the study demonstrated, coming from collectivist societies, participants held strong family orientation and maintained their relationships with families back home. Their acculturation was very much connected to their spouse’s experiences in Canada. Family Class Sponsorship Policy is a great example. When the sponsor (the husband) was not able to meet his sponsorship obligations, the family were forced into poverty and women needed to work for family survival. Carranza (2012) challenges therapists and social workers to keep in mind that post-migration, ethnic women from diverse cultural groups reconstruct their lives in the context of their family unit and often across borders (meaning they maintain transnational relationships). The new sponsorship laws have made it tougher for elderly parents/grandparents to become permanent residents of Canada. Due to their age, they are considered a burden to the Canadian health care system as evidenced in the recent announcement by former Minister of Citizenship, Immigration and Multiculturalism, Jason Kenney:

Elderly people place a much greater burden on the public health-care system, a public health-care system that is already in crisis, where costs are growing much faster than the economy, much faster than the population, where emergency wards are overcrowded, where wait times are enormous (CIC, 2013b, para.16).

While Minister Kenney proposed the “supervisa” which would allow parents and grandparents multiple entries, this new policy places a financial burden on the ‘sponsors’. The sponsors must prove that they are financially well suited to support their parents/grandparents for 20 years rather than 10, with very little government obligations towards these individuals. As many of the KAAJAL women are currently living in
difficult economic situations, the new sponsorship rules that has raised the requirement of
the sponsor’s annual income by 30% (CIC, 2013b) makes it virtually impossible for them
to bring their parents to Canada. Durga’s photo of the fatherly figure with a doll
(photograph 52) points to the painful reality that KAAJAL women’s children will likely
not be able to bond with their grandparents. Once again, the Canadian government has
failed to respect the values of a collectivist culture where extended family structure with
parents living with their son and his family are a norm. In a collectivist worldview,
relationships with extended family members “are not merely connected to self-concept;
they are the central, defining feature of self-concept. Without one's relationships, one
would not be the same person. In this way, collectivism is centrally defined by a
connection between (rather than a separation from) the self and relevant others”
(Sorensen & Oyserman, 2009). Carranza (2012) explains that family members play a
vital role in the acculturation process and in ethnic women’s healing from trauma.

Lastly, from the policy perspective, dispersing immigrants outside of Montreal,
Toronto and Vancouver (MTV) to smaller urban-rural centres such as Grand Erie,
without sufficient programs and funds to support their settlement will result in
immigrants moving back to larger urban centres; thus, the economies of these
communities will suffer. In the last decade, Grand Erie has received some government
funding for a Mentorship Program as well as a Local Immigrant Partnership grant aimed
at helping new immigrants transition into Canada’s labour market. Nevertheless, once the
Mentorship Program was well established, the government discontinued this funding.
Currently, the local YMCA Immigrant Settlement Services is working with a skeleton
staff due to major funding cutbacks in 2013 to programs that were expected to foster
newcomer integration in this region. The lack of culturally appropriate and affordable childcare as well as transportation issues identified by participants, especially in rural areas further hinders their settlement. These issues were also reported in my MSW study (Sethi, 2009, 2010). Further, due to lack of affordable child care and absence of family support for the care of their children, women were forced to stay at home. A call for collaboration between service providers (including social workers) and policy makers is long due to resolve childcare issues. Without accessible childcare and social support, there is a risk of outmigration of new young immigrants to communities that are able to support their resettlements and therefore the productivity of Grand Erie will suffer.

Social Work Practice Implications

“Pursuit of Social Justice” is one of the six social work values listed under the Canadian Association of Social Workers (CASW) Code of Ethics, meaning that social workers have the obligation to be the voice of the marginalized, disadvantaged, and vulnerable populations (Code of Ethics, 2005, p. 5). But what does social justice mean in the context of shifting Canadian demographics, especially in regards to immigrant status? In my professional experience with service providers and social workers in Grand Erie, I have found that social work agencies are not well informed about the impact of individuals’ immigrant status upon their settlement. Biles, Drover, Henley, Ibrahim, & Yan (2010) and Yan & Chan (2010) echo my concern that social workers are not fully prepared to address the issues impacting newcomer minority clients. If social workers hope to promote social equity in a diverse and globalized world, social workers must engage in the critical examination of settlement and integration of immigrants/refugees in research, practice, and policy work. One of the ways that social workers can accomplish
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their obligation of social justice is by assisting KAAJAL immigrant/refugee families with accessing resources needed for their economic, health and social integration in Canada. As immigrant women transition to the work force, accessibility to employment and other settlement services is vital to help them cope and adjust to their new role and life (Cukier, Jeffrey, Yap, McDonald, & Lejasisaks, 2010; Martins, 2007).

The data in the current thesis points to the social exclusion of KAAJAL immigrant/refugee employees as a result of racist discourse surrounding them. Social exclusion creates a myriad of mental and physical health conditions along with “sense of powerlessness, hopelessness and depression that further diminish the possibilities of inclusion in society” (Mikkonen & Raphael, 2010, p. 33). To reduce social exclusion, social workers must be vigilant of how individuals’ various social locations including immigrant status, geographic location, socio-economic class, and ethnicity interact and shape their settlement and integration experiences. When immigrants encounter racism, they often react with anger, hopelessness, helplessness, fear, or paranoia which then make them susceptible to immune, neuroendocrine and cardiovascular diseases, thus, impacting their health (Clark, Anderson, Clark & Wilson, 1999). Social workers can collaborate with other service providers and policy makers to educate the public on the effects of racism and discrimination.

Social workers can also advocate for health care policies that focus on SDOH at micro and macro levels. As Raphael et al. (2008) and Mikkonen & Raphael (2010) have argued that social and economic inequality as SDOH shapes the individual’s health and well-being. Even though Canada has been at the forefront in supporting SDOH approach, the public health policy has favoured tobacco and obesity issues over social
exclusion and living conditions that threaten the health of individuals and communities. Further, the schools of social work must take an active role in promoting dialogue about settlement issues impacting immigrants/refugees through deliberate pedagogical strategies. Diversifying the curriculum through inclusion of topics on immigration policies and other matters of social and economic justice from a micro and macro perspective will equip the new generation of social workers with providing culturally responsible services to this population at the individual, group, and community level. It is at the level of undergraduate studies in social work that students must be given opportunities to learn about settlement and integration subjects. Efforts must also be targeted to increase diversity amongst social work faculty and student body by hiring foreign trained professionals and international students (Sethi, 2013) to maintain the profession’s competency globally and advance global connectedness.

**Recommendations**

The following recommendations incorporate the study participants’ individual and collective views as expressed in the focus group as well as my suggestions based on the findings of the thesis and my work in Grand Erie:

**Recommendation one:** It is encouraging to see that through the “Ontario Immigration Strategy” established by Michael Coteau, Ontario Minister of Citizenship and Immigration, CIC is collaborating with employers and business leaders to reduce economic exclusion of immigrants and assist them in finding jobs that match their skills. The minister has established the Ontario Award for Leadership in Immigration Employment to encourage employers/business leaders to partake in this initiative (DeVoretz Canadian immigrant, 2013). It is also promising that the Ontario Human
Rights Chief Commissioner, Barbara Hall, has demanded the removal of the Canadian experience barrier (Canadian Immigrant, 2013). However, it is not entirely clear how this policy will be enforced. Will employers be penalized for failing to adhere to the Ontario Human Rights code for demanding ‘Canadian experience’ as a prerequisite in job applications?

Considering the surmountable evidence of deskilling in this thesis, the Office of the Fairness Commissioner and the Federal immigrant recruiters must collaborate so that there is a match between the pre-arrival message and the post-arrival reality. If the Canadian government is going to continue to recruit a skilled global labour force, then it is critical that federal officers work with local employers and business to ensure immigrants/refugees fair access to employment and eliminate economic exclusion.

**Recommendation two:** Employers must consider the interacting effects of individual, organisational, and family factors and how these lead to health related absenteeism. They would be wise to invest in a workforce health and wellness program. Studies by the Conference Board of Canada (2013) suggest that with an aging workforce and an increase in skill shortage the demand for wellness workforce programs will increase. It is important that employers consider including a health and wellness program that will give them “an edge in competitive labour markets, and increase engagement and retention of current employees” (Conference Board of Canada, 2013).

**Recommendation three:** Racism/discrimination can bring on an onset of mental and physical illnesses. It is essential that local employers become proactive in eliminating discrimination by breaking the silence and having the difficult but necessary conversations on racism, discrimination and bullying. In creating a supportive work
environment that takes employees’ mental health seriously “the business case is clear: a work environment that promotes good mental health is socially responsible, cost effective, and helps attract and keep good employees. It also helps an employer’s bottom line and contributes to economic prosperity” (Mental health commission of Canada, n.d., “Why was the Standard developed?” para. 2). Another way that employers can promote a healthy workplace is to implement the Canadian Mental Health Commission’s new National Standard of Canada titled *Psychological Health and Safety in the Workplace – Prevention, Promotion and Guidance to Staged Implementation*, which is designed to prevent mental illness and promote mental health in the workplace (www.mentalhealthcommission.ca).

**Recommendation four:** Employers must consider flexible work arrangements to tap into the skilled immigrant/refugee female population as “flexible work arrangements such as flextime and compressed work week seems to help employees experience greater enrichment from work to home, which, in turn, is associated with higher job satisfaction and lower turnover intentions” (McNall, Masuda, & Nicklin, 2010; p. 61). When employees have control over their work schedule, it can enhance work engagement (Swanberg et al., 2011).

**Recommendation five:** Immigrants need direction and training in regards to Canadian employment policies such as ‘Health and Safety’ training and help in understanding work-place terminology. Employment workshops must explicitly target the above areas.

**Recommendation six:** The ramification of employee silence and voicelessness for the employee and the organization also needs attention. While in some cases silence may be desirable, acquiescence and quiescence as employees’ responses to unjust work places or
alleged prejudices “is generally undesirable, even potentially destructive” (Pinder & Harlos, 2001, p. 358). Organizations in Grand Erie must adopt policies and strategies that ensure confidentiality and safety so that immigrants and other vulnerable employees can voice their opinions, feelings and experiences. Informal and formal “voice systems” could include “open door policies, grievance procedures, and organizational ombudspersons” (Pinder & Harlos, 2001, p. 360). Implementing voice systems can help the company’s bottom line; happy and satisfied employees are less likely to quit (Pinder & Harlos, 2001).

**Recommendation seven:** While providing services to immigrants physicians, social workers, and other health care providers must be vigilant of the Immigrant Health Effect (HIE) as well as be of “the unfavourable socio-economic position of many groups, including the particular difficulties many new Canadians face in accessing health and other care services” (Mikkonen & Raphael, 2010, p. 33). As many immigrants are engaged in shift work, physicians must consider having office hours in the evening to increase the immigrant’s access to health care.

**Recommendation eight:** Providing ethnic sensitive or culturally responsive care is a vital tenet of helping professionals (Logan, 2012). As the Grand Erie population continues to grow in ethnic diversity, in their efforts to provide equitable health care, hospitals must consider offering vegetarian food that is suitable for immigrant/refugee KAAJAL populations. Governments can assure that healthy vegetarian foods are affordable and available in rural areas. The local food bank can create community awareness of the need for non-perishable vegetarian options.
**Recommendation nine:** Grand Erie service providers should be proactive in creating culturally sensitive and affordable childcare and lobby to improve the transportation infrastructure in this region.

**Recommendation ten:** It is vital to inform immigrant/refugee women of their legal rights as “most immigrant women do not know the rights conferred to them by the *Immigration Act*, the *Charter of Rights and Freedoms*, and other legal texts relevant to them” (Oxman-Martinez & Vincent 2002, p. 17). Existing research on female migrants that highlights their vulnerability to abuse as a result of their immigrant status considers Rights-based settlement education approaches as critical vehicles to educate women about the terms of the marriage sponsorship agreements and/or to empower them with knowledge about their basic human rights and freedom, integration rights, and resettlement issues. Some examples of Rights-based settlement education are: where to access language training, how to upgrade their education skills or how to get a driver’s license) (Merali, 2008a, 2010; Oxman-Martinez & Vincent, 2002; Rossitter, 2005; Raj & Silverman, 2002).

**Recommendation eleven:** The Newcomer Connections Brantford Brant - Immigration Portal

(http://www.brantford.ca/residents/Pages/NewcomerConnectionsBrantfordBrant.aspx) has done a great job in advertising health and other settlement services to immigrants. Considering that many immigrants in Grand Erie are without a physician, it is equally important to advertise health related information (such as location and time of walk-in centres) in various languages and at venues where immigrants frequent such as religious centres and grocery stores that offer ethnic foods. If Grand Erie hopes to attract and retain
immigrant families, there is a need for city counsellors to engage in serious dialogue about attracting physicians to this city. Since many immigrants are engaged in shift-work, physicians might consider having evening clinic hours, at least on certain days of the week so that these individuals can see their physician for regular check-ups or other health related matters.

Contributions of the Study

This CBPR study builds on scant literature on work stress and women’s health for this population. The study has made methodological and theoretical contributions. While CBPR and action methodologies are widely recognized as an important tool to address social determinants of health (Schulz, Krieger, & Galea, 2002) and social justice issues related to women’s health (Reid, 2004), “frequently, these activities are narrow and seem unwilling to allow citizens to raise issues of public policy concerned with income distribution, employment and labour issues” (Raphael et al., 2008, p. 231). In raising public policy issues, the study has made a valuable contribution by combining CBPR methodology with photovoice. Although, previous studies have accentuated the importance of participant standpoints in employment (e.g. Pio, 2005) and health (e.g. Dyck, 2006), to my knowledge, no study examining the participants’ stories in relation to employment or employment-health association using photovoice methods is available. Furthermore, from a methodological and theoretical perspective, much of the evidence used to consider KAAJAL immigrant/refugee women’s employment or health experiences uses gender-based analysis. From an intersectional perspective, by considering “the interconnections among historical, social, economic, political, structural, cultural and psychological dimensions of migration and sexuality” (Brotman & Lee,
2011, p. 152) the study was able to capture a more holistic picture of the participants’ work and health situation.

Further, in partnering with ISTEP in the MSW and doctoral thesis, the research process involved strong community collaboration, thus, making it possible to address community concerns. The researcher, in collaboration with ISTEP members, is currently planning an Art Exhibit as part of Knowledge Translation (KT) activities where participant-generated photos will be displayed. The photo exhibit is expected to bring together employers, service providers, health professionals, government officials, media, and the local immigrant/refugee and Canadian-born community. In the future, I also expect to present the study findings at different locations in Grand Erie and to the Brantford, Haldimand, and Norfolk city councils. Through powerful visual images, policy makers and others can gain insight into KAAJAL women’s’ labour market issues. The exhibit will promote dialogue about immigrant/refugee women and the Grand Erie community’s economic prosperity and health. Other KT activity that is being planned is the development of a calendar – a tool for employers. Each month of the calendar will display a finding from the study under the “Did you know?” statement. In so doing, the study will contribute to enhancing the employer’s awareness about employment issues that are currently impacting immigrant/refugee KAAJAL women in Grand Erie.

Little attention is paid to the role of social capital in immigrant/refugee resettlement. I acknowledge that the reproduction and accumulation of social capital requires time and energy, but it is important to remember that social capital is necessary for the adaptation of immigrants/refugees to Canada and urban/rural communities such as Grand Erie (Sethi, 2009). I expect that the intersectoral co-operation amongst ISTEP
members and academic-community partnership will create new community partnerships, strengthen existing relationships, and foster long-term connections thus increasing individual and community social capital. For example, even though it took a few years, the research has attracted the attention of local Member of Provincial Parliament (MPP) and Speaker of the House, Dave Levac. I met with him several times to raise local immigrant/refugee issues in the community. When this social capital, symbolized by an influential name, is exerted by the researcher and/or service provider for the benefit of the community, it has the potential to produce positive results. The accumulation of this social capital is a step forward in the researcher’s long-term goal to bring immigrant/refugee issues to the policy makers.

In summary, as a participatory and intersectionality enquirer, I have strived to address issues that are historically, geographically, culturally, and socio-politically unique to Grand Erie through a scientific sound research process that is conducted in full partnership with ISTEP members. At the same time, I have also made every effort to address women’s unique and intersecting social identities and social locations in regards to race, class, gender, sexuality, ability, age, nationality, religion, and socio-economic status. The findings have produced local knowledge about how class, immigrant status, geography and other markers of difference intersect to impact women’s settlement experiences. The results will contribute to the designing of culturally responsive and gender-sensitive programs to ease women’s transition into the labour market and increase their access to various forms of capital in rural and mid-sized cities.
Study Limitations

This study was qualitative and exploratory in nature with a small number of women. It was not possible to assess the cause and effect relationship or understand the effect of large scale interactions such as the interaction of certain work tasks and gender on women’s health or the interaction of geography and gender on women’s income. Such information would be useful to occupational therapists to develop work-place and health policies. While the study findings are based on a diverse sample of KAAJAL women working in different occupations, most of them were employed in low-paid labour. It would be interesting to test work-health interaction in using a different sample of women engaged in high-skilled occupations. As a CBPR qualitative study, the findings are very much related to the community’s history, geography, economic and social position at a particular time. It would be difficult to generalise the findings to another community.

Future Studies

While the study provided useful information on work-health association more large-scale national level studies are needed to expand our understanding of this association for this population. Further, as the literature review indicated, much of the evidence used to consider immigrant/refugee women’s employment experiences or newcomer health deterioration is cross-sectional. Longitudinal studies would be helpful to gain a comprehensive understanding of their settlement experiences. Also, capturing work-family enrichment for KAAJAL populations using a large sample size would advance knowledge about this model. It is important that future works on KAAJAL women examine the ways how “social categories depend on one another for meaning,” (Cole, 2009, p.173), that is, how sexuality and class influences gender. Failure to do so
“renders knowledge of any one category both incomplete and biased” (Cole, 2009, p.173). Such investigation would help scholars and health care providers gain a holistic understanding of women’s health.

In their efforts to create equitable social services, social work scholars must seek to understand how complex intersectionalities of gender and systemic factors (social, economic, political) inform KAAJAL women’s experiences of racialization. Researchers can interrogate KAAJAL women’s bullying experiences in the workplace to create policies aimed at creating workplace safety for this population. As globalization and political unrest continues to intensify, it is very likely to increase the mobilization of mothers from developing countries to industrialized nations without their children (Cohen, 2000; Rusch & Ruyes, 2012). Scholarship exists on the impact of family separation on mental health outcomes and family functioning for Live-in-Caregivers (Cohen, 2000; Kelly, Park, de Leon, & Priest, 2011; Pratt, 2009). Some scholars have also interrogated the effects of family serial migration on acculturative stress but this topic is mainly focused on Mexican families (Rusch & Reyes, 2012). More separation narratives are needed of refugee women and sponsored wives to understand how their experiences effect workplace integration, family functioning and health.

Much of the literature on the impact of neo-liberalism on motherhood identity is concerned with white women (e.g. mothers in prison, mothers on welfare, etc.). More research efforts are necessary to explore KAAJAL immigrant/refugee women’s mothering identity. As the thesis finding demonstrated, it is not due to their individual failure as ‘mothers’, rather, due to multitude structural issues such as a lack of social support, deskilling, poverty and/or working two jobs that these women are left with little
time for their family. Such study could help create therapy programs to assist these women in their self-esteem and empowerment journey.

It would be interesting for future research to explore how KAAJAL women re-conceptualize their gender identity vis-à-vis their reproductive rights and responsibilities as they move from one geographical, social, cultural, political and/or economic context to another. Due to aging baby boomers, it is quite likely that the demand for caregiving staff will rise; an in-depth understanding of the relationship between immigrants and older white adults due to the intersections of individual factors such as immigrants' ethnic/racial background, language, and cultural values, with systemic influences such as employment policies and workplace training opportunities for new immigrants is needed. The findings underscore the need for scholarship on the experiences of sexual minority immigrant/refugee women living in rural areas to support them in their settlement experiences.
FINAL THOUGHTS

This study used photovoice to explore KAAJAL immigrant/refugee women’s settlement experiences in Grand Erie. The purpose of this examination was to understand the employment-health link for this population. A common thread woven through participant stories was that their pre-migration expectations did not match the post-migration reality. For the most part, the participant’s decision to migrate to Canada was based on the assumption that their post-migratory landscape would be filled with lucrative employment opportunities. Undeniably, Canada favoured these skilled individuals as they were expected to meet the nation’s economic and demographic demands. Analysis of participant generated photographs and interviews using grounded theory and intersectionality suggest that depending upon women’s social location, a complex interplay of ethnicity, age, gender roles, sexual orientation, immigrant status, geography, and/or socioeconomics contributed to women’s employment and health experiences. Accordingly, prioritizing gender over other markers of difference such as immigrant status and class would not only homogenize KAAJAL women’s experiences, but also lead to an incomplete understanding of the employment-health relationship for this population. Intersectionality lens was effective in demonstrating that the participants’ well-being was shaped by employment, income, work conditions, access to various forms of capital and services, and wholesome food.

Data from this study show that meaningful work had a positive effect on the participants’ health, identity, and well-being. That may be because meaningful work is known to contribute to the individual’s sense of fulfillment through mastery of self and the environment (Blustein 2006). As work is deeply connected to one’s sense of self and
identity (Blustein, 2006), having a meaningful work life helped participants to gain some of the self-esteem that was hurt through deskilling. They were now able to contribute their skills to the Canadian labour force and this gave them a sense of being valued members of society. Conversely, deskilling and experiences of discrimination, othering, and bullying had a negative effect on women’s psychological well-being and identity. Lack of social support further escalated women’s stress levels.

Participants’ ontological and public narratives revealed that immigrants’/refugees’ access to knowledge and different forms of capital--economic, social, cultural, and symbolic--is contingent upon the host society’s attitudes towards them and the individual’s social location (e.g. class, gender, sexuality, age, religion, etc.) in the labour, family, and immigration market. It makes sense then that when the participant’s cultural capital--such as educational qualification and work experience--is “deligitimated then it cannot be traded as an asset; it cannot be capitalized upon…and its power is limited” in fostering their integration in the host society (Skeggs, 1997, p. 10). On one hand, connecting through volunteering with people from the various cultural backgrounds enhanced their social capital. On the other hand, volunteering did very little to strengthen their economic capital. In fact, women’s narratives suggest that volunteering to gain Canadian experience at a time when they were struggling to survive puts unnecessary pressure on their physical and mental health status.

In this thesis I have argued that social, institutional and political structures contributed to women’s reproductive decisions. As a single woman who has never married or borne a child, there is no way for me to understand the pain arising from marital conflicts, work-family spillover, and/or how it feels to sacrifice motherhood (or
having another child) due to economic challenges. I have consciously sought out ways to uncover from beneath the debris of oppression and isolation the resilience of participants and the agency these women demonstrated in making difficult reproductive decisions, providing for their families, and at the same time challenging racialized discourses. For sure, women were not passive by-standers of oppression. Often, they actively resisted their marginalization and dominant discourses. Finally, in concluding, I want to reflect on the words of a participant of this study. Her quote was not part of data collection. Nevertheless, it is important in terms of the reasons we do research and the contributions of research to society. I have her permission to include it here:

> If you promise that you will try very hard so that your work does not gather dust in a cupboard… If you promise to bring my voice, thoughts, and suggestions to the larger audience, especially those who make policies then you can interview me. I will give you my time and undivided attention (Rudo).

While other participants did not articulate it as Rudo did, at every interview the question, “What are you going to do with my photos and interviews?” was present between us. While photovoice disrupts the “scientific objective analysis” tradition, participants’ photos did much more than provide information on women’s lives. Often, I found myself feeling anxious in response to their photographs. It seems that the vulnerability and risk underlying the participants’ intersectional exposures demanded of me to fulfill the contract I made with Rudo.

Fulfilling the contract with Rudo is important to me on a personal and academic level. I have been in Canada for almost 19 years. My experience as a KAAJAL woman was quite different from the Canada I saw as an eight year-old on a television screen.
Whereas Canada is a much more luxurious land as compared to India, I existed here in poverty for a long time due to the intersections of my immigrant status, geography, nationality, and gender. While much has been written about the insider and outsider, to my knowledge there is no scholarship on the ‘pain of an insider’ that I have experienced through listening to these women’s stories of racialization, deskilling, and othering. Their intersectional exposures haunt my sleeping hours. Oftentimes, in this research journey, I did not know where the boundary of the ‘insider’ ended and the ‘outsider’ began. I am now a citizen of this country yet I am perceived by people as a migrant, the other.

Drawing a parallel between migration and citizenship discourse, Dauvergne (2000) writes, “The perceived opposite of ‘citizen’ is not 'dependant' but, rather, 'alien'. Alien is beyond the space of the community where questions of equality and justice are relevant. This is the essence of the universalising power of citizenship discourse” (p. 4). Based on women’s experiences of racialization and othering documented in this thesis, it is not difficult to conclude that ‘multiculturalism’ in Canada is at risk of not living up to its stated goals of equality and justice. As Canada continues to rely upon immigration for skilled workers and population growth, new policies aimed at full economic, social, and political participation of KAAJAL immigrant/refugee women will be needed.

I am hoping that the photovoice exhibit that is being planned as part of Knowledge Translation (KT) activity in Spring 2014 will reveal the power structures hidden in the discourses of Citizenship and the other. One of the purposes of this exhibit is to create safe spaces for uncomfortable discussions that go beyond KAAJAL women’s work and health experiences and touch the discourse of the OTHER (visible minority immigrant). Indeed, the relationship between a ‘visible minority immigrant’ and
‘Canadian state’ has been complex for hundreds of years. As an academic I will follow-through on my promise of making sure that the participants’ photographs do not gather dust in academic cupboards through seeking opportunities to hold art exhibits of their photographs at various other locations in Grand Erie and elsewhere. I will also strive to bring their voices to the policy makers but ensuring KAAJAL women’s full participation in economic, social, and political life entails much more. It requires a “deliberate collaboration” between service providers, all levels of government, and academics. Also, we must go beyond ‘tolerating’ diversity to ‘celebrating’ diversity. We must acknowledge that KAAJAL women, like the KAAJAL (eyeliner that enhances the beauty of the one who wears it) enhance Canada’s cultural and racial diversity. While today, as a Citizen of Canada, I am free from all the chains of immigration and I am proud to be Canadian, I look forward to a day where I am not judged by the colour of my skin or my accent. That, to me, would be true freedom. As the late Nelson Mandela wrote:

The truth is that we are not yet free; we have merely achieved the freedom to be free, the right not to be oppressed. We have not taken the final step of our journey, but the first step on a longer and even more difficult road. For to be free is not merely to cast off one’s chains, but to live in a way that respects and enhances the freedom of others. The true test of our devotion to freedom is just beginning (Nelson Mandela foundation, 2014).
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APPENDICES

APPENDIX A: CYCLICAL RESEARCH PROCESS

CYCLICAL RESEARCH PROCESS

Reflect
- Reflect on initial findings
- Identify areas for further research

Plan
- Discuss research options
- Invite researchers

Act
- Set up objectives & goals
- Discuss funding options

Observe
- Preliminary collaboration finalized
- Formulate research path & process

Reflect
- Identify research question & variables
- Include all community partners at every stage of the process

Reflect
- Complete data collection & analysis
- Incorporate feedback

Observe
- Review initial findings; formulate further recruitment strategies
- Incorporate feedback

Act
- Use collective knowledge & resources to collect data
- Promote the study in the community & strengthen research relationships

Plan
- Form research advisory committee
- Develop research implementation plan, LRB, flyers, etc.
- Stakeholder collaboration

Adapted from: Denzen & Lincoln (2008)
APPENDIX B: MEDIA RELEASE

FOR IMMEDIATE RELEASE

CONTACT: Bharati Sethi
PhD Candidate
Faculty of Social Work
Wilfrid Laurier University
bsethit@wlu.ca / bharatisethi8@gmail.com

“DO YOU SEE WHAT I SEE?” A PHOTOVOICE EXHIBIT
April 1st - 30th, 2014
The Yellow Brick Wall
97 Dalhousie Street, Brantford, ON

The Immigrant Settlement Transition Employment and Partnership (ISTEP) committee presents a photography and written word exhibit taking you inside the experiences of women from Korea, Asia, Africa, Japan, Arab countries, and/or Latin America (KAAJAL women) in the Grand Erie region.

Beginning April 1st, the Yellow Brick Wall 97 Dalhousie Street, Brantford ON hosts “DO YOU SEE WHAT I SEE?” A PHOTOVOICE EXHIBIT of original photographs taken by local KAAJAL women addressing how employment in the Grand Erie region impacts their health and well-being.

THE RESEARCH LAUNCH IS ON APRIL 4TH AT THE YELLOW BRICK WALL AT 3:00 P.M.

The photograph exhibit will showcase the findings of a four-year community-based participatory research study by Bharati Sethi, Ph.D. candidate in the Wilfrid Laurier faculty of Social Work and part-time instructor at Wilfrid Laurier Brantford. Sethi’s study used Photovoice – a qualitative methodology in which 17 women were given cameras to record their employment and health experiences. In addition three other women did not participate in photovoice but were interviewed. The findings are based on 525 participant-generated photographs, diaries, and in-depth interviews.

The women who took the photographs were asked a series of interview questions in order to explore their interpretation of the photographs and capture the richness of their experiences at their places of employment, in the wider community, and in their homes. The questions included: (1) Why did you choose this particular photograph? (2) Tell me about the person, place, thing, colours, etc. in the photograph; (3) How does the photograph relate to you, your family, community, nation, work, and health?; (4) What are the individual and/or societal issues your photograph addresses?; and (5) What
message do you want to give employers, health care practitioners, and/or policy makers through these images?

Very little is known for the employment-health link for this population outside of large metropolitan areas such as Montreal, Toronto, and Vancouver. The study builds on scant literature on work stress and women’s health for this population. The findings will contribute to the designing of culturally responsive and gender-sensitive programs to ease women’s transition into the labour market and increase their access to health services in Canada’s rural and mid-sized cities. Ultimately, failure to leverage competitive advantage and tap into growing skilled, well-educated and culturally diverse female work force in Grand Erie and other small towns and rural areas will lead to loss of employer productivity and labour market deficiency.

This photovoice exhibit is a community-based project and is supported by: Social Sciences and Humanities Research Council (Vanier Canada Graduate Scholarship); Ontario Women’s Health Scholarship- ); Canadian Institute of Health Research (Tutor Primary Health Care Fellowship); The Ontario Women’s Health Scholars Award is funded by the Ministry of Health and Long Term Care. The views expressed in the material are the views of the authors and do not necessarily reflect those of the Ministry of Health and Long-Term Care; Population Change and Lifecourse Strategic Knowledge Cluster; Grand River Community Health Centre; Mohawk College; Wilfrid Laurier University Brantford; YMCA of Hamilton/Burlington/Brantford; Remedy’s local drug store; Lifetouch.

The Photovoice exhibit will conclude April 30.

For more information about the exhibit contact Bharati Sethi at bsethi@wlu.ca or bharatisethi8@gmail.com

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**APPENDIX C: INFORMED CONSENT FORM**

Hello Madam:

My name is Bharati Sethi. I am a graduate student in the Social Work doctoral Program (PhD) at the Wilfrid Laurier University. I am working with Dr. Susan Cadell and Dr. Nancy Freymond, professors of Social Work at the Wilfrid Laurier University as my collaborative advisors. Dr. Cadell can be contacted at 519-884-0710 extension 5235 and Dr. Nancy Freymond can be reached at 519-884-0710 extension 5266. I am writing to invite you to participate voluntarily in a Photovoice research community-based project that is exploring the impact of employment on the health of immigrant/refugee women of colour in Grand Erie.

This research is being conducted in collaboration with Immigrant Settlement, Transition, Employment and Partnerships (ISTEP) Committee, Grand Erie Immigration Partnership, and Mentoring Skilled Newcomers initiatives of the Workforce Planning Board of Grand Erie.
I am the Principal Investigator of this research, conducting it as part of my PhD thesis requirements. This is a community based participatory research that is supported, and partly funded by the ISTEP, Grand Erie Community Health Centre, and Mohawk College. Brantford Arts Block is also a partner in this research project.

For this research I will be interviewing approximately 15-20 immigrant/refugee women of colour and 10-15 health care providers from Grand Erie. The overall goal of this study is to gain an in-depth knowledge of how the employment experiences of immigrant/refugee women of colour living in Grand Erie impacts their health (physical, mental, emotional, and spiritual).

**STUDY DETAILS:**

1. *Photovoice Training* – You will be loaned a digital camera for the Photovoice project. You will be invited to attend a photography training session. In this session the photographer will work with you on how to use the camera and how to take photographs. I (researcher) will explain the ethics involved around taking photographs. After the training is complete and the consent forms are signed you will be invited to take photographs that reflect your experiences of employment and health in Grand Erie;

2. *Interview (s) with the researcher* – You will meet with the researcher one-on-one, in dyad, triad, or small groups depending upon your preferences to discuss your photographs. You will also be invited to complete a brief ‘Getting to know you’ questionnaire (Appendix E). You may be required to complete multiple interviews with the researcher. During these interviews, you will also be asked to select photographs for the community Photovoice exhibit and for publications. Although the photographs for public dissemination will be determined by you, it is important for you to be aware that the ISTEP advisory committee will also be involved in the approval of the final photographs. This additional step of censorship is for your protection as well as to ensure that the photographs selected are a good representation of employment-health link;

3. *Photovoice Community Exhibit* – You will be invited to help create a photography exhibit of your images and stories. The exhibit will take place at the Brantford Art Gallery upon completion of the project as well as at other public avenues, possibly in different cities. Exhibits will include a comment book to solicit feedback from the public. You have the choice not to have your photographs as part of the exhibition.

The interviews and group discussions will be audio taped and some notes will be taken.

**ELIGIBILITY:** To be eligible to participate in this study, you must fulfill the following criteria: you are an immigrant and/ or refugee women of colour, currently reside in the
region of Grand Erie and are 18 years or older. You have at least two years of paid or unpaid (such as volunteering) work experiences in Grand Erie.

CONFIDENTIALITY: To ensure “confidentiality”, your name or any identifying information will never be mentioned during any discussions I have about our photos. The interviews will be audio-taped and transcribed but your name and any identifying details will not be included in the findings. Further, the findings from the interviews and focus groups will not include individual results. Only aggregate results will be included in my dissertation, print publications, conference and/or community presentations, verbal reports, workshops and/or discussions. I will only use non-identifying quotations in my dissertation, print publications, conference and/or community presentations, verbal reports and workshops. These quotations will not identify you. If there is any chance that the quote will identify you, I will obtain your permission to use the quote.

Your confidentiality will be respected unless required by law. This legal obligation includes a number of circumstances, such as suspected child abuse, expression of suicidal ideas, where research documents are ordered to be produced by a court of law and where researchers are obliged to report to the appropriate authorities.

All data collected will be kept in a secure electronic file, accessible only to the researcher, her supervisors, and ISTEP advisory group. The audio files from this study will be stored in a secured location that is password protected and will be destroyed after ten years of the study completion.

All the photographs that you take as part of the Photovoice project belong to you. With your permission some photographs will be used in exhibits, presentations, dissertation and/or publications. You need only share photographs that you consider appropriate and comfortable sharing with the public.

RISKS: If you decide to participate, you will be asked to answer some questions about your employment experiences have impacted your health. I do not anticipate any physical risks you might encounter as a result of your participation in this research. But if you do experience any distress please contact the Brant Mental Health Crisis Response Line at 519-752-CARE (2273). If you do decide to include yourself in the photographs, there is a risk that you may be identified.

BENEFITS: This project will provide you the opportunity to “voice” your experiences and opinions, in addition to bringing greater community awareness to their experiences and needs through their photographs. Your insights and lived experiences will help in fostering integration of immigrant/refugee women of colour in Grand Erie and provide valuable information that will benefit employers, health care providers, and policy makers.

Compensation: You will not be paid for participating in this project. However, if you complete the Photovoice project, you will be allowed to keep the digital camera loaned to you during this project. If you decide to stop participating in the project you will be
removed from the project and required to return the camera to the researcher within one week of your decision not to continue with the project. If the camera is not returned during this timeframe, you will be required to reimburse the project for the full cost of the camera ($150.00).

Contact: Should you have further questions or concerns, please contact me at 519-758-5473. This project has been reviewed and approved by the University Research Ethics Board. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Robert Basso, Chair, University Research Ethics Board, Wilfrid Laurier University. His contact information is listed below:

Email: rbasso@wlu.ca
Phone: 519-884-1970 ext.5225

Participation: Your participation in this study is very important and it will draw attention to the issues and gaps in services for immigrant/refugee women of colour in this area. But, your participation is voluntary; and if you decide not to participate there will be no consequences to you. If you decide to participate, you may withdraw from the study at any time without any consequences to you. If you withdraw from the study before data collection is completed your data will be returned to you or destroyed.

Feedback and Publication findings: A summary of research findings will be shared with the members of the ISTEP task-force presented to local organizations at community meeting and will be available to immigrant serving agencies, local organisations, and other interested agencies. The findings from the researcher will be used by me in my dissertation and publications resulting from that dissertation. When the study is completed, a summary of the research findings will be posted on local organisations website, or can be mailed to you upon your request. Dissemination of findings includes arts exhibits in Grand Erie or public avenues in other cities.

Consent: I have read and understood the above information. I have received a copy of this form. I agree to participate in this study

Participant’s signature _______________________ Date_________________________

Investigator’s signature ____________________ Date___________________________

I consent the use of non-identifying quote by the researcher in the dissertation, print publications, conference and/or community presentations, verbal reports and workshops.

Participant’s signature _______________________ Date_________________________

Investigator’s signature ____________________ Date___________________________
I consent on meeting with other participants in **joint discussions** of my and other participant’s photographs.

Participant’s signature ___________________ Date ______________________

Investigator’s signature __________________ Date _______________________

I agree for the use of photographs in public displays (Art exhibitions in Grand Erie and possibly other cities)

Participant’s signature ___________________ Date ______________________

Investigator’s signature __________________ Date _______________________

If you’d like to receive a copy of the findings from this project, please write below your name and mailing address:

**I would like to receive a copy of the final report**

<table>
<thead>
<tr>
<th>Participant’s name: __________________</th>
<th>Telephone number: __________________</th>
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<tr>
<td>Mailing address: ____________________</td>
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<td>E-mail address: _____________________</td>
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**APPENDIX D: RECRUITMENT FLYER (ATTACHED)**

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**APPENDIX E: ‘GETTING TO KNOW YOU’ QUESTIONNAIRE**

1. What is your place of residence?

[ ] 1- City of Brantford
[ ] 2- Haldimand County
[ ] 3- Norfolk County
[ ] 4- Brant County
2. How old are you? ______________
   1. 15-24 years
   2. 25-34 years
   3. 35-44 years
   4. 45-54 years
   5. 55 and over

3. What is your marital status? (Same-sex relationship/Opposite sex relationship)
   - 1- Single
   - 2- Married
   - 3- Divorced
   - 4- Separated
   - 5- Widowed
   - 6- Living Common-law

4. Do you have children? Yes----------No --------------If yes, how many? _______________

5. How long have you lived in Canada? _______________

6. What is your immigration status?
   - 1- Canadian Citizen
   - 2- Landed Immigrant
   - 3- Refugee
   - 4- Have a Work Permit
   - 5- Have a Student Visa
   - 6- Visitor

7. I came to Canada as a
   - 1- Principal Applicant
   - 2- Sponsored by a spouse on Family Class Sponsorship Policy
   - 3- Other, please specify
       - If you chose option 1 go to question 9
       - If you chose option 2 go to question 8

8. Are you currently under the Family Class Sponsorship regulations?
   - 1- Yes
   - 2 - No

9. What is your country of birth? ______________

10. How would you describe your race/ethnicity? (Choose all that apply)
    - 1- South Asian
    - 2- Chinese
    - 3- Philipino
    - 4- Korean
    - 5- Asian-Other
    - 6- Black or African American
    - 7- Hispanic or Latino
11. What is your mother tongue? ____________________

12. What language(s) do you speak most often at home? __________

13. What is your highest level of formal education?

- 1- No education
- 2- Primary school/Elementary school (up to 14-15 years)
- 3- Secondary school/High School (15+ years)
- 4- Community College
- 5- University - Bachelor degree
- 6- University - Master's Degree
- 7- University - Doctorate degree
- 8- Trade certificate or apprenticeship completed
- 999- Other, please specify

14. Did you work/volunteered before coming to Canada? __________

15. If you worked/volunteered what work did you do? __________

16. Are you currently employed?

- 1. Part-time
- 2. Part-time
- 3. Contract work
- 4. Volunteering
- 5. Unemployed
- 999- Other- please specify

17. If you are employed, what is your current occupation? __________

18. If you are volunteering, what is your volunteer role? __________

19. How long have you been working in the current job? __________

20. What is your current income before taxes? __________

1. -------------- No income
2. -------------- under $ 19,999
3. $ 19,999 to $ 29,999
4. $ 30,000 to $ 39,999
5. $ 40,000 to $ 49,999
6. $ 50,000 to $ 59,999
7. $ 60,000 to $ 69,999
8. $ 70,000 and over

21. What is your household income?

1. -------------- No income
2. -------------- under $ 19,999
3. $ 19,999 to $ 29,999
4. $ 30,000 to $ 39,999
5. $ 40,000 to $ 49,999
6. $ 50,000 to $ 59,999
7. $ 60,000 to $ 69,999
8. $ 70,000 and over

22. How would you rate your mental health?
   1 ... excellent
   2 ... good
   3 ... fair
   4 ... poor

23. How would you rate your physical health?
   1 ... excellent
   2 ... good
   3 ... fair
   4 ... poor

24. Do you have a family physician in Grand Erie? Yes -----------No ----------

25. If you have a family physician, where is the office of your physician located?
   Yes -----------No ----------

26. Do you see any other health care provider, other than your physician?
   1. Psychiatrist----------
   2. Counsellor ---------
   3. Dietician ---------
   4. Chiropractor ---------
   5. Physiotherapist ---------
   6. Dentist ---------
   7. Eye specialist ---------
   999-Other- please specify---------

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APPENDIX F: PHTOVoice PRIVACY AND ETHICS FORM

Participant’s Name: ________________________________________________________

In this Photovoice project, you and other participants will take pictures and share stories about
the impact(s) of employment experiences upon your health and about the issues you wish to address in relation to the employment-health association.
By signing this ethics agreement form you also agree to follow the ethics of Photovoice, which have been taught to you by the photographer.
(I) Acknowledgment of Camera

Participant’s Name: ________________________________________________________________

I acknowledge the receipt of the digital camera that I will utilize throughout the Photovoice project.

In the event that the camera is lost, broken, or stolen, I may still participate in the Photovoice project if I can find/borrow/share a camera so that I can continue taking pictures. I understand that I will not be given another camera.

If my camera is lost, broken, or stolen, and I choose not to participate in the Photovoice project any further, I will be required to pay $150.00 for the cost of the camera to the researcher, Bharati Sethi.

____________________________________ ___________________
Print Your Name

____________________________________ ___________________
Sign Your Name Here

____________________________________ ___________________
Today’s Date

(II) PHOTOVOICE PRIVACY GUIDELINES

Please read the following statements and sign your initials to each statement to confirm that you have read and understand each ethic of Photovoice.

---------- I will not intrude into an individual’s personal space both publicly and privately;
---------- I will not disclose embarrassing facts about individuals/self;
---------- I will not place individuals in false light with my photographs;
---------- I will respect the confidentiality of the stories that were discussed during the Photovoice sessions;
---------- I will obtain the signature of all individuals represented in my photographs;
I will not reveal the name(s) of any subject(s) in my photographs, and will not use them when discussing my photographs;

If the subject is under 18 years of age I will obtain their parents/legal guardians signature before I take their photograph.

Signing this ethics agreement form means that you have read, understand and respect the ethics and privacy concerns involved in a Photovoice project. If you fail to follow these principles you may be asked to leave the project.

_______________________________     ___________________              __________________
Print Your Name Here          Signature  Date

Consent form for your and/or child’s photograph

Before you take photographs of yourself and/or your child’s please fill out the following information:

I _________________________________ (printed name), give permission to have my (and/or my child’s) photograph taken for the purposes of this project. I give _______________ unlimited permission to copyright and use of photographs that may include me (and/or my child) in presentations about this project, as well as in publications. I have been advised that I/my child will not be identified by name or by other background information. I waive any right that I (and/or my child) may have to inspect or approve the publication or use of the photographs.

Signature ____________________________ Date___________________________

Consent form for other people’s photographs

Before you take photographs of other people please make sure that you have them complete the following information:

I _________________________________ (printed name), give permission to have my photograph taken for the purposes of this project. I give _______________ unlimited permission to copyright and use of photographs that may include me in presentations about this project, as well as in publications. I have been advised that I will not be identified by name or by other background information. I waive any right that I may have to inspect or approve the publication or use of the photographs.

Signature ____________________________ Date___________________________
**Consent for minor’s photographs**

Before you take photographs of other children who are not yours, please have their parents/guardian fill out the following information:

I _________________________________ ( printed name), a parent______ or guardian _______of the child, give permission to have my (and/or my child’s/the child) photograph taken for the purposes of this project. I give _______________ unlimited permission to copyright and use of photographs that may include me (and/or my child/or the child) in presentations about this project, as well as in publications. I have been advised that I/my child/the child will not be identified by name or by other background information. I waive any right that I (and/or my child/or the child) may have to inspect or approve the publication or use of the photographs.

Signature ____________________________ Date___________________________


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**APPENDIX G: MEMO EXAMPLE**

**Biology and Work**

Gayatri’s statements such as ‘we Indian women or Gujarati women are small’ or ‘we are vegetarian’ etc. sparked a question in my mind. I started pondering - *What significance does small body frame, being vegetarian or ‘not being like Canadian woman’ bear on employment experiences?* My focus was on economic aspects of integration. I wasn’t really thinking about biology nor had come across such references in my literature review.

In Scholarship barriers that immigrant women face are largely discussed under *cultural factors* or *deskilling of women*. Iredale and Pio come to mind. But that is NOT what Gayatri was referring to. So, to clarify her meaning, in the latter part of the interview I probed further in this area. I asked her to explain why she perceived that it was harder for her to complete the quota than white women. She started speaking about clothes racks and height. Then we went back to her experience in factory. From that emerged the barriers of steel boots, helmet on a small body frame. Gayatri also made reference to her age. For instance, how women in their 40’s cannot do work compared to women in their 20’s. AGE...is a factor. Even George and Merali who speak about precarious status and Family class sponsorship emphasize policy and culture but to my knowledge not made a connection to Biology, sex, gender…

It makes complete sense that Biology, Age and Gender would play a significant role not only in immigrant women’s ability to work, complete the number of quotas but also and for obvious reasons on their health. I wonder what Aishwarya or Durga think about biology. Aishwarya is taller though and I am not sure if Durga has worked in factories. Now Krishna is
from Punjab. She is taller and stronger as Punjabi women generally are...and she grew up on a farm. I wonder how factory work would relate to her experiences. Would she find it as hard as Gayatri? If so, Why?

If age, gender and sex play such significant role then we must be concerned because most women who first come to Canada work in factories. Especially those who come under Family Class policy. Well, I don't know the numbers but I speculate from my past professional and personal contacts with them that indeed they do work in factories. So, that raises another question. Canadian government is looking at these women to help with demographics …population growth. How is this incompatibility between their bodies and factory work going to impact their reproductive health?

I wonder if I need to apply GT first before using intersectionality to code the data line-by-line so that I do not miss the nuances. Would GT be appropriate? I must look into gender-based methodology and research more about immigrant women and biology.

*Please note: Memoing primarily occurred all through the interview process and during Initial and Selective coding*