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The Interplay of Gender, Neighbourhood, Socio-Economics and Migration on the Health of Immigrant Women

by

Jennifer Margaret Graham

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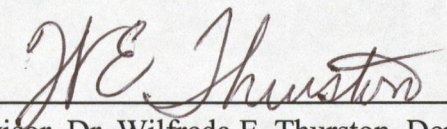
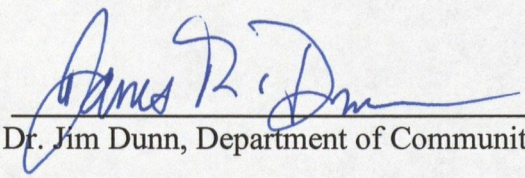
The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies for acceptance, a thesis entitled "The Interplay of Gender, Neighborhood, Socio-Economics, and Migration on the Health of Immigrant Women" submitted by Jennifer Margaret Graham in partial fulfillment of the requirements for the degree of Master of Science.



Supervisor, Dr. Wilfreda E. Thurston, Department of Community Health Sciences



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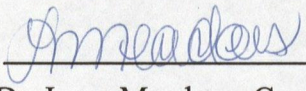
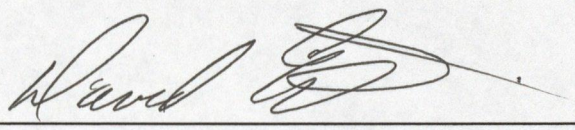


Dr. Lynn Meadows Community Health Sciences and Family Medicine



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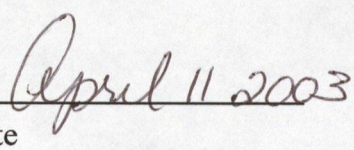

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ABSTRACT

The objective of the study was to explore the relationships among social context, gender, migration and health for immigrant women. Using qualitative data collection and analysis techniques, a purposive sample of eleven immigrant women living in the inner city were interviewed. Life in the inner city was described as convenient upon first arrival due to accessibility of transportation and services, but did not fulfill the ideal notion of community for the participants. Expectations, acculturation, identity, and new roles intersected with socio-economics, geographic location, the participant's construction of community, gender and relationships (interpersonal and institutional). Despite added stress, guilt and frustration of migration, the women demonstrated agency and resiliency, enabling them to develop effective coping strategies. Social support networks were used widely as powerful coping strategies to facilitate smooth acculturation.

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First and foremost, I would like to thank the women who volunteered to participate in this study. All of them were inspiring, open and welcoming. This study would not have been possible without their participation.

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Finally, I would like to thank all the friends and family who were patient listeners and crucial support for me during the past 18 months, particularly Ian and Katrin. Your encouragement and love were priceless.

DEDICATION

This thesis is dedicated to Shirley Allen (Graham) Dolan (1930 – 2001), who taught me that learning is truly a life-long process. Her perseverance, kindness and spirit continue to inspire all who knew her.

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So Oz finally *became* home; the imagined world became the actual world, as it does for us all, because the truth is that once we have left our childhood places and started out to make up our own lives, armed with only what we have and are, we understand that the real secret of the ruby slippers is not that "there's no place like home" but rather that there is no longer any such place *as* home: except, of course, for the home we make, or the homes that are made for us, in Oz, which is anywhere, and everywhere, except the place from which we began.

Salman Rushdie, Step Across This Line

CHAPTER ONE: BACKGROUND

1.0 Introduction

The focus of this study is an exploration of the relationships between gender, migration, social context and health for recent immigrant women living in the inner city. Cultural adjustment and the experiences of migration have been of interest to the author for several years since working in a Dene (First Nation) community in rural Northern Canada, and overseas for several years in Southeast Asia. This thesis work is a pilot for a larger project that will interview both male and female recent immigrants living in Calgary. The current exploration of the interplay between several determinants of health for recent immigrant women living in the inner city of Calgary, Alberta, may provide insight into the need for research related to policy initiatives for this specific sub-population.

A review of relevant literature began with two major reviews of literature on immigration and health published by Health Canada (Hyman, 2001; Kinnon, 1999). Key literature on the health of immigrants was identified through discussions with local experts in the field, and by searching with Medline, PsycInfo and PubMed databases for articles published in the last ten years. The majority of literature focusing on recent immigrants tends to measure health and determinants of health at a population level rather than examining sub-populations. Another common approach is to combine ethnic minority groups with recent immigrants. However, these are two distinct groups, with different health needs, self-perceptions. The challenges in the lives of these distinct groups are, in many cases, completely different.

1.1 Literature Review

1.1.1 Demographics

Immigrants comprise a large and growing proportion of the Canadian population. Although historically immigrants originated predominantly from European countries, this trend has changed. In 1997, immigrants arriving from Asia and the Pacific comprised 54% of immigrants, Africa and the Middle East 18%, and South and Central America 10% (Kinnon, 1999). In that same year, immigrants arriving from Europe and the UK formed only 18% of the total (Kinnon, 1999). Similarly in 2001, 53% of immigrants to Canada were from Asia and the Pacific, 19% of immigrants were from Africa and the Middle East, with only 17% of immigrants from Europe and the United Kingdom (Citizenship and Immigration, 2002). In 2001, the top three countries from which immigrants originated, were China, India, and Pakistan (Citizenship and Immigration, 2002). With changing demographics, language patterns are also changing. Almost half the immigrants to Canada in the past few years do not speak either official language on arrival (Kinnon, 1999).

National statistics and immigration trends are being reflected in Alberta. The majority of immigrants to Alberta settle in the province's two major urban centres, Calgary or Edmonton (Citizenship and Immigration, 2001). In the early 1990s, one in five residents of Calgary was born abroad (Thurston, McGrath & Sehgal, 1993). The number of immigrants arriving in Calgary each year has been increasing over the past few years, with 10 169 immigrants arriving in 2001, making up 62% of all immigrants to Alberta in that year (Citizenship and Immigration, 2002). Calgary is increasingly diverse in the beliefs, values and experiences brought by the growing immigrant population.

Diversity, linguistic and otherwise, presents challenges for health care services to adapt to individual needs and cultures in order to provide adequate accessible health care for all.

1.1.2 Immigration Policy, An Historical Context

Immigration policy in Canada has been shaped by a predominantly Euro-centric historical focus. These policies paved the way for modern immigration criteria in Canada. Non-Western European immigrants were historically used as a source of labour for building the railway, farming and filling land claimed as Canada (Anderson & Kirkham, 1998). Immigrants recruited for such reasons were predominantly from China, India and Eastern Europe rather than Western European countries (Anderson & Kirkham, 1998). The policies developed in 1956 institutionalized the notion of two founding peoples of Canada, the British and French, by creating a hierarchy of "most-to-least-welcome" nationalities for potential immigration to Canada (Anderson & Kirkham, 1998). These policies were replaced in the 1960s with ranking criteria based on education, skills and resources (Anderson & Kirkham, 1998).

Immigration policy continues to dictate the type of people who are eligible for entrance into Canada. In 1992 the family-class criterion for immigration was changed and there was a shift to seeking single, highly educated, younger immigrants (Beach & Worswick, 1993). Immigration policies are determined in part by labour market requirements in Western countries at a given time, a trend that originated over one hundred years ago (Anderson, Blue, Holdbrook & Ng, 1993).

1.1.3 Immigrant Health

Admission to Canada as an immigrant requires a high health standard, so consequently the health status of immigrants upon arrival is generally very good. Upon

arrival to Canada, immigrants tend to have lower levels of chronic diseases than Canadian-born individuals, often referred to as the healthy immigrant effect (Chen, Wilkins & Ng, 1996a; Chen, Wilkins & Ng, 1996b; Dunn & Dyck, 2000; Hyman, 2001).

Immigrants are not a homogeneous group: significant differences have been observed in immigrants from diverse countries of origin, with varying levels of education and socio-economic status. Region of origin can significantly affect employment opportunities and home ownership, both of which can contribute to mental and physical health (Dunn & Dyck, 2000). Immigrants who had been living in Canada for several years from Europe, North America, and Australia were more likely to report good health than immigrants from Asia, South America and Africa, although this could be an artifact of age (Dunn & Dyck, 2000).

Not only are there differences in the health status of immigrants from different regions, but there are significant differences within regions as well. In the US, a study of South-East Asian immigrants and descendants of Asian immigrants, found incredible diversity (Ro, 2002). Annual income ranged from an average of $14 327 for Hmong Americans (originating in Laos), to $51 500 for people of Japanese origin (Ro, 2002). Similarly, the proportion of people living below the poverty line was not uniform throughout immigrants and residents from South-East Asia. In 1990, six percent of Filipino Americans were living below the poverty line, compared with 40% of Cambodian Americans, 60% of Hmong Americans, and seven percent of Japanese Americans (Ro, 2002). Although not as extreme, diversity among immigrants is also observed in Canada (Dunn & Dyck, 2000). Between and within different groups of

immigrants, a vast diversity of socio-economic status, education and health is found, which makes grouping by region of origin somewhat artificial.

Differences between immigrants are associated with length of stay in Canada. The healthy immigrant effect is short-lived and over time health status regresses towards national averages (Dunn & Dyck, 2000; Kinnon, 1999). That is, a significant difference appears to exist in the health, income, and employment opportunities for recent immigrants compared with native-born and established immigrants (who have lived in Canada more than 5 years) (Kinnon, 1999). Not only does health status deteriorate, but rates of healthy behaviours also tend to converge towards the national average over time (Kinnon, 1999). The reasons for deteriorating health of immigrants are not clearly understood.

A study of Japanese men living in Japan, Hawaii and California conducted in the 1970s provided the groundwork for examining the health of immigrants (Syme, Marmot, Kagan, Kato, & Rhoads, 1975). Data from this large cross-sectional study revealed that Japanese men living in Japan were less likely to experience coronary heart disease than those men of Japanese ancestry living in the US, even when potential cofounders such as smoking were controlled for (Marmot, Syme, Kagan, Kato, Cohen & Belsky, 1975; Syme et al., 1975). Unfortunately there was no information on the length of stay of the men of Japanese ancestry in either Hawaii or California (Marmot et al., 1975; Syme et al., 1975). The work of Marmot et al. (1975), and Syme et al. (1975) provided strong evidence that environmental factors post migration play a role in chronic disease incidence. This supports more recent research which suggests that the health of immigrants may converge

towards national averages in terms of chronic diseases after several years (Chen et al., 1996b; Hyman, 2001).

Large population studies grouping immigrants into large geographic groups have identified trends, but lack more specific descriptive and explanatory information of specific sub-populations. Most of the research dealing with immigrants and deteriorating health after arrival is conducted by population (grouping all immigrants together) rather than focusing on specific sub-populations such as low-income immigrant women. Consequently little is understood about the reason for deteriorating health in low-income immigrant women.

1.1.4 Social Determinants of Health, A Population Perspective

Social determinants of health are cultural, social and economic factors associated with health at the individual and population levels (Dunn, 2000). There is a broad range of determinants that affect the health of immigrants and these determinants interact differently as the context and timing change (Evans & Stoddart, 1990). Recent studies provide evidence for an association between income inequalities and health, which has focused attention on understanding various social determinants of health such as social hierarchies, social deprivation and material deprivation at the societal level (Macinko & Starfield, 2001). These determinants may affect recent immigrants in specific ways. This study chose to focus on three determinants for recent immigrants: gender, the migration experience, context (both social and physical), and the way in which these interact.

1.1.5 Health Care Service Utilization

Despite a significantly lower self-rating in perceived health status and recognized unmet needs for care, immigrants' use of health services tends to be far below national

averages (Ballem, 1998; Despart 1998; Dunn & Dyck, 2000; Kinnon 1999; Thurston et al.,1993). When access to services is limited, clients resort to waiting until the problem has reached a critical level rather than seeking primary or secondary preventative care (BonBernard, C., personal communication, February 16, 2002). This may in part explain why some health care professionals believe that immigrants in Calgary tend to use acute care services (such as emergency rooms at hospitals) in times of crises rather than preventative or pre-crises services. A recent study of an emergency department in Calgary revealed that patients whose first language is not English are more likely to use emergency departments for non-urgent situations than native English speakers (Tink, 2002). Although several studies have proposed reasons for this under-use of preventative and pre-crises services, there is little explanatory research.

Immigrant service organizations in Calgary listed several different reasons why immigrant women *may* under-utilize health care services (Thurston et al., 1993). These barriers include the perception of services as not being helpful, fear of stigmatization, cost, lack of knowledge about the location of services and inability to communicate easily in English (Thurston et al., 1993). Ballem (1998) suggests that frequently cited barriers to access such as language, geography, family responsibilities, inflexibility in the workplace and poverty provide only partial explanations to the reasons for low attendance or under utilization of services. Three barriers to accessing health services which have surfaced repeatedly in the literature are: social support, financial strains, and an ethnocentric medical system that does not adequately meet the needs of diverse clientele (Ballem, 1998; Kinnon, 1999; Thurston et al., 1993).

Social isolation is a problem linked to service utilization because often immigrant women are embarrassed to share their problems and need to appear self-reliant rather than dependent on external help (Thurston et al., 1993). Loss of social support networks through migration is a theme that recurred throughout interviews with recent immigrant women in Calgary (Meadows, Thurston & Melton, 2001). Social support and isolation work differently for different individuals, and can prevent people from accessing services for fear of looking vulnerable or weak. Lack of social support could also lead to information about services not reaching the people who need to access those services.

Low socio-economic status for some immigrants can compound problems of accessing health care services. Financial assistance is often difficult to access, requiring a high level of English[1]. Medicare does not cover many services, such as psychologists, medication, and physiotherapy. The process to access government assistance for these services is typically arduous and entails a high level of English literacy (Despard, 1998). Consequently, these services are often inaccessible for low-income individuals. A recent study in Toronto found that health and social policy changes including welfare payment reductions, implementation of user fees for prescriptions, and reduced funding to community services, negatively affected the health of immigrant women in particular (Steele, Lemieux-Charles, Clark & Glazier, 2002).

Several studies point to the ethnocentric culture of the medical system in Canada as a possible barrier to accessing services (Anderson & Kirkham, 1998; Freedman, 1998; Sent, Ballem, Paluck, Yelland & Vogel, 1998). A medical system that was set up to serve a predominantly white, middle-class clientele, may not match the diverse populations that are found across Canada. Cornelius, Smith and Simpson (2002) suggest

that disparities between white and other Americans result from a large array of factors including lack of access to health care providers. Lack of access and inappropriate provision of medical service are barriers compounding low utilization among recent immigrants.

A review of the recent literature on immigrants in Canada indicated that immigrants' under utilization of health services is not well understood (Kinnon, 1999). Little explanatory research has been done looking into the reasons for immigrant women's under-utilization of health services.

1.1.6 Migration as a Determinant of Health

The migration experience has come to be viewed as a determinant of health for immigrants to Canada. Migration itself can be modelled as a cycle, and each phase is significant to the health of immigrants (Thurston & Vissandjee, forthcoming). The focus of this study is on recent immigrants who are in the settlement stage of the migration process (Thurston & Vissandjee, forthcoming).

Migration may entail leaving a social network behind to move to a new country, often without social support pre-established in the host country. Recent immigrants often report a feeling of loss of family networks through immigration (Meadows et al., 2001). Isolation is compounded when recent immigrants are not fluent in English. Being separated, often not by choice, from loved ones and not knowing the new country's official language can lead to serious isolation for women immigrating to Canada.

Immigration may result in temporary unemployment, and possibly a long period of underemployment resulting from a lack of recognition of foreign qualifications (Fowler, 1998). Employment gives people not only an income, but also a sense of

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[1] Immigrants to Canada may need to know the other official language, French, but not in Calgary.

purpose, self-confidence, usefulness and productivity (Moss, 2002; Thurston et al., 1993). While many immigrants may have held high-status positions in their country of origin, this may no longer be the case after they migrate (Thurston & Vissandjee, forthcoming). At least in the beginning of their stay in Canada, ethnic minority immigrants tend to belong to lower social strata, partially due to the types of employment available to them (Bollini & Siem, 1995). In recent years immigrants, predominantly from Asian, Caribbean and Latin American countries, are mainly able to secure blue-collar jobs (Bollini & Siem, 1995). The type of employment to which recent immigrants are often limited can have serious health consequences when there is exposure to toxins or long hours of physical labour. Migrant workers to Western countries tend to have higher rates of occupational accidents and disability than native-born workers, leading to an "exhausted immigrant effect" where immigrants have a higher burden of disability related to their employment (Bollini & Siem, 1995; Thurston & Verhoef, Forthcoming).

The act of migration changes the economic, social and physical environment of the individual. On top of these stresses, language difficulties for those not fluent in one of Canada's official languages and negative public attitudes or discrimination often predominate (Anderson et al., 1993; Dyck 1992; Thurston et al., 1993). Isolation and lack of employment (or underemployment) because skills and qualifications from the country of origin are not recognized, can contribute to poor mental and physical health of recent immigrants. All immigrants, however, do not experience and overcome migration stresses in the same ways (Berry, 1997). An examination of sub-populations is necessary to tease out the particular effects of migration on health for different groups. Similarly,

coping mechanisms will vary between and within sub-populations depending on social characteristics and external factors.

1.1.7 Discrimination: An Important Component of the Migration Experience in Canada

According to Kreiger (2000) discrimination is defined as:

> ...a socially structured and sanctioned phenomenon, justified by ideology and expressed in interactions, among and between individuals and institutions, intended to maintain privileges for members of dominant groups at the cost of deprivation for others (p. 41).

The prevailing notion of a Canada created by Western Europeans creates an atmosphere in which immigrants from non-Western European countries can be disadvantaged, continually regarded as non-Canadian. There is a long history of discrimination of non-Western European immigrants, exemplified by the experience of the Chinese community in Vancouver which, over the past 100 years, has experienced a range of informal and institutional discrimination (Ley, Anderson & Konrad, 1994). Until the 1970s, Chinatown, an area of the city surrounded by industry, situated on a poor-draining tidal flat, confined Chinese settlers (Ley et al., 1994). Geographic containment was one of the manifestations of the community's excluded status. Current immigration legislation in Canada only recognizes the qualifications and work experience of immigrants coming from certain (Western) countries (Meadows et al., 2001). Discrimination in the labour force takes several forms including disproportionately low-status and low-paid occupations for women or recent immigrants (Frazer & Lacey, 1993). Discrimination, thus begins with entrance criteria, and is manifested through difficulty finding employment, or uncomfortable social situations for recent immigrants from non-Western countries (Meadows et al., 2001).

Comparisons of ethnic or racial groups leading to better/worse dualities originate back to the time of colonization (McGuire, 1998). Hierarchies are created through formal and non-formal definitions of who is, and is not, Canadian. These hierarchies are reinforced through social policies leading to unequal access to services, limited employment opportunities and increased exposure to dangerous substances to name a few factors. Discrimination leads to poorer health in several ways, being experienced both through the daily stress of ongoing, everyday discrimination, and through acute incidences of discrimination (Kreiger, 2000). Discrimination affects both mental health and physical health. For instance, there continue to be disparities between white and non-white North Americans in terms of infant and other mortality rates (Cornelius et al., 2002). Discrimination may be a particularly salient determinant of health for recent immigrants.

1.1.8 Socio-economics and Health

Immigrants often have a disadvantage socio-economically not only because of limited employment opportunities, but also because of disadvantageous currency exchange rates and expenses incurred during the move. Socio-economic factors have shown to weigh more heavily in determining health for immigrants in Canada than for non-immigrants (Steele et al., 2002). Poverty has been measured in many ways, including an index of employment status, car ownership, level of crowding, and housing tenure; other measures relate income to the established poverty lines (i.e., income cut-offs developed by the government to define poverty) (Rosenberg & Wilson, 2000). Even modest gains in income are associated with positive improvements to health (Bhatia & Katz, 2001), particularly at the low end of the social spectrum.

Immigrants tend to experience periods of unemployment and underemployment once they are settled in Canada. Despite higher than average levels of education, both male and female immigrants are concentrated in service, processing, manufacturing and assembling occupations (Beaujot, 1996). Not only are such occupations associated with low-wages leading to financial poverty, job characteristics such as low control, high demands, limited resources and perceived discrimination lead to stress and frustration impacting mental health (Moss, 2002). Poor health is greatest for individuals at the bottom of the social hierarchy (Cooper, 2002). Immigrants experiencing underemployment are more likely to be of low socio-economic status initially at least. Even if only temporary, socio-economic disadvantage is a key social determinant of health for recent immigrants.

1.1.9 Social Environment as a Determinant of Health

Within the health literature, the term "community" is used to describe a range of concepts, from geographic neighbourhood to social support network. Bassett and Short (1980, p.15) define community as "a territorially based system of human interaction" and this is the broad understanding of the concept of community used here. Their definition of community encompasses both a geographic meaning, considered synonymous with neighbourhood, and a social element. Calgary is an urban centre divided into several communities.

In urban centres, wealth tends to be concentrated in different geographic communities that have identifiable, measurable characteristics in common (Dunn, 2000). The inner city, however, has several characteristics that differentiate it from other communities. The inner city is the central area of a city close to the business district,

usually associated with poor housing and social deprivation, and acts as a staging ground for recent migrants to the city (Johnston, Gregory, Pratt & Watts, 2000). Where one lives in an urban environment has been shown to be associated with health behaviour and perceived health status, (Diez Roux, Merkin, Arnett, Chambless, Massing, Neito et al., 2001; Dunn, 2000).

Neighbourhood-based social relations have been identified as factors that correlate strongly with the perceived health of individuals (Macintyre, Maciver & Sooman, 1993). Macintyre et al. (1993) suggest that among other aspects of the local environment, socio-cultural features such as community norms and values, level of community integration, and networks of community support may damage or promote health.

The measurable characteristics of a neighbourhood and community can affect health in several ways. Both physical and social features of places or residence may affect health and health behaviour (Diez Roux, et al., 2001). Duncan, Jones & Moon (1996) suggest that behaviour needs to be placed within a social context. Studies have shown that controlling for individual factors, rates of health behaviours (such as smoking and seatbelt use) were significantly different between neighbourhoods. This suggests that place of residence shapes behaviour (Birch, Stoddart & Beland, 1998; Diehr, Koepsell, Cheadle, Psaty, Wagner & Curry, 1993; Diez Roux et al., 2001; Duncan, Jones & Moon, 1999; Duncan et al., 1996; Ellaway & Macintyre, 1996). The effects of social and physical context on health are complex, but have been quantified in several studies linking health behaviours and perceived health with neighbourhood-level factors such as recreational facilities, personal safety and housing.

Living in a supportive community and involvement in that community have been identified as important factors aiding immigrant's adjustment (Kinnon, 1999). The host community's response to immigrants can have a positive or negative effect on immigrant health (Kinnon, 1999). When adjustment is smoother and a social support network can easily be formed, recent immigrants are less likely to suffer from the negative health impacts of immigration.

Unfortunately, the reality for recent immigrants is that they are not always received by a welcoming community with access to the types of services they require. When immigrant women in Calgary were asked to list some serious problems in their communities, they included unemployment, financial problems, language barriers, racism, isolation, and loneliness (Thurston et al., 1993).

Social support is a particularly important aspect of community that affects the health of an individual. For immigrant women, isolation is common, leading to several different health problems including stress and depression (Franks & Faux, 1990). A review of quasi-experimental and experimental research on social support and health revealed that individuals who are more isolated are more likely to suffer a higher burden of disease and have an increased relative risk of mortality (Berkman & Syme, 1979; House, Landis & Umberson, 1988). In some cases, socio-political constraints and economic opportunities define the experiences of immigrant women more than their cultural background or country of origin (Dyck, 1992).

There is a continued need to understand the effects of community on immigrants from specific sub-populations (for example women of low socio-economic status) because it cannot be assumed that the effect of community on health is the same for all

immigrants (Dyck, 1992; Kinnon, 1999). There may be positive ways in which community eases the transition of migrating, and coping-mechanisms that individuals use to get the greatest benefit from their new communities. Exploring the links identified between community and individual health by immigrant women living downtown may enable clearer understanding of the influence of community on these women's health.

1.1.10 Gender as a Determinant of Health

Gender is not merely sexual or biological characteristics, but rather is socially constructed and bolstered through societal teaching and institutions (Lorber, 1994). Stratification of opportunities and roles along gender lines begins at infancy and continues throughout life, prescribing modes of behaviour appropriate for the sexes. These modes of behaviour are not the same from culture to culture, often resulting in the re-negotiation of gender roles following international migration (McDowell, 1999). The construction of gender (and dichotomy of male and female) enables ranking according to power and prestige, resulting in a superior and inferior gender (Lorber, 1994). Gender permeates all aspects of life and:

> Because gender is embedded in the major social organizations of society, such as the economy, the family, politics, and the medical and legal systems, it has a major impact on how the women and men of different social groups are treated in all sectors of life, including health and illness.
>
> (Lorber, 1997, p. 3)

The health care system in Canada is no exception, and consequently service provisions may not meet the needs of recently immigrated women because it has not been designed with them in mind.

The social differences between male and female require that a different approach be taken for each in the provision of health care services. Different roles and

expectations for women and men driven by prescribed societal gender distinctions, create different stresses, different opportunities, different responsibilities which are all factors in the health of women and men. Women tend to experience greater longevity than men, however, they also experience higher morbidity and sub-clinical mental health problems than men (Denton & Walters, 1999).

Socially prescribed gender roles attributed to immigrant women, rather than the simple fact that they are biologically female, can be explored as factors affecting their health. Isolation is of particular relevance for immigrant women, for instance, because family responsibilities often conflict with ability to take English as a second language classes. Without fluency in an official language, and hence the ability to communicate with most Canadians, women can become extremely isolated (Despard, 1998; Fowler, 1998; Murty, 1998).

Once they have migrated to Canada, immigrant women are often expected to fulfill a dual role: they are responsible for taking care of their family, and working to support their husbands as their husbands learn the native language for future employment (Kinnon, 1999). Recent immigrant women may work in unskilled jobs where minimal use of English is required. The dual role of employment and household work can either overburden the woman, negatively affecting her health, or may lead to attachments to the outside community and therefore benefit her health (Lahelma, Arber, Kevela & Roos, 2002). Single mothers and women of lower socio-economic status in both Finland and Britain were at greater risk of role overload and the negative health associated with this over-burdening than were middle-class women (Lahelma, et al., 2002). Immigrant women have often reported that their own health only becomes important when poor

health inhibits their roles as caretakers of the family (Meadows et al., 2001). Because of the multiple disadvantages some immigrant women face, and because of the dual role of family and employment while trying to adapt to new surroundings, immigrant women are at an increased risk for health problems (Thurston et al., 1993). The impact of gender relations and roles on health must therefore be investigated with immigrant women.

1.1.11 Interplay Among Gender, Migration and Context: Drawing in the Connections

Immigrant women are often in a lesser position of power in their communities and families as well as society in general (Kinnon, 1999; Thurston et al., 1993). Gender issues compound the factors of racism, language barriers and class for immigrant women entering Canada.

The conceptualisation of power here is based on Clegg's (1989) circuit theory of relational power. Rather than conceptualizing power as something one person or organization owns and can wield over another, Clegg discusses power as a fluid concept that is built by the relationships between different people or organizations (1989). The following examples illustrate the fluid nature of power, which is created and maintained through relationships: situations of class arise from property and market relations, whereas status situations result from domination of particular individuals on the basis of prestige maintained through social relationships (Scott, 1996). Machiavelli was the first to propose that power depended on alliances, and strategies for its accomplishment (Farrar, 2002). Although Clegg suggests that power rarely exists without resistance, he also suggests that the powerless often remain so because they are ignorant of the ways of power, such as, the procedures, access to informal conduits, and rules (Clegg, 1989).

Particularly if they are visible minorities, immigrant women are often cited as having a multiple disadvantage in mainstream Canadian society arising from racism, language barriers, class, and, on top of that, sexism (Anderson et al., 1993). Lorber, (1994) suggests that gradations develop in heterogeneous societies as part of a hierarchical stratification whereby a baseline normal is established against which all people are measured. In North American society, Lorber (1994) argues that this definition of normal baseline is white, middle-class male. Against the measure described by Lorber (1994), immigrant women are triply disadvantaged. This disadvantage is manifest through several institutions. Employment is limited for immigrant women and returns on education, in terms of higher-paying employment, are well below that of native born women, because opportunities are frequently stratified along gender and racial lines (Beach & Worswick, 1993; Dyck, 1992). Immigrant services in Canada are geared primarily to the needs of men, which widens the gap between the needs of immigrant women and services available (Kinnon, 1999).

Although the literature on gender, immigration and race suggests that recent immigrants, particularly visible minorities, are at a disadvantage, there is no clear understanding of the impact of these determinants on the health of immigrant women. While several authors have investigated the components separately or in pairs, (Anderson et al., 1993; Beach & Worswick, 1993; Chen et al., 1996a; Cornelius et al., 2002; Kreiger, 2000) there is a paucity of research on the impact of the interplay of gender, migration and community on the health of immigrant women. Rosenberg and Wilson (2000) demonstrated the importance of geographic location, gender, and poverty on health at a population level in Canada, but do not focus on the mechanisms of interaction

for recent immigrants. The factors of community, immigration and gender all measured and investigated separately appear to effect health, however the interaction of these factors remains unclear. An investigation of the interplay between community, immigration and gender and the effect on immigrant women's health could shed more light into the complex interaction of these variables.

1.2 Rationale for the Study

A review of relevant literature has revealed a lack of information on the affects of the determinants of the health of immigrant sub-populations. Sent et al., (1998) suggest that there is little documented evidence of the barriers specifically encountered by sub-populations of immigrant women. Kinnon (1999) concluded that there is a lack of information describing the health impact of employment, income, family structures and living conditions of immigrant sub-populations.

In addition to the challenges of the migration experience, immigrant women also face systemic barriers, lower positions of power, and often a double burden of housework and the necessity of employment for income. Despite declining health status, immigrants, particularly immigrant women, under-utilize health care services, often waiting until crises to access help. Understanding the interconnected affects of community, migration and gender on the health of immigrant women in downtown Calgary may be vital for providing more appropriate health care services to them.

This research project examines a sub-population of immigrants using methods that explore the interplay between community, gender, and migration as perceived to affect health.

CHAPTER TWO: METHODS

2.0 Introduction

This project was an exploration of the relationships between several social determinants of health for recent immigrants. Because of the research question and the exploratory nature of the project, qualitative methods of inquiry were used.

2.1 Research Question

What aspects of community are important to low-income immigrant women living in downtown Calgary in order for them to have good health status?

2.2 Research Objectives

The primary objective of this study was to explore the relationships between gender, social context, socio-economics, migration and health status among adult immigrant women in Calgary. Ultimately, a better understanding of the factors contributing to poor health in this population can be used for health promotion and program policies providing better access to and delivery of health services for low-income immigrant women.

2.2.1 Specific Objectives

To gain a deeper understanding of the relationships among context (both physical and social), gender, and perceived health for immigrant women in the study.

2.2.2 Sub-objective

To identify patterns of enabling and constraining factors for health status among immigrant women in the study.

2.3 Research Design

Qualitative research is preferable to quantitative research in situations where the purpose of the research project is to explore a complex phenomenon with variables which are not easily identified (Creswell, 1994). The use of qualitative methods also allows the informants to use their own language and ideas to describe these phenomenon (Patton, 1990). The exploratory, complex nature of the research project, therefore, required qualitative methods of inquiry. Women were chosen as the focus of this study because of the lack of research specifically focused on recent immigrant women (Sent et al., 1998; Freedman, 1998) and to limit the project to a feasible time frame. The study was also limited to inner city for feasibility. The downtown core is where there are several low-cost rental apartments in which recent immigrants often live, therefore it was a convenient sampling area (Ramilu, A., personal communication, February 18, 2002).

2.3.1 Operational Definitions

The following operational definitions are key terms used in the study:

Community is "a territorially based system of human interaction" (Bassett & Short, 1980, p. 15).

Context can be divided into physical attributes (such as traffic, green space, crowding) and social attributes. The conception social context here is based on Scott (2001). Social context encompasses both people (individuals, families and groups) who interact, and institutions (political, regulatory, and economic) which they form and react to and in which they interact. Interactions which form the social context take place within symbolic orders (such as culture, gender, race, socio-economic class) (Scott, 2001).

Calgary refers to the Calgary Health Region.

Immigrant women are those who are born outside Canada and have migrated to Canada no more than 5 years ago.

Inner city is roughly the area south of the Bow River, west of 1st Street Southeast, east of 17th Street Southwest, and north of 30th Avenue South.

Health status is defined by a series of characteristics identified by the women themselves.

2.4 Study Population

The population from which a sample was drawn was women who had recently immigrated to Canada and who were living in Calgary. The women must have been born outside of Canada, been able to speak English (because of budgetary restrictions, translation services were not feasible) and have lived in Canada for no more than five years. While the time necessary to achieve long-term adaptation varies for individuals with internal and external factors (Berry, 1997), five years has been identified as a sufficient period of time to adjust to a new culture and become comfortable in the new country (Thurston, W., personal communication, February 12, 2002). Women who migrated to Canada as adults were the focus of this study.

Included in the study were women who were born abroad and moved to Canada less than five years ago. To be included in the study, the women must also have lived in low-cost, affordable housing in the inner city. Only adult women over the age of 25 were eligible for interview.

2. 5 Recruitment

The researcher identified immigrant service agencies and community health centres within the study area and these became a focus for recruitment. The staff from these organizations were approached to post flyers about the research project and to

inform their eligible clients about the study. Immigrant service organizations working in the inner city were particularly helpful, providing time for the researcher to meet clients and answer questions about the research, as well as passing on names and contact information of potential research subjects. The researcher was also permitted to make short presentations about the research project to inner city English as a second language classes through a non-profit immigrant service organization. This enabled recruitment of women from diverse backgrounds who all had conversational English ability. Recruitment was also done through contacting the managers of inner city apartment buildings and posting flyers in these buildings. Snowball sampling (where one informant recommends another) was also used to recruit subsequent subjects (Tashakkori & Teddlie, 1998). This technique of recruiting has been shown to assist in gaining access to people in communities which may be wary of outsiders (Sent et al., 1998).

Although the sample was relatively homogenous (i.e., all women, all recently immigrated to Canada, all living in the inner city), purposive sampling techniques attempted to identify women from different countries of origin with a variety of social status characteristics (e.g. children or not, employed or not). The sample size was selected for feasibility and because previous experience has shown that this will provide ample data for exploratory purposes (Kuzel, 1999).

2.6 Data Collection Methods

Data was collected during a one-on-one ethnographic style interview using an interview guide (Appendix 1). Interviews lasted between one-and-a-half to two-and-a-half hours. Demographic information such as country of origin, age, and marital status was collected at the beginning of the interview using questions developed for use with

recent immigrants (Vissandjee, Thurston & Armaratunga, 2000). The purpose of in-depth interviews was to explore the complex nature of meaning which cannot be achieved through a questionnaire or semi-structured interview (Rice & Ezzy, 1999).

Question content was based on the social determinants of health being investigated: gender, neighbourhood, socio-economics, migration, and health. The interview guide was constructed based on the research questions and probes that the researchers believed would elicit relevant and detailed responses from the participants. Original wording of questions was developed during discussions with researchers currently involved in research with recent immigrants and context effects on health. Simple description of events leading up to and during migration was asked at the beginning to put the participants at ease during the interview. Open-ended questions were meant to promote discussion rather than be used in a structured format.

The interview guide was initially piloted with peers and modified during each interview for appropriateness and ease of comprehension. Earlier interviews in particular were analysed for gaps in the interplay between the determinants of interest. As the interviews progressed, the guide was modified slightly, for instance, demographic questions were moved to the beginning of the interview as this allowed the participants to become more comfortable talking to the interviewer. The subjects chose a comfortable location for the interview, usually their homes, but occasionally at immigrant service organizations in the inner city. Interviews were tape-recorded and transcribed verbatim by experienced transcriptionists. Each interview was carefully reviewed and the transcript edited by the researcher.

Other sources of data included a journal kept by the researcher, field notes and memos recording the processes and ideas involved in the data analysis. These were used to assist in the analysis by providing a record of all interim conclusions and questions which arose during data collection and initial analysis.

2.7 Data Analysis

The social determinants of health of interest to this study (socio-economics, gender, migration and context) formed the basic outline of a coding template. This template was shaped by the analysis work, and themes and sub-categories were based on the data from interviews with eleven subjects (Miles & Huberman, 1994). The links and connections between and among areas of interest were not clearly understood prior to data collection, therefore this study involved inductive analysis, following the process in Figure 1. The most important aspects were crystallized out of the data (Maltreud, 2001).

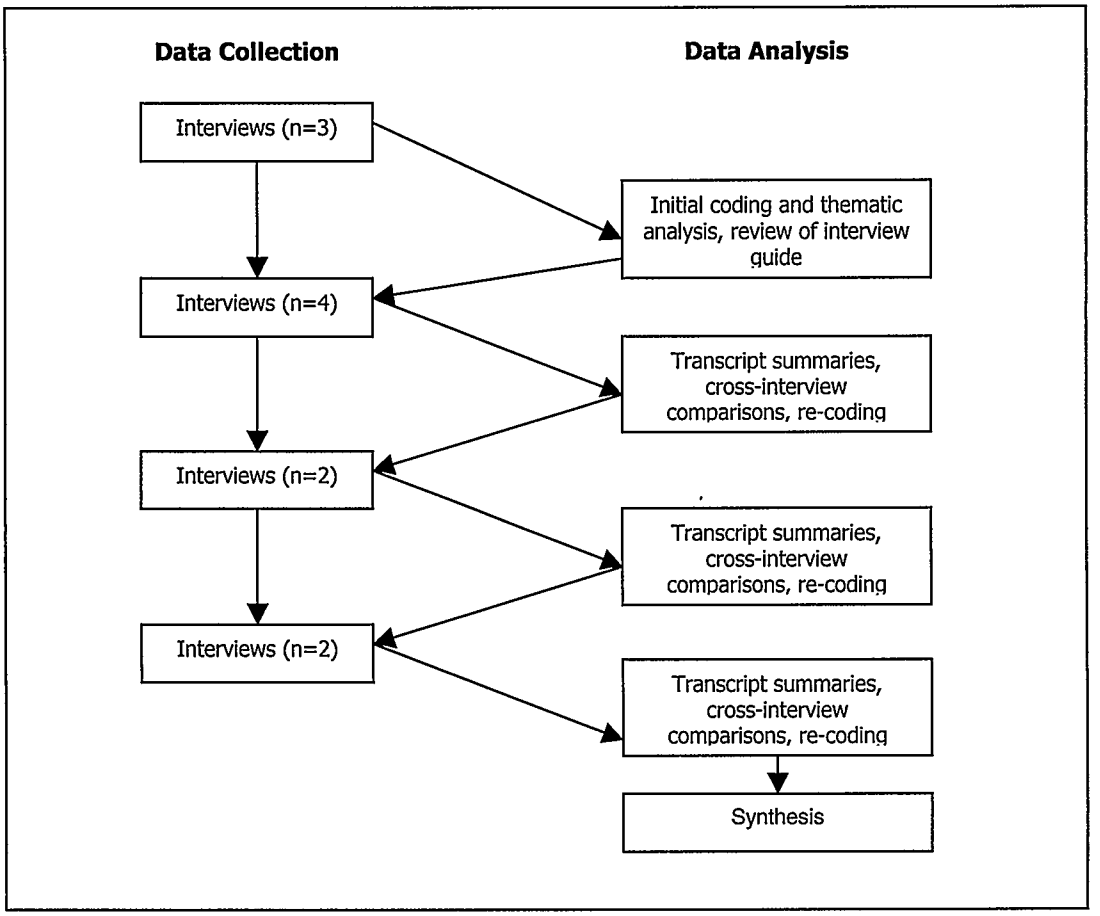

Figure 1: Diagram of research process

A preliminary read-through of the transcripts allowed the researcher to obtain a sense of the overall data (Creswell, 1998). The data was read into QSR N6 software, a code-based theory building program to assist data management in qualitative research (Weitzman & Miles, 1995). QSR N6 allows the researcher to examine data line-by-line, search for themes, categories and cross themes (Creswell, 1998). The research supervisor also did preliminary coding. Each transcript was summarized using an adaptation of Miles and Huberman's template of case summaries (1994). This facilitated reduction of data and identification of themes common to many transcripts. Analysis involved decontextualization and recontextualization allowing excerpts of the text to be examined

for meaning, both on their own and in the context of the whole text (Maltreud, 2001). When data collection was complete, basic statistics were computed to describe and define the sample.

2.8 Rigor

2.8.1 Reflexivity

The researcher's background affected what she chose to investigate, and also affected the data collection and analysis process (Maltreud, 2001). Prior to data collection, the researcher was interviewed by a research assistant working in the Department of Community Health Science at the University of Calgary, enabling her to record, transcribe and bracket her own assumptions and biases. This allowed the researcher to be more aware of personal beliefs, values and expectations of this research project. Bracketing is commonly used to help qualitative researchers gain awareness of their own feelings and perceptions in order to minimize personal biases driving the development of the analytical framework (Miles & Huberman, 1994).

Throughout the data collection process, the researcher kept a journal of her thoughts to record the processes involved in developing and linking themes during analysis. Journalling helped the researcher be constantly cognitive of her expectations, assumptions and biases throughout data collection and analysis. Focusing on why she had certain expectations allowed the researcher to identify and deconstruct as many assumptions as possible. The researcher constantly looked for the effect of her experiences and values on the research process (Maltreud, 2001).

2.8.2 Procedural Rigor

Procedural rigor is the process of recording how findings were reached in a qualitative study (Rice & Ezzy, 1999). The researcher recorded decisions, reflections and connections she found in memos saved as text files within the N6 project file. These memos played an important role in recording the processes involved from gaining access to subjects, in self-reflection for bracketing, through the interview process, and during analysis. The collection of information and the reasons for drawing conclusions were carefully recorded and saved as memos so that the process of analysis could be retraced.

2.8.3 Transferability

Transferability is the extent to which findings can be applied to other groups (Maltreud, 2001). In qualitative research utility of the results is partly achieved through rich description of the sample, but also by discretion of the reader. The sample included women from several different countries and regions of origin, of different ages, marital status and amount of time lived in Canada. The sample has been carefully described in the results section to allow readers of the research to judge applicability to other situations and locations.

2.8.4 Credibility

Credibility is the criterion judging whether the reality of the respondents is similar to the reconstructions of reality attributed to them (Guba & Lincoln, 1989). Credibility is the accuracy of data collection and presentation. This was achieved through what Guba and Lincoln (1989) describe as engaging with a peer in extensive discussions of findings, conclusions, and tentative analyses. Several researchers were able to provide feedback

throughout data analysis. This feedback enabled the researcher to see aspects of the data that she may have otherwise overlooked.

2.8.5 Dependability

Dependability is parallel to the quantitative research concept of reliability because it is concerned with the stability of the data over time (Guba & Lincoln, 1989). While all qualitative studies undergo methodological shifts with an emergent design, these changes need to be tracked (Guba & Lincoln, 1989). Dependability was achieved for this study through joint coding and group discussions among researchers. Memos regarding data collection and analysis as well as any changes to the interview guide were recorded. All methodological changes were tracked to enable the researcher to ensure that changes were in line with the purpose and objectives of the study.

2.8.6 Confirmability

Confirmability is the ability to trace findings back to the data (Guba & Lincoln, 1989). Instead of objective truth, the conclusions for research using a constructivist paradigm are rooted in the data themselves (Guba & Lincoln, 1989). This was achieved through methodological discussions. Audit trails, evidence that the researcher kept track of all research events and findings, allows an outsider to follow the path of the conclusions reached (Morse & Richards, 2002). Memos, diagrams, and research meeting minutes were recorded and retained.

Data presented in the results section was interspersed with direct quotes from the participants. Using supporting sections of transcripts of what the women said, in their own words, allowed the results to be linked directly to the data. Presentation of quotes

throughout the results and discussion is one way of linking the data to the conclusions drawn, allowing conclusions to be traced back directly to the data.

2.9 Ethical Considerations

Before beginning data collection, the research proposal received approval from the University of Calgary Conjoint Medical Research Ethics Board. Anonymity for the subjects was ensured at all times by assignment of a code number that was used on all transcripts, data analysis, and written material. Transcriptionists hired to work on the project signed confidentiality agreements. Any identifying information was removed from data used in this thesis. Tapes of interviews and code number lists were kept in a locked drawer when not in use. Files with identifying names and addresses were password-protected on the researcher's computer. Upon completion of the investigation data will be secured for seven years by the supervisor as per University of Calgary policy.

Written informed consent was obtained from all the subjects prior to interviews (Appendix 2). Verbal permission to tape-record interviews was sought from all subjects before recording began. Consent forms were explained verbally to the subjects in cases where literacy levels or English language skills were not high enough to read and comprehend the form. One copy of the form was given to the subject and one retained by the investigator. It is believed that no harm has come from the interviews, nor was there any benefit such as financial compensation or in-kind gratuities. A list of support agencies was prepared ahead of time for subjects who expressed distress or were interested in learning about available services for immigrants.

CHAPTER THREE: DESCRIPTION OF RESULTS

3.0 Description of the Sample

Eleven women were interviewed for this study. Demographic data was collected at the beginning of each interview (Appendix 1). The participants originated from nine different countries with representation from South Asia (India), Africa (Mauritius), South-America (Suriname), Southeast Asia (China), Eastern Europe (Belarus and Romania), the Middle East (Iraq and Yemen), and North America (the USA). Three of the women spoke English at home, but only one of them spoke English as a first language.

The women interviewed ranged in age from 29 to 48, with a mean age of 37.2 years. The amount of time lived in Canada ranged from four weeks at the time of interview, to four years, with six women having immigrated to Canada in the past year. Nine of the women had landed immigrant status, one came as a refugee (and subsequently received landed immigrant status) and another was in Canada on a work permit. Primary reasons for coming to Canada were economic (n=5), and to give a better future to the children (n=2). Other reasons included to be with their spouse, for the adventure of experiencing a new culture, and political problems in their country of origin. For four of the women interviewed, Canada was not the first place they had lived besides their country of birth.

The sample was a highly educated group of women from urban backgrounds. No subject had less than a few years of post-secondary education, six had a bachelor degree, and three had a masters degree. The group had also primarily migrated to Canada from large urban areas. Six subjects came from what they described as a big city, and 4

subjects from a city. Only one respondent reported living in a town before migrating to Canada.

Of the 11 women interviewed, two reported not having a religion, one was Roman Catholic, five were other Christian denominations, one was Muslim, and two were Hindu. Of the women who had a religion, only two did not practice religious rituals. Four of the women who described themselves as religious practiced every day, while three of them practiced weekly or more often. Only one participant practiced religious rituals only a few times a year. The most common place for practising religious rituals was at home, with temple, church or mosque being the second most common place. Generally the women would practice religious rituals every day at home, and then go to a place of worship for festivals, special occasions or on the holy day. Among the sample, eight women said that religion influenced their health, reporting physical, mental and spiritual examples.

Only one of the women interviewed was single, the other 10 were married. None of the subjects lived alone, although one woman lived only with her young daughter. Eight of the women interviewed had children, three did not. Six of the women had only one child, and two had two children. The children ranged in age from 3.5 years old to 20. The mean age of the subjects' children was 10.5 years. Four of the women with children reported having someone to take care of the children when needed, while two did not have anyone to take care of their children. Sources of childcare were varied and women tended to use more than one source of childcare. Two women had neighbours who would watch their children, and two women reported using daycare, one woman had a family member who could babysit, one woman had a friend with whom she could leave her

child, one woman reported not having anyone to take care of her child. Only one respondent had a child who no longer lived with them. Seven of the eleven women felt that they got enough help around the house, and, several of the women interviewed believed that it was really only a woman who should be doing housework.

Only one of the women interviewed had not worked for a salary before coming to Canada, however five of the women had not worked for a salary since being in Canada. Sources of household income for the women interviewed were primarily from the spouse's salary (n=10), their own salaries (n=7), savings from their country of origin (n=6), student loans (n=1), and tax credits from children (n=1). The total annual household income was difficult for four of the women who had migrated very recently to calculate, because it was difficult to convert the past year's income to Canadian currency and market value. Four women reported not knowing their total annual household income. For those women who did report their income, one woman reported no yearly income, two women have incomes between $1000 and 5999, one woman had a household income between $20000 to 29999. These four women and their families were living far below the Canadian poverty line[2]. Three women had a yearly income of more than $60000.

2 Low-income cut-offs are the limits used by the Federal Government of Canada to determine poverty. Anyone below the low-income cut-off, also referred to as the poverty line, is considered to be living in poverty (Canadian Council on Social Development, 2002). The poverty line for a family of three living in an urban centre as large as Calgary is $29,290.00, and for a family of four is $35,455.00 (Canadian Council on Social Development, 2002).

3.1 Introduction to Themes

The first six themes were developed from the original coding template designed prior to the analysis. The template themes are socio-economics and employment, inner city, interpersonal relationships, institutional relationships, health, community, and gender. In addition to the template themes, four other themes emerged from the data. The emergent themes intersected with various sub-categories of the template themes. The emergent themes are expectations, acculturation, identity, and new roles. Template themes are presented in sections 3.2 to 3.8. Emergent themes are in 3.9 to 3.12. The overlaps among these are described in the Summary 3.13.

3.2 Socio-economics and Employment

For the women in the study, employment was closely tied to socio-economic status. Moving to a new country usually required buying a lot of basic necessities. The expense of setting up a home, compounded with the loss of net worth due to poor currency exchange rates, meant that the migration experience was a financial strain for the women interviewed. The experience can be, as Informant 03 described it: "Very very scary, too much pressure you know when we just came we very scared and we come here...and uh spending a lot of money." When jobs were not readily available and savings were dwindling, socio-economics featured prominently in the experiences of many of the women interviewed. The theme of socio-economics and employment contains several sub-categories: underemployment, shift work, systemic discrimination in hiring processes, coping with that discrimination, qualifications and courses, standard of

living, and fall-back plans. These subcategories will be explored in the following sub-sections.

3.2.1 Underemployment: Survival Jobs

Despite a high level of education from their countries of origin, most of the women interviewed could only find jobs in the service industry, which they took in the interim while looking for other work. Underemployment, a large discrepancy between formal education or experience and current employment, was common among participants. These jobs, referred to as survival jobs by two of the informants, were what the women hoped would be a bridge between the unemployment that resulted from their migrating to Canada, and a professional job or better employment. The term *survival jobs* was used to describe these kinds of jobs indicated that they were necessary in order to meet basic needs of the family, and also that they were temporary in nature.

> ...a lot of um, eh survivor job opportunities there. Yeah, it's very important because at the beginning when usually we had to, we had to make some money...Because in China you will have 500 hundred, 500 hundred Chinese everyday but ah, in Calgary only, less than hundred... Canadian dollars, so Yeah. In China maybe you are rich but here, you are poor.
>
> (Informant 05)

Survival jobs also allowed spouses to study English full time while the women earned a small income to support the family.

Low-paying survival jobs also allowed the women to practice and improve their English language skills. One of the informants described how the shift work allowed her to accommodate English language classes and family responsibilities. Some of the women were cleaning hotel rooms, others worked at fast food restaurants, while hoping to move out of the service sector and back into professional jobs for which they were

trained and which they used to work at in their countries of origin. Table 1 shows that migration generally had a negative effect on women's employment level.

Table 1: Examples of Pre and Post Migration Employment for Women Interviewed

Occupation in country of origin	Employment since migrating to Canada
Helping profession[3]	Shift work in a hospital initially then counsellor
Financial professional	Initially fast food restaurant then daycare worker
Financial professional	Cleaning rooms in a hotel
Chemist, then financial professional	Fast food restaurant
Homemaker	Homemaker and volunteer
Helping profession	Volunteer
Engineer	Student then sales associate
Financial professional	Not employed
Financial professional	Homemaker
Helping profession and homemaker	Homemaker
Computer programmer	Convenience store clerk

Survival jobs are attained in several different ways. One of the informants noticed a staff shortage at a fast food restaurant, which led her to ask for a job there. More frequently, however, a friend recommended the job to the women. Usually the friend who told them about the job was from the same country of origin or spoke the same first language. There seemed to be a network of acquaintances among recent immigrants in the service industry to help other recent immigrants get a job for the interim until better opportunities came up. One way of circumventing barriers to employment for the women interviewed was to find people in similar situations (i.e.

[3] The women's professions are very general for confidentiality. Financial professional includes economist, accountant, and financial analyst. Helping profession includes social work, counselling and teaching.

recently migrated from their own country of origin) and enlist their help in finding survival jobs.

One woman who worked at a fast food restaurant for her survival job took childcare courses while working. By taking the courses she was finally able to quit her job at the fast food restaurant to work in a childcare setting, a job she felt was more fulfilling, where the staff were more supportive. Optimally the survival job was only temporary, however many of the participants would have liked the survival jobs to be a short-term activity rather than lasting many months or years. A few of the women noted that a full-time survival job sometimes made looking for a new job difficult.

To go from a professional job with autonomy, decision-making power and creative challenges to a manual labour or service-industry job was difficult for many of the women to accept. Survival jobs, while they were useful in the interim, were also demoralizing and led to reduced self-esteem for the women interviewed.

3.2.2 Shift Work

Most survival jobs entailed working shifts. Shift work generally changed frequently, resulted in irregular hours, and entailed working nights or late evenings. Shift work often compounded the isolation of moving to a new place. The women described not being able to see their husbands for many days in a row because shifts did not coincide. The inconvenient timing compounded the hardship of working a low paying job.

> And ah, it was very difficult because I started at eleven to seven in the morning. And I had to work and work and bring in some income. So...I was put upon when I had to work that job...but that was the hardest part when I had to work that job. (Informant 01)

When wages were close to minimum wage of $ 5.90 per hour, (Government of Alberta, 2001) the women had to work longer hours to cover their living expenses. Several women spoke about being tired from employment but not having a choice. Survival jobs bridged a gap of unemployment, and did not require a high level of English language, but came with a price.

3.2.3 Qualifications and Courses

Underemployment seemed in many cases, to be a vicious cycle in which the women were caught. Qualifications referred to the education and training the participants had before migrating to Canada, and courses were one way women tried to increase their employment options after migrating. Without Canadian courses, recent immigrants could not find work, but without the income from working they could not afford courses. This catch 22 frustrated several of the participants. This woman spoke about her husband's frustration: "Ah he he I think he going not to get a job without courses, and they want course, but ah courses are so much money"(informant 09).

Employers or potential employers of recent immigrants required the necessary qualifications, and often demanded additional courses from immigrants. Even if courses had been taken, the women reported that employers want Canadian experience. These frequent requests from potential employers frustrated many of the participants, and they reported seeing this same frustration in their husbands. While most of the women believed that they should take courses to upgrade their skills, most had expected years of experience in their fields and post-secondary diplomas or degrees qualifying them for work in their area to be honoured.

3.2.4 Systemic Discrimination

Systemic discrimination in this study refers to the meso and macro level instances of discrimination as described by the participants. The first experiences looking for work and finding employment were not usually what recent immigrants expected. The women described frustration at, and difficulty understanding the systems or processes involved with finding work in Canada. Generally the women had tried a number of different strategies to obtain professional employment in their field, and were aware of many job opportunities through newspaper advertisements, however their efforts had been unsuccessful.

After using several different strategies to find employment in a professional job, several of the women began to realize that hiring practices did not only depend on qualifications and experience. Women spoke about barriers against hiring them because they were recent immigrants, not Canadian citizens:

> ... I think about that I should work...I, I deserve to have a nice job in fact I understand the situation with that. You don't mix. I just accept it. I just unlikely to get a job offer. That's what I understand. I mean here is expectation I would have a wonderful life, but in real life we always not really match your expectations. I accept that...
>
> (Informant 07)

This informant had a graduate degree from a Canadian university, which made her one of the more likely candidates for professional employment in Canada among the participants. The women did not, in general, talk directly about discrimination by employers. However, running through most of the interviews was the expression of frustration at jumping through all the right hoops (such as taking English language courses, upgrading skills and making a Canadian-style resume) and still not finding

employment despite being so highly educated and experienced. Ways of overcoming discrimination in hiring practices and promotions included taking survival jobs with other recent immigrants, taking courses, volunteering in their fields of experience, and improving English skills.

3.2.5 Resilience: Coping Strategies and Hope

Participants spoke about different attitudes and behaviours that helped them cope with the frustration, stress, and challenges of migrating to Canada. All of the participants were successfully coping with these adverse circumstances, thereby showing great resilience. One definition of resilience is the ability to rapidly recover from a stress or shock (Allen, 1984). In this study, the stress was the process of migration. Some of the strategies employed by the recent immigrants interviewed were to take work experience programs at local colleges, to improve their English language skills, and to upgrade their skills through new courses. Seven of the women were taking or have taken English as a second language classes, driving lessons, or skill upgrading courses. One common way to try and gain employment experience in Canada was to work as a volunteer. Several of the women were volunteering at immigrant service organizations or their children's schools.

One of the strategies commonly used by the women interviewed was optimism. A conviction that this state of underemployment was only temporary helped many women keep a positive outlook despite frustrating circumstances:

> ... now because we are we are looking for job and maybe we sometimes we ah, frustrate about the the situation but uh, um I think uh, I believe we will find job. (Informant 05)

There was a very high level of resourcefulness among the women interviewed. People who did not know anything about services available or the steps necessary to find a job were quickly able to locate resources by reaching out to people they had contact with daily, seeking out opportunities for themselves. Many of the informants had met and developed relationships with other recent immigrants who were able to help. The network of recent immigrants who had survived similar experiences was a source of support and assistance for many of the women interviewed. Taking control of the situation as quickly as possible by being proactive towards finding satisfying employment was a common thread running through many of the interviews.

3.2.6 Standard of Living

Standard of living in this study describes the purchasing power, relative wealth and economic status of the respondents. Recent immigrants were not just comparing themselves to other people in Canada, they were also comparing their current standard of living to their standard of living in their country of origin before immigration. Different respondents measured the drop in standard of living through migration in different ways. Generally women believed that it was a temporary sacrifice of standard of living for future gains.

Several of the women described the health and other benefits they received from working in professional jobs in their countries of origin. Working in minimum wage or service-industry jobs, the informants did not have employee benefits, such as dental care, drug plan, or paid holiday time. Fewer employee benefits was one way the women described a lower standard of living compared with their lives in their countries of origin.

Similarly, being able to purchase large items, which reduced the amount of time spent on housework or schoolwork, was a way people measured their standard of living:

> No, [here in Canada our standard of living is] lower, we don't have a car, we don't have a computer, we don't have lots of things... We don't have washing machine. (Informant 03)

Comparative statements such as the one from this informant were quite frequent throughout the interviews. A few women also spoke about not being able to afford more expensive organic food, whereas in their countries of origin, organic food was the norm. For these women, what had been readily accessible and affordable in their country of origin had become a speciality item, only available to those with higher incomes.

Lack of choice was one way people described their lower standard of living. Only being able to afford low-rent housing, not being able to go out and enjoy entertainment, and not having the mobility and independence of owning a vehicle, were all ways the women described a reduced amount of choice.

Despite a lower standard of living in Canada compared with what they were used to in their own countries, several women had developed positive ways to frame their experiences here. A couple of women saw migrating to Canada as a chance to escape boredom and seek adventure. Other women realized that they no longer had to save all their money in anticipation of migration. Most women accepted the interim lower standard of living believing that in the future things would improve. These various coping strategies are emotion-focused (Lazarus & Folkman, 1984).

3.3 Place: Inner City

The effect of place (i.e., neighbourhood) on participants' health consisted of not only physical attributes, but symbolic attributes as well. The reputation and impermanence of living in their current location characterized life in the inner city for most participants. Sub-categories in this theme include the temporary state of living in the inner city (related to housing tenure), car ownership, and neighbours.

3.3.1 Impermanence

"I really would advise somebody come to Canada new to live in, to stay in downtown at beginning. But then I think, to move away" (Informant 01). Living in the inner city is characterized by impermanence. All of the women living in the inner city were renting apartments, several had already moved away from the inner city in the time they had lived in Canada.

Women frequently noted that they were planning to buy a house in the future. Houses seemed to represent a more permanent relationship with the geographic space, and symbolized belonging. There was a clear juxtaposition between the women's feelings towards their current rental accommodation, and the houses that they planned to move into. Apartments were, like survival jobs, a temporary situation. For some families, temporary was a matter of months (e.g., Informants 03, 05, and 11), whereas for others, it was a matter of years (e.g., Informants 01, 02, and 09). Rental accommodation reinforced the impression that life in the inner city is temporary, a first landing place from which to move away once life has stabilized in the new country.

Several of the women had lived in houses previously, however, more than half of the informants had lived in an apartment once they moved away from their parents'

home. Three of the participants had been supplied living accommodation by their employers prior to migrating to Canada.

Renting apartments brought up issues for the women interviewed. One family mentioned how they had had difficulty finding an apartment initially because both she and her husband were unable to provide proof of employment, and they were unable to find jobs (Informant 09). Another informant recounted a negative experience she'd had when a landlord tried to trick her:

> Yeah kind of too bad for me I feel bad about it. Why do that if you just cannot be... not reliable, easy to deal with, dealing with...right. You tell me you offer that - you tell me the price, why just change that? And when I called it here I mean, go through the Chinese, so I called her to ask her did anybody come over to view your apartment? He said ah, no. That's means the landlord is ah cheating on us. (Informant 07)

These examples of negative experiences with rental properties and landlords indicate that finding and securing housing could be a struggle. This struggle could be compounded when women do not yet have employment and have difficulty speaking and understanding English.

Not all experiences with landlords were negative. Some landlords, according to participants, recognized the struggles associated with migrating to Calgary and were much more helpful: "... we chose this apartment and ultimate the apartment manager and building manager, they help me many things. They gived our furniture they furniture, yeah and they always help me to going here and there, they are the nice" (Informant 04). Negative and positive experiences tended to depend on the personality of the landlord, who had the power to decide whether or not the women and their families could be tenants.

Renting an apartment rather than owning a home exaggerated the sense of impermanence in the inner city. The participants related stories of negative experiences with landlords, and plans to move to other areas of the city. One of the informants mentioned that living somewhere temporarily made her less willing to invest emotionally in that area, contributing to a reduced sense of community.

3.3.2 Reputation

The inner city, or downtown as it was referred to by several participants, is an area which is associated with several negative, neutral and positive attributes which have become geographically bound stereotypes. Several of the informants contradicted themselves during the interview when discussing the inner city where they lived and what they wanted from a neighbourhood. On the one hand women had support networks and access to services within the inner city, and on the other, they did not feel like downtown was a community. While several women suggested that buying a house in a defined residential neighbourhood would lead them to feel that they were part of a community, they would describe how certain current neighbours were close sources of support and friendship.

The term downtown[4] held some assumptions and connotations which participants, who may not have been aware of them upon first arrival, frequently mentioned. Downtown Calgary has a high concentration of homeless people, needle drop boxes, and prostitutes. Many of the women discussed their experiences with these inner city elements. "Sometimes, ah sometimes I'm scared from them [homeless people], because they came close, they are drinking...They are, they are begging for money..." (Informant

[4] The researcher used the term inner city however women chose to identify the area they lived in as Downtown. These two terms denote the same geographic area.

09). The dangerous elements of the inner city were not always salient aspects of the immediate environment of the women's apartments. Several different informants, however, described encounters when they had been frightened but, were quick to note that nothing bad had happened during the encounters.

Another very different aspect of the inner city's reputation, according to several of the participants, was the notion of the inner city as a business district. "...Downtown is very compact it's mostly for business people that just are going to work and coming back to their apartment..." (Informant 01). This same informant identified her closest friends and sources of support as neighbours, not only in the same area but also in the same building. Although the informant did not identify the inner city as an area that was likely to form a community, she described having all aspects in the inner city which, to her, made up a community. The reputation of the inner city seemed to be stronger than the lived experiences.

The reputation of the inner city shaped how the women who lived in the inner city perceived their area. These reputations of the inner city reinforce the temporary nature of living downtown and made the women feel less a part of a neighbourhood community. Women often expressed that to live in a community (used here as the ideal neighbourhood with a high level of social interaction) they must re-locate out of the inner city.

3.3.3 Access and Car Ownership

Access to affordable transportation (namely Calgary's rapid transit train line, which is free in the downtown core) and services within walking distance, were important for those who moved to Canada without the extra money to buy a car. Not having a car

meant that walking and public transportation were the only ways of getting around. The closer the services were to home the easier it was to access them. This was another important motivation several informants reported for their choice to live in the inner city initially.

Every informant spoke about liking the accessibility to walk-in clinics, immigrant service organizations, government buildings, and work (particularly survival jobs). English as a second language classes were also located within walking distance of the inner city. Without a car, there is no other area of the city with equally easy access to such a wide range of services.

3.3.4 Neighbours

Several women said that the inner city was not a community because it was lacking the social aspect that they thought was necessary for a community to develop. However, most of the women also mentioned certain neighbours as sources of social support. Neighbours were friends of participants who lived in the same building or in the same local geographic area as the participants.

Participants usually met neighbours through chance encounters in the hallways and elevators of their buildings, or out on the street. Meeting neighbours, for some women, was very easy as they took opportunities at chance encounters to introduce themselves, or noticed someone speaking their native language and initiated a conversation. "Yes, we have a neighbour which um has her own daughter about my son's age" (Informant 03). This woman described a common phenomenon of children providing a mechanism for their mothers' to meet other mothers in the neighbourhood.

Other women found accessing neighbours a bit more difficult. One woman moved away from the inner city and spoke about how she met her neighbours and they seemed nice, but that she did not completely trust them yet (Informant 06). One woman described how most of the people in her building were single males, to whom she could not relate because of her background, and that she was married with two children. Another woman who lived on the fringe of the inner city in a more residential neighbourhood expressed how difficult it was to meet neighbours until she attended an organized community event.

Inexpensive housing resulted in some negative experiences with neighbours for some participants. Poorly constructed buildings allow sound to travel. One woman worried that her son would make too much noise, causing problems with other neighbours. Another woman said:

> ...nuisance with is my neighbour just cause of that. He's cooking lots, he's just um, make the alarm. I'm always running around when dudududu you know the alarm kind of terrible and especially at night and... I'm not sure - just one night that he just caused all the building alarm, but the fire fighters came over. (Informant 07)

Living in a low-rent apartment with many other tenants can be stressful and result in disturbed sleep and anxiety. Although generally women related positive stories about other people living nearby or in the same building who became friends and sources of support, there were negative aspects of neighbours, especially in inexpensive housing.

3.3.5 Physical Environment

The women described a range of physical properties of the inner city which were sources of frustration or solace. The women's background affected how they viewed the

physical characteristics of the inner city, particularly when comparing their present situation to the situation in their country of origin.

Traffic noise was a common complaint about living in the inner city by the participants. Living close to C-Train tracks or along emergency vehicle routes was frequent, and the noise from these services often disturbed the sleep of the women or their family members:

> I so, I, I don't put enough attention to the noisy or something, but my husband, told me this many times and eh, he said I, I am, yeah we, we have to, we have to move away, if we continue living here I, I'll be crazy. (Informant 05)

Summer was the worst time for noise because people opened their windows. Several of the participants merely got accustomed to the noise, or coped by keeping their apartment windows closed during the day.

When recent immigrants moved from less crowded environments, they tended to view the inner city as crowded. Many of the women, however, migrated from countries with much higher urban population densities, and felt that even the inner city of Calgary was spacious and open. Whether or not the women identified crowding as a problem was based on their prior experience.

Although in apartments there was no space for gardens, many of the women interviewed spoke about the positive health benefits of green spaces within the inner city. Calgary has parks lining the river on both sides, and these were readily accessible to women living in the inner city. For one informant, trips with her son to the park were the highlights of her time in Canada:

> Yes we have park next to our house it's so nice. We went there all the winter long. We saw ducks and the goose and we stayed there. We found a bench (laughing). We had our bench in that park and um I like in the um

in the summer is nice because a lot of green you know... (Informant 03)

Being able to find some green space and parks within the very centre of the city, with all of the reputation and elements of the inner city which had negative connotations, was very important for several of the women. Green space provided solace and peaceful times for several of the women interviewed.

3.4 Interpersonal Relationships

The process of migrating to Canada affects personal relationships both in the country of origin, and new relationships in Calgary. Acculturation overlaps with this theme, leading to changes in level of support, feelings of protection, resistance and discrimination. The sub-categories identified within this theme are spouse, children, co-workers, neighbours, ethno-cultural community members, and family in the country of origin.

3.4.1 Spouse: Protection Versus Support

Several different patterns emerged when looking at the change in relationships between the women interviewed and their spouses during and after the migration process. Depending on the circumstances of the decision to migrate, the experience could either bring couples closer together and change the nature of their relationship, or could lead to tension and feelings of inequality within the relationship. For women who had already lived in a second country with their spouses before migrating to Canada, changes in the relationship in Canada were not mentioned.

Several of the women described being closer to their husbands post-migration. When the situation between the women and their spouse changed, the couple was able to

interact on different terms. Participants described more freedom and flexibility within their relationships in Canada compared with their countries of origin where they were surrounded by a large extended family that had expectations for the couple. For example Informant 01 described how in Canada her relationship with her spouse had improved "...it's [the relationship with her spouse] been pretty more relaxed. More flexible." Similarly, informant 02[5] reported that through the experiences of being a refugee and later as a landed immigrant to Canada, her husband had become her whole family which brought them closer together as one another's primary source of support. In response to questions about being lonely, she replied, "my husband's here" (Informant 02). None of the women for whom migration resulted in a closer relationship with their spouses have children.

Two of the participants migrated to Canada while single. One unmarried participant believed that her friendships and relationships were more equitable in Canada, with a balance of support and understanding. The participant who married a Canadian found he was her most important source of emotional support. The experiences of the single women are similar to those of the couples who became closer in that they were able to explore relationships on different terms with more flexibility than they felt existed in their countries of origin.

For other women interviewed, however, the process of migration created stress and tension in their relationships with their spouses. All of the women who said migrating had created more stress in their relationship, had at least one child. For the women with children, tension frequently resulted from one partner deciding to migrate while the other partner was reluctant. Tension was also created through changing roles

[5] Informant 02 was interviewed jointly with her husband.

and division of labour, the stress of not being able to find professional employment, and of suddenly being poor. One woman described feelings of resentment between her and her husband because time was so limited due to long work hours at survival jobs. Each partner felt their spouse was not keeping up with their household responsibilities (Informant 03). Another woman who had been the catalyst for migrating worried about her husband's frustration at not finding work and reported this had created tension between them (Informant 05). These examples are similar to several other women who migrated here with children where the couple had not decided together to migrate but one person had initiated the migration and the other followed their spouse.

Women spoke about how their husbands were upset at not finding work and talked about how they hid their own negative emotions to try and keep the relationship together and to protect their husbands. There was tension which the women had to resolve between needing their spouse to be a confidant, a source of emotional support, and keeping their spouse protected from their own frustration.

3.4.2 Children

For the participants who had children, their children's well-being was paramount. Several of the women described feeling happy here because their children were also happy here. The most common reason for migrating was for a better future, so being pleased with their children's education and seeing their children adjust to life in Canada quickly reinforced that the family had made the right decision.

Mothers spoke of their children adapting to the new circumstances in Canada:

> ... he since he [pause] adopt a life here and [pause] just like in his brain ...In the past, maybe 90 % yeah, um, [pause] was, ah was is...all relatives in China, but now gradually change to maybe 10 percent, 20 percent and the other 80 percent is is the life he has here. (Informant 10)

Exposure to peers through school or daycare, contributed to the children's happiness and ability to adjust to Canada. Several of the participants' younger children used to spend a lot of time with adults, at in-laws' or extended families' houses, whereas in Canada they were in daycare. One mother described how when her husband mentioned moving back to their country of origin, her youngest son declared that he would stay in Canada because he liked it here better. Schools or daycare centres that the parents are pleased with, and groups of peers seem to make the transition easier for children.

3.4.3 Co-Workers

Co-workers were a common source of social support for the participants. Co-workers of participants working in survival jobs provided empathy and support because often they were in a similar economic and social situation. In professional jobs, co-workers had work interests in common with the participants, which provided a reason for building a relationship. Often participants would meet one person at work who would then introduce them to more of his or her friends. Sometimes spouses' friends from work would lead to friendships between the wives.

For the women who worked, co-workers were a readily accessible source of acquaintances and friendships. When co-workers were also recent immigrants it created a feeling of camaraderie and mutual understanding. Not speaking English as a first language was a frequent barrier to meeting people and developing relationships. Making friends who also did not speak English as a first language could be reassuring and comfortable: "It's like he, he he's like, uh the same we because he don't ah have English good" (Husband of Informant 02). Often survival jobs were a way for people to meet

other recent immigrants, particularly in the inner city. Linking in to networks of other recent immigrants sometimes led to information about services, and accessing resources.

Canadian born co-workers were also sources of friendship and social networks. Although this did not happen with every informant, occasionally friendships developed through a co-worker who introduced the participant to other friends. One participant who was a housewife described how she met friends in Canada through her husband's work:

> ...my, ah [husband's name] know everybody, because um... she[her husband] goes to office everyday. And she there she makes many friend... (Informant 04)

3.4.4 Ethno-cultural Group Members

Entho-cultural groups were established because of a common language spoken, religious beliefs, country or region of origin, or skin colour. These groups were usually a source of support from people who had experienced migration and could relate to the struggles of the women interviewed. These groups did not tend to be a primary source of support. The ethno-cultural groups were, in several cases, a way for the women interviewed to keep a connection to their country of origin or their original culture while in Canada, but were not a source of close friends.

Several of the women joined ethno-cultural groups to continue celebrating their traditional festivals, and because members of the group could relate to each other on a different level than they related to Canadians.

> I guess when you move to a place and you have people of your own background, they, become part of a community...I do like, I would love, I, I do belong to the [country of origin] society that we have here in Calgary. There are about 200 [people from her country of origin] here. (Informant 01)

None of the members of this society were the respondent's close friends.

Other respondents have used ethno-cultural communities as a resource to help ease into the transitions necessitated through migration. One respondent described initially moving into the area of town where Chinese-Canadians tended to live and have businesses because she could speak Mandarin, read Chinese newspapers and find the foods she was used to. After the initial settling in for her family, they moved away from Chinatown in order to integrate more into Canadian society.

One woman found her Canadian acquaintances more helpful for learning about accessing services or negotiating difficult situations such as finding employment, than her friends from their country of origin. When discussing accessing services, she stated "I I found um, some sources of help ah was anything in Canada from Canadian from my school more than [country of origin] family..." (Informant 09). Several participants expected that the people who had experienced similar stresses of migrating to Canada would be more equipped to help, but this was not always the case.

At one end of the spectrum, societies and ethno-cultural groups were informal gatherings of people with similar backgrounds celebrating aspects of minority cultures in Canada. On the other end of the spectrum, these groups could insulate recent immigrants from Canadian society or act as an intermediary space before integrating into Canadian dominant culture.

3.4.5 Family Members Back in the Country of Origin

All of the women, even the woman who came as a refugee, described continuing relationships with family members in their country of origin, and used technology to keep in touch. The amount of support from families living in the country of origin varied between the women. Again there was tension between needing the emotional support of

their families, and protecting them from worry and stress by not disclosing difficulties or problems.

Lack of understanding of norms and values in Canada often led women to filter the information sent to their families back home:

> Yeah, no problem because I tell her I never a lie. I never cheat- er, hiding something like that's my poor friend always say, why do you tell your mom like this thing? Because I told my mom can't understand what I mean. He said why you tell your mom because he, she don't know what the Canadian tradition. She don't know there. (Informant 07)

One woman's close relative passed away after she migrated. This woman not only felt she needed to protect her family back home from her problems in Canada, but expressed guilt at not being there for her family.

By hiding feelings and worries from both their husbands and families back home, emotional support outlets for many of the women interviewed were limited. Lack of emotional support outlets led to increased worrying, difficulty sleeping and additional stress for several of the women.

3.5 Institutional Relationships

Recent immigrant women had contact with several institutions throughout their daily lives, and the migration and acculturation processes affected some of the ways they related to these institutions. The sub-categories within this theme are religious institutions, governmental institutions, the educational system, the health care system, economic institutions, and non-governmental organizations (specifically immigrant service organizations).

3.5.1 Religious Institutions

Participants usually spoke about faith from a religious perspective, be that Christian, Muslim, or Hindu. Throughout the processes of migration and acculturation, times of intense personal change, one constant for the women seemed to be faith. There was only one woman who said that she attended church more often here, and her increased attendance was primarily for a sense of belonging to a group of people and social support.

The women who used to go to a temple or church before migrating to Canada were, for the most part, able to find a similar institution to attend in Calgary. For some of the Orthodox women, the language of the service was different but usually understandable. Some women substituted one Christian church for another. However, the role of the church in their lives did not change: "It doesn't matter, I now go in the Catholic Church, they believe in one single God and it doesn't matter" (Informant 03). The women were, for the most part, able to practice the amount and type of religious rituals that they were accustomed to, with some flexibility in the language of services.

Two women did not feel that they had had religious freedom in their countries of origin and were exploring religion here in Canada. Their exploration was more for general knowledge rather than spiritual connections or spiritual health. One woman was exploring Christianity because she found the members of a friend's church welcoming and attending church gave her a sense of belonging. Another women was learning about the Bible for a different reason:

> [I am] interested to to get some[pause] knowledge about Bible. And other reason mmm, is really hard for me to reject them to come to my home. They are, they're really nice.
>
> (Informant 10)

While the religious prothelesizers may be exploiting a situation, the informant learned about a subject she has not had the freedom to explore in her country of origin.

When options for discussing problems with spouse or family back in the country of origin were limited, religious beliefs often provided solace for the women interviewed. Regardless of religion, the benefits of prayer for the women who were religious were similar: "Yah, because, ah, you know when you pray for God everyday, you are... talk with your feelings, anything...If your God to to help you to to meet this suffering, with ah your pain. That uh suffering of your pain" (Informant 09). The significance of prayer for the women who described themselves as having a religion was twofold: not only could they share their innermost feelings and problems, but they could feel that there was a supreme being which could ease or at least share their pain.

3.5.2 Governmental Institutions and Private Enterprise

The governmental institutions that the participants were in contact with, were public enterprises and services, whereas private enterprises were privately controlled businesses, usually focused on generating profit. None of the interviewees reported being on welfare at the time of interview. Once the women and their families had immigrated into Canada, and received their visas, their contact with the government was still primarily based around finances. The women's relationship to private businesses, however, was based around access.

The level of satisfaction with the amount of government assistance varied depending on the previous experiences and expectations of the informants. One refugee couple had nothing but positive things to say about the government due to their low expectations. When describing how life here is better than their previous situation, one

informant's husband said, "Because the government, do not forget, the government, we have they" (husband of Informant 02). This couple felt that if things got out of control for them they had the security of the government, and so life was not as precarious as it might have been in the past.

Conversely, the women who came from countries in which their housing, health care, and daycare were covered by the government had a different view. While these women did not expect the same amount of support from the Canadian government, they all commented on how here they now have to pay for many more things than they were used to in their countries of origin.

Private enterprise was mentioned primarily in the context of finding employment: "...sometimes I um I feel like, like I never find a good job here...Because of the system" (Informant 03). The way employers gave preference to Canadian employees is in part because of policies that did not recognize the qualifications of many recent immigrants.

3.5.2 Health Care System

The health care system, as used here, encompasses all publicly funded preventative and curative health services available in Canada and the administration required to run them. Many participants accessed the health care system at some point in their stay in Canada, either for themselves or for their children. Health care systems are accessed differently in Canada than in the women's countries of origin. Several participants had to learn about the different roles of health providers here in Canada.

Initial point of entry into the health care system was usually through a walk-in clinic or 8th and 8th Health Clinic (the only 24-hour emergent health care centre in the inner city). Some women mentioned that they were happy with the level of care at the

walk-in clinics. Women who were not satisfied with walk-in clinics found a primary care physician.

Almost all of the women preferred to have female physicians, and many wanted to have immigrant physicians: "When you have something, like, other, something very primitive like talking about yourself you need somebody from your back home" (Informant 01). All but one of the women who wanted a female physician had been able to find one with the help of friends or acquaintances, or through the walk-in clinics (particularly through 8th and 8th Clinic).

Communicating with physicians was, in several instances, very difficult. Occasionally family members of friends of the family accompanied the women and acted as translators. Although none of the women reported that they objected to this method of translation, most subsequently resorted to trying to understand on their own. This problem was partially resolved once the women's English improved.

For some of the women, the role of different health care practitioners in Canada was different from their expectations, and they were confused by the role of a primary care physician, "...because we have family doctor. I think it just keep our, um, medical history or something and give some advice" (Informant 05).

Several women mentioned the role of primary care physician as gatekeeper. Women were used to being able to access specialists directly and initially did not understand the purpose of the primary care physician. One woman described it as a paternalistic system that took the control away from individual patients (Informant 11), however this opinion was not expressed by any of the other women.

3.5.3 Non-Governmental Organizations

The non-governmental organizations which were discussed during interviews were primarily non-profit immigrant service organizations. The recent immigrants interviewed had positive things to say about their experiences with immigrant service organizations. Several women were surprised by the amount of assistance offered by various organizations. With all the negative experiences of looking for work and struggling with language barriers, immigrant service organizations were places where staff understood the women's struggles and tried to assist them, often with an insider perspective.

Canada had a reputation for many of the women as an "immigrant land" (Informant 06) prior to arriving here. Most of the respondents were surprised at how helpful the people at the border were, and how well connected services were in Calgary. Most participants learned of immigrant service agencies through immigration staff at their point of entry to Canada, or from other recent immigrants. All of the women in the study (except one from the United States) had accessed services at several different immigrant service organizations for English classes, help with job searches, résumés, or daycare. The two women who had professional jobs worked for immigrant service organizations. All were pleased at the level of services geared specifically at immigrants:

> I mean, helpful in a way that, um, you're going to get your resume by a, by a counsellor, they've been fine, they've been helpful. There's so, there's so much in this city here that you can do and so much of help that we can get. (Informant 01)

Problems arose when immigrants tried to interact with services outside the immigrant service organizations. For example, finding jobs, and securing apartments to rent, were challenges. Although the women described support from these organizations,

often what they wanted most was to find a better job – something the immigrant service organizations did not necessarily have funding, mandate, or power to provide.

3.6 Health

When asked what was important to them in order to stay healthy, many women gave health promotion message responses: exercise and proper diet. However, with further probing the women revealed a deeper understanding of the concept of health. This concept was not the same for everyone, even for those women who came from the same country of origin. Similar elements throughout the interviews were the notion of a holistic approach to health, what the women should be doing for their health, what mechanisms they used previously to maintain health (particularly through local diet in their countries of origin), and the obesity they have noticed in Canada.

3.6.1 "Eat Right and Exercise"

Almost every informant responded in a similar way to questions about what they did to maintain good health: "That's when good healthy food, and, and take a nap or to go to sleep early and sleep" (Informant 04). There was little variation in answers between getting exercise, eating healthy foods, and sleeping enough. Two or three of these health promotion message-type answers surfaced in every interview.

One woman described going for a Pap test regularly now, but not having been aware of the risks prior to migrating to Canada. The health promotion messages were remembered and acted upon by the women:

> Well I'm not scared, but it's like I have, or I think I have something or whatever, in my system I will really go down to my doctor's office. And, ah, you learn more about diseases here. Because, more than in the Western. And ah, you become

more cautious. (Informant 01)

In targeting preventative behaviour, the health promotion messages had increased the amount of time this informant thought about her health. Health promotion messages seemed, in some cases, to increase the amount of worrying about health.

3.6.2 Holistic Health

Generally in conversation about health, women described aspects of health which were connected or in addition to purely physical health. Although several people described the interconnectedness of mental and physical health, this informant described it particularly succinctly:

> Mm, being healthy...first of all um [very long pause] being able to make ah decisions [long pause] um, have a good um, physical, you must be physical all right, ok. And um, having good food, um, a good, uh, healthy environment. (Informant 06)

Not only a healthy physical environment, but an environment in which there is freedom, support and love. Several participants spoke about not quarrelling within their families as an important aspect of maintaining health. Prayer was a common method of achieving inner peace and relieving the burden of worries and problems. Other women mentioned how relieving stress was one way to cure minor illnesses like headaches or flu-like symptoms. All of these women described examples or manifestations of how physical and mental health were intertwined.

One participant said she did not think about mental health because she'd never had a problem with it. Later, however, she described confiding in close friends and her husband to relieve stress and work through problems in her life. Mental health for that woman had more negative connotations than it did for other informants.

3.6.3 Body Image and Obesity

Weight and the women's perceptions of their own bodies surfaced in the interviews several times. Women frequently compared what was considered fat in Canada to what was fat in their countries of origin. The only woman who remarked that obesity was not comparatively widespread here migrated from the United States. Participants were surprised how happy fat people were in Canada, and believed for the most part that obesity was more accepted here than in their countries of origin.

One woman compared what people from her country of origin would say about her to what Canadians might think: " I'm a little bit fat (laughs) - not too much I know but, in Canada, but in Chinese I'm too fat" (Informant 07). Several women made similar comments about the weight of Canadians. One woman commented on how frequently the Canadian media covered stories about obesity in print and television media.

3.6.4 Diet and Foods (From Country of Origin)

Important to several women were the kinds of foods they used to eat in their country of origin. Foods that were healthy and balanced, from recipes common to their regions of origin, were considered a very good preventative measure for health. Foods from their countries of origin were often compared with what was perceived as the typical Canadian diet.

One woman related a story about a miraculous recovery of a neighbour who ate a dish prepared frequently with more than eight types of beans and lentils:

> And always we use them, my family, my husband's family,
> we use it ah, ah just we, we put it [the beans and lentils] in ah with
> ah water...With ah, boiling water and a little salt...[pause] Yes and
> ah drink... (Informant 09)

For her, and many other women, oils, spices, legumes and other foods from their countries of origin were more than tasty, they prevented disease.

Women who seemed to want to adopt Canadian eating habits would describe the food here as more nutritious and varied, but predominantly the women found Canadian diet to be high in fat and refined foods. Both women from Eastern European countries expressed dissatisfaction at not being able to find a readily available, reasonably priced selection of organic farm products in the inner city. Many of the respondents commented on the lack of nutrition in the most readily available and popular Canadian foods.

3.7 Gender

The roles ascribed to recent immigrant women are different from those ascribed to immigrant men. Here, gender is not a biological differentiation, but the socially prescribed behaviours, attitudes and opportunities attached to femininity and masculinity. The social construction of gender emerged in the employment opportunities for women, in their roles within the family and relationship with their spouses, self-identity, and their reflections on masculinity.

3.7.1 Gendered Employment Opportunities

As discussed in previous sub-categories, the participant's roles changed considerably post-migration, partly because of employment opportunities and limitations. The kinds of employment opportunities available to recent immigrants tend to be stratified along sex-lines. Also, the frequency with which women take survival jobs tends to be higher than that of their husbands.

Survival job opportunities are frequently stratified by sex. While the women's husbands had jobs such as loading pallets for a construction company, working on

assembly lines, or working in a shoe store, the women worked at fast-food restaurants, or cleaning hotels. Women tended towards cleaning and service survival jobs, whereas the men were more frequently in positions involving physical labour.

Women in general, tended to take survival jobs more quickly than their husbands upon arrival in Canada. A few of the women spoke about working so that their husbands could study to either improve their technical skills or increase their English ability. Not only were the participants more likely than their husbands to work in survival jobs, the type of jobs available were stratified along gender lines.

3.7.2 Role in Marriage and Relationship to Spouse

Through migration, women described a change in their roles within the family. Lower socio-economic position within society in Canada compared with that of their country of origin resulted, in most cases, in an increase of housework. For the subjects who were married, both socio-economics and gender relations in Canada affected the role they took within their families post-migration.

The decision to migrate, when made by the women, often exacerbated the women's need to protect their husbands from the frustrations and stress of migrating. The reverse, however, was not true. When husbands decided to migrate, the women did not describe sacrifices husbands made to ease their transition and acculturation process.

> ... now my husband is very busy. Before in my country we have our work we ah divide it two, for both. My husband and my, my work. But now, different situation. (Informant 08)

Even though her husband had decided that the family should migrate, this woman was assuming all of the housework on top of English language courses. Women frequently

described protecting their husbands from any extra burden of labour while accepting an increase in labour themselves.

Housework demands increased for several of the participants because they no longer had the choice or economic resources to hire housekeepers or nannies in Canada. A lower standard of living resulted in the wives taking up the chores and responsibilities that were previously done by servants, maids or housekeepers in the family's country of origin.

> And eh, actually, um, actually eh, after um, from ah, 1997 eh, we hired a lady...Yeah, and we, yeah we call her, call her Aunt... Yeah, she eh, she divorced...And eh she um, lived with us. And its, yah and she did everything for us...Yah after work I just eh sit down and eh enjoy my (laughs) feet... (Informant 05)

The maids and housekeepers that participants had hired in their countries of origin were all female. Because in Canada they are not able to afford hired help, the few women who had been able to afford it in their countries of origin took on these tasks, often on top of English language classes and a part-time job.

Through migrating, several families experienced a drop in their socio-economic status due to expenses and underemployment. Women most often assumed any extra burden of household labour created through the migration process, regardless of whether that was because their husbands now studied English and worked, or because hiring someone external to the family to take care of the house was no longer an option.

3.7.3 Self-confidence and Identity

Several of the women interviewed identified themselves as career women in their countries of origin. While some women were able to reframe their self-perception positively to mother and wife, and were then able to have pride in raising successful

children, other women suffered from not being able to find professional work and needing to stay at home. The discrimination in employment opportunities and hiring practices often led women to believe that they did not deserve the jobs they were applying for. Moving from a country of origin where, for the most part, women felt that they belonged and were insiders of the culture, to a new place where they were suddenly on the margins (whether by choice or through discrimination) also affected the women's identity. A changed identity through the migration process often led the women interviewed to describe feeling less self-confident.

A drop in socio-economic status of their families, due to migration and difficulty finding professional employment, resulted in several of the women staying at home full time. Several of these women had not previously stayed at home, but told stories about the careers that they had had in their countries of origin:

> Yeah, and then I go to my ah job. Ah, I would like to be uh, the best uh, my job is very important, and I succeeded there. And in um, [19]98, um my department, uh, my lady, uh my manager uh they voted me for um, for uh, best person on the floor. (Informant 09)

Professional employment was a key component of this woman's identity, so in Canada without a professional job, she described feeling very discouraged that she was no longer given the opportunity of being a good employee. Staying at home full time for this woman was not fulfilling enough to provide her a sense of purpose for which she could be proud.

Other women were able to accept staying at home full time and reorient their goals and priorities to enable themselves to feel pride in their work. Changing roles the women described, namely an increase in time spent at home, had a negative effect on some of the women's self images.

3.7.4 Reflections on Masculinity

Women occasionally spoke directly about what characteristics their husbands wanted to embody as males and other times indirectly referred to masculinity. Husbands were frequently described as worrying about growing old, not being strong enough, and gaining weight. None of the husbands accessed health care services to the extent their wives did. Despite this motif of strength and resistance to aging that ran through the transcripts, women also felt protective of their husbands.

Several of the women described their husbands' negative reactions to growing old or putting on weight. Several of the women described how their husbands were more concerned than they were about body image.

> ...for some people it's important. My husband for example, don't like (laughs) looks very fat. If he have a little um, gram of fat he "oh I go to gym! I weight" time, no nothing. Yes. He feel um better if he looks good. (Informant 08)

Other women described their husbands concern with fitness, strength and health to be very consuming:

> Because my husband, he's crazy he just jog. He working northwe- ah, northwest. Close to the white hall there. He jog home. Everyday. Yeah in summer, very ho- hot (Informant 07).

As with many of the women, their husbands were described as very concerned with fitness, strength and body fat.

While all of the participants had accessed health services for themselves or their children, the only woman whose husband had been to a hospital or doctor was the woman married to a Canadian-born man. If the husbands had been sick, the women described it as only minor illnesses that rest and over-the-counter medications could cure. Not

accessing health care services is another way in which husbands' masculinity was highlighted in the interviews.

Despite these images of strength and machismo, the women often expressed how they felt their husbands were vulnerable:

> ...When were in China we think probably its ok for its ok for us to immigrate...to go to Canada. But later after we landed here, he found ah he is he he was really slow in ah learning the English. He he is a quiet he is a quiet man...So even he he he is no good at speaking even in our language...So it is really hard for me, him... for to learn En English have to use that have to speak...yeah, have to take everything opportunity to talk with others.
>
> (Informant 10)

Other participants described personality traits of their husbands, which may have made acculturation harder. Husbands were described as worried about their bodies and physical strength, and consequently maintained a level of physical fitness. Emotionally, however, participants described situations where they worried about their husband's ability to adjust or cope with the stresses of migrating to Canada.

3.8 Community

Throughout interviews, as in the literature, women did not use the term community uniformly. Each woman who used the term had a slightly different understanding and meaning, and the word was occasionally used several times in one interview with different meanings attached. Several of the women did not use the term community choosing instead to use the name of their neighbourhood (e.g., Downtown), or group of friends. This section presents the various uses of the term community by participants throughout the interviews.

3.8.1 Ethno-Cultural Group

One of the most frequent uses of the term community was to describe one's ethno-cultural group or people in Calgary who are from the same linguistic, religious, or ethnic group. As one woman described: "...I belong to the Community because we come from India we are...we are the north part of the India" (Informant 03). These groups were not geographically bound in Calgary, and respondents often described how members lived in every quadrant of the city. Occasionally, a temple or other building was a common meeting place. However, people would only travel to the central location for the gathering or meeting.

3.8.2 Neighbourhood

A second use of the term community was as neighbourhood. Although the term included the idea of relationships, these were neighbours: "...like what we think is if you move to a house, you belong to a community and you have a social life with it..." (Informant 01). For several women, the notion of community was bound to a house with people on the same street or in close geographic proximity becoming a support network. When women used the term community this way, it was either to describe an ideal or plans in the future. None of the participants currently felt that they had achieved a sense of community, as used to describe a neighbourhood with social support in close proximity.

Despite having close friends in the same building or on the same street, none of the women felt that they were members of a community when defined this way. The futuristic ideal definition of community was geographically bound, but also included social networks and friends within that geographic neighbourhood.

3.8.3 Circle of Friends

A third use of the term community was to describe a circle of friends. This group of friends occasionally were seen to influence behaviour in the women interviewed: "...the community of people I tended to be with were health conscious...Um they they would go to gyms, they would walk, they would climb, we have a mountain in Arizona..." (Informant 11). The informant here described how the people she used to spend time with in her former place of residence liked to be active and so she was more active when with them. In this case, community meant group of friends.

The group of friends was not generally geographically bound. During almost every interview, the phone rang for the participants. Generally phone calls were friends of the participants, calling to talk to the women. The telephone allowed women to access friends that developed from work or other activities who did not live near to them:

> If I take some for example if I um, um, I went to some workshop yeah and I met some people they have a similar background or we came from same country...And yeah so we have so we would have each other give each other's phone number. (Informant 10)

The telephone was a way for the women to develop and maintain a group of friends who lived throughout the city, unlimited by geographic proximity. Although most women had friends within walking distance, use of the telephone enabled a wider network of friends.

3.8.4 Group of Peers

A final use of the term community was to describe one's peer group. Peers were people in the same situation, or of the same age range. This use of the term community was primarily applied to the participants' children. One informant spoke about her daughter as part of a school community:

> ...she feels comfortable at her school she feels, she she has pride in her school, she likes where she goes, and has a sense of belonging to that school community. (Informant 11)

Children were part of a community through their schools. Schools were described as an instant source of friends, acquaintances, and peers for recent immigrants' children. This notion of community was generally centred on a physical structure such as a community centre or school. Generally schools are zoned to include students from the nearby neighbourhoods. While not geographically bound, this use of the term community did contain an element of local place by being located within a node (geographically bounded area).

3.8.5 Important Aspects of Community for Immigrant Women Living in the Inner City

Because of the temporal aspect of acculturation, there are different factors that affect women's health throughout the processes of migration and acculturation. This research was primarily focused on present community as a source of resources for and barriers to maintaining health status. Community, for the research question, was conceived as a neighbourhood in which there is social support and social networks.

Resources discussed by the participants operated on three levels: micro, meso, and macro levels. Although a review of the literature led the researchers to expect access to services to be a major barrier to health status of participants, none of the women indicated any difficulty accessing health, immigrant serving agencies or other services. Table 3 presents a breakdown of aspects of community identified by the women as important to their health.

Table 2: Aspects of Community Important for Health as Identified by Participants

Level	Socio-economics	Social Context	Place-based
Micro	• Savings • Fall-back plan in case of emergency • Access to English language training • Initial availability of survival jobs (bridging jobs)	• Support from spouse • Assistance with child-care • Absence of direct discrimination • Developing trust • Ability to communicate (language skills) • Individual personality traits such as outgoing nature, self-confidence	• Green space • Access to inexpensive transportation • Personal safety (for example number of people on the street outside) • Supportive and trustworthy landlords • Noise from traffic at a manageable level
Meso	• Upward mobility within employment opportunities so that underemployment is not the norm • Social network leading to employment opportunities • Awareness of government assistance programs	• Access to ethno-cultural groups (religious, linguistic etc.) • Positive contact with neighbours, developing friendships • Option of entrée into Canadian social groups (such as church groups) • Availability of foods from region of origin	• Inexpensive housing • Choice in location: rental policies
Macro	• Hiring policies • Recognition of qualifications	• Identification of and reduction in systemic discrimination • Creation of a pluralistic society in which diversity is valued	• Policy facilitating accessible, affordable housing (particularly for low-income residents)

Although there were a number of physical characteristics of community listed by the participants, for example, noise from traffic, green space, and access to transportation, most of the aspects of community important to recent immigrants were not tied to a specific geographic location. Social support networks, opportunities for upward mobility, language improvement and other abstract aspects of community were much more salient for the participants in order for them to maintain health and wellbeing.

3.9 Expectations

Expectations are cognitive affective states and in this study refer to what the participants expected of life in Canada and in Calgary. Expectations were influenced by several factors prior to migration but the results were manifest post migration. The discrepancy between expectations and lived experience of the participants resulted in either a positive or negative outlook. Generally participants formed positive outlooks,

but a few of the women formed negative outlooks. This outlook permeated many aspects of their lives. Expectations related to other themes and sub-categories, but were prominent enough to warrant discussion as a separate theme. Sub-categories in this theme are preparation and knowledge, children's future, and the hope that things will get better.

3.9.1 Preparation and Knowledge

While some women interviewed had made an effort to gather as much information as possible about Canada and Calgary prior to migration, other women based their expectations on what they had seen in other places around the world. There seemed to be quite a range of levels of preparation before moving to Canada among the participants. There were many opportunities for information, however these usually required a certain level of expertise and access to resources, or knowing someone who had been there previously.

> We, ah, ah, of course, we ah, read a lot of Calgary. We just got many information that there is on internet. Many people write letter and um books. A lot of information. And we, uh, we can compare and uh, we decide...
>
> (Informant 08)

Not only did some people look at pictures, read anecdotes and learn general things about Canada, but some also researched more specific areas. One family made their decision after learning that the health care system in Alberta was the best for recent immigrants (as soon as immigrants have status they can apply for provincial coverage, unlike Ontario where they would have to wait three months) and that there is no provincial sales tax. Such a high level of preparation generally helped the women to form expectations close to the lived experience, reducing disappointment in post-migration experiences. Preparation was partly shaped by these pre-migratory experiences. For instance, some

people were pleased to be migrating while others had resisted migration and finally moved to Canada to be with their spouse.

Some women based their expectations on previous experiences travelling abroad, which for one respondent resulted in disappointment:

> ...I travelled in the France and the Austria, and I like very much and I thought that I can find something like that here but unfortunately, no... ...when we arrived here there were minus 30 degree and we were warned, and not accustomed to such, low temperature we thought that in our country was a very um, hard winter because we had minus 10 degrees. (Informant 03)

This woman did not have a choice to migrate and was disappointed upon arrival.

The decision to migrate, when made by the husband, did not seem to create any extra burden for him in the wife's opinion. When the husband chose migration, frustrations at difficult employment situations and lower socio-economic status were expressed to his wife. When it was the woman's decision, generally she believed she had to do her best to help the children and spouse to adjust to the new country. Informant 05 says that since it was her decision to migrate "I have to bear everything. (Laughs) Don't complain". Who made the decision to migrate affected the amount of preparation and responsibility for adjustment perceived by the women, although perceptions of the husbands' roles did not seem to change considerably.

3.9.2 Children's Future

Many of the informants who had children, and several who did not but planned to have children in the future, migrated to Canada in order to provide a better future for their children. By expecting that their children could have a better future here than in their country of origin, they usually assumed that institutions in Canada would be of a higher quality (such as, the education system).

> Uh, I hope that uh my son can get, uh, um... better education... Ah, I mean I don't think uh Chinese, Chinese education system is, is not good, it is good but uh eh, before, before I came here my son had a lot of homework, huge homework everyday...
>
> (Informant 05)

Parents usually had expectations that the education system here would be what they were looking for. Some envisioned a more relaxed system which allowed children time to play and explore. Others expected a more rigorous, structured system which would teach the children what they needed to learn for a successful adult life. Again, as with most of the expectations, lived experience could be compared to expectations. If expectations were met or lower than the lived experience, the women interviewed had positive things to say about how the sacrifice for the future had played out thus far.

3.9.3 Things Will Get Better

Most women interviewed were sure that both the amount of choice within Canadian society and their socio-economic position would improve with time. The notion of starting again from nothing was sometimes frightening or stressful for the women: "So that's why...before we come here, my husband ah, eh didn't want to come because he knew, knew things, knew you know, we have, we've had to start from the zero nearly" (Informant 05). The women generally framed starting over and the migration experience as an opportunity for a fresh start: "And then I had that opportunity come to Canada and as I said, it would be good for my emotions to leave everything behind and start this new life" (Informant 06). Being prepared for starting from nothing helped people to survive the challenges of the present, and they expressed hope with the firm belief that things would improve once they were settled.

The women clearly delineated a period of time post-migration, which was just focused on adjusting to Canada. Participants took 'survival' jobs that they saw as temporary for the interim, rented apartments but planned to move to a different area once they were more familiar with Calgary, and took English classes in preparation for a better job. The focus of the first few months was in locating services, getting settled and learning how things worked in Canada. The settling in period was believed to be temporary, even if it lasted for many years.

Expectations were also shared, or not, with extended family in the country of origin or Canada. Some informants had to convince their extended family members, in Canada and overseas, that the choice to migrate was a good one. If expectations were not presently being met, it was because establishing oneself in a new country takes time:

> She [informant's mother] cannot understand why I'm not back to China, to find a proper, I mean, nice job and I , we...have a housing, house or whatever, that's nice there. Why I have to keep here like ah, to be just sit at home... (Informant 07)

This woman had to justify her choices to her mother. The informant accepts her current lifestyle with the belief that eventually she will get a professional job in her field.

Occasionally, women would raise negative aspects of why they left their countries of origin to explain that a challenging experience in Canada was comparatively better than the situation before migrating.

3.10 Acculturation

Acculturation is the process of adapting, and occurs when people from two distinct cultures come into contact with each other and, through continuous first-hand

contact with one another, one or both cultures change (Berry, 1997). Generally, immigrants are coming from a culture that is a minority in Calgary, and trying to live and work within the popular Canadian culture. Although they may affect change in the host culture at various levels, the immigrants themselves must do most of the changing, adapting or resisting. By definition, the process of acculturation occurs outside of the household and family, in settings provided by the host society. The participants indicated that acculturation occurs at different rates for each member of the family. Several factors, namely length of time, language skills, and membership in ethno-cultural groups affected the acculturation process.

3.10.1 Length of Time

The longer someone has been in Canada, the more likely they are able to negotiate the systems to achieve what they need. This provides a variety of first-hand contacts. The kinds of generalizations recent immigrants make about Canadians change, and they become more familiar with and have a better understanding of local norms and values and their significance for everyday life.

Some participants who were early in their process of adjusting to life in Canada were not sure about how to describe Canadians. Other participants made comments based on the few people they had observed. For example, "Because here all of the ladies they always go to the office and many of the home very quickly and uh, they are beautiful" (Informant 04). This woman's opinion that Canadian women were usually employed in office jobs was based on her limited observations of her husband's workplace, a professional setting. She was not yet able to analyse a dominant Canadian worldview, rather she was merely observing and describing.

Women who were in Canada longer, had a wider range of settings from which to make generalizations, were more likely to report differences at a more abstract level, and were able to use their observations to articulate a Canadian worldview as a part of a growing understanding of the host society. For example, Informant 05 commented "It's kind of...but eh here people I thinks are more individual..." Based on conversations with people around her and what she observed, the informant compared Canadian society with her country of origin and culture.

3.10.2 English Language

One of the factors that affected both the rate of learning about Canada (therefore expectations) and acculturation, was level of English language skills. For some women who arrived with minimal English, language was initially a huge barrier to adaptation, although all except one participant spoke some English before arriving in Canada. For those whose first language was not English, the nuances of the language, slang, expressions, and pronunciation made them feel as though they hadn't ever learned any English:

> I don't know how to talk about people, people. Whether or not. How to speak um, er, sometimes people uh, ask me in the walk or in the bus some questions. And I made big eyes (giggling) and didn't understand. I study English but oh, what I study before was very different. Because different pronunciation and I didn't listen. Usual, this is usual ...I was ah distraught ah, because, I study English, I know a little, a little word. But I don't understand anything. *Any* thing. (Informant 08)

Descriptions of having to concentrate very hard to understand, and taking a long time just to catch the simplest of phrases was common in several of the interviews.

These communication challenges could result in stress and fear, and could negatively affect how people feel about themselves. Feelings of frustration and lack of self-confidence were common among the participants. Learning English was therefore a priority for most of the people who did not speak English as a first language. These classes were found to be relatively easy to access and many women took that initiative. Most of the women who felt they needed to improve their language skills not only attended English as a second language classes, but also made as many efforts as possible to use the language with Canadians. When putting themselves in situations of submersion in English, progress with language ability was easy to track and became a source of pride. Several women were able to remember a time in the not too distant past when they were not able to communicate at all. Progress tended to be fairly quick and led to increasing comfort for those women who initially struggled to understand basic directions. The pride in increasing English competence by the women helped to boost their self-confidence and enabled them to meet more people.

Women who had achieved an excellent level of English competency before migration found language to be a barrier of a different sort. Although English did not interfere with their every day activities, occasionally their accents would lead to their experiencing discrimination:

> No, it's just like you know, your accent that you use, the, the little words that you use and when talking to you they expect you to understand.....If you don't understand you are lost right. It's just like some of, some of them are like that, very few of them okay...
>
> (Informant 01)

This informant had learned English all throughout school and spoke English at home since her and her husband had different first languages (neither of them English), but she

found that not knowing local slang or having an accent occasionally led to problems for her in day-to-day interactions. Thus language played a different role in the acculturation process over time, and people who expected that English skills would provide universal acceptance were disappointed.

3.10.3 Ethno-cultural Communities

Groups, whether formal societies or associations, or informal groups of people with the same linguistic, cultural, religious, racial or country of origin background were frequently referred to as communities by the participants. The ethno-cultural communities which participants described provided a link to beliefs, attitudes, practices or norms from their countries of origin. These communities could be either a way for people to adapt to a new culture with support of other people who have also experienced the acculturation process, or they could provide a sanctuary or space away from the host culture. Ethno-cultural groups assisted several women through the acculturation process.

With technological advances of e-mail and telephones, most of the women kept in regular contact with their families and friends from their countries of origin. The technologies women used to keep in touch with their country of origin could be a double-edged sword:

> It keeps you connected, to help that transition time until you feel established, the dangerous part is it can keep you from becoming established because you have that connection...It can be a tool and it can be a big hindrance to getting integrated (Informant 11).

One of the women expressed concern, particularly for her children, that the ease of connections to people in their country of origin would impede development of new relationships in Canada.

Similar to technology, groups, communities, or societies of people from the women's own country or region of origin could become either a source of support during acculturation or could become an escape into which women could withdraw from the dominant Canadian society. One woman described seeking out an area of the city where people from her country of origin lived and moving there initially until she found a job, learned her way around the city and learned about services here. Another woman noted:

> You could move to Calgary, and not be faced with immigrating. 'Cause you can sort of cocoon yourself to some degree, and because um...We tend not to...seek out our own as much, but...um...it, it makes, in ways a little bit harder to , uh, we don't have that bumper [of people from their country of origin]. (Informant 11)

Women talked about their conscious decisions or strategies regarding how much they were going to seek out people from the same religion, culture, and region of origin, and how much they were going to try and integrate with the mainstream society.

Acculturation, like expectations is linked with many themes and sub-categories in the data. Acculturation will be explored again in the description of the themes of new roles and interpersonal relationships.

3.11 Identity

Identity is, in this study, a composite of how people perceive themselves and how they think that others perceive them. As people migrate to Canada, they are faced with living in a different society with different norms and mores, some vastly different and others slightly different from their own. Women who migrated seemed to be increasingly aware of the cultural construction of their identities. Roles and redefining roles within

the family and within society were salient aspects of identity, discussed further in the sub-categories of new roles and interpersonal relationships.

3.11.1 Increased Self-awareness

Migration is not only a process of change, but also a process of increasing self-awareness on many levels:

> ...This is something that happens when you live in, in a, in a foreign country, is it helps you identify who you are...Where when you're in your own country, you don't have those boundaries that establish who you are but you...Go to another country and all of a sudden those things identify themselves... (Informant 11)

Even when the differences between original and host cultures were slight, they increased the self-awareness of recent immigrants.

Some of the women were conscious that cultural norms were different in Canada than their countries of origin and were excited by the opportunity to learn:

> So, I don't think if I come here, come to Canada I want to learn English, I want to speak English I want to learn and uh, know Canadian. How, they work, how they live and ah you know Canadian culture. (Informant 05)

The process of migrating allowed women to examine differences between cultures as manifest in their own behaviour and attitudes, which was one form of self-exploration.

3.11.2 Insider Versus Outsider: Relationships

An insider is someone who is in the know and who belongs, whereas an outsider does not know or does not belong. In this case, insiders are familiar with the popular Canadian norms, practices and systems. Individual relationships both reinforced women's feelings of being outsiders, and allowed them to feel they were insiders.

There were several areas where the women described feeling as if they were on the outside. For example, during the search for work, in inter-personal relations at work,

and in casual social situations. Getting past formalities and acquaintance to become friends was difficult for some recent immigrants:

> ... I not close very close to person I find it mostly Canadian, kind of, very neutral, very friendly, very kind of very kind of uh professional. They would say nice things to you, they never say you're stupid that wasn't say here. But sometimes I notice some people have some prejust- prejustice - prejustice? (Informant 07)

It isn't necessarily what people said, as the informant suggested, but how they acted and the level of interactions available between the recent immigrants and those they described as Canadians. The distance created by polite but impersonal treatment can lead to a feeling of being on the outside.

A few women described overt instances of racism or prejudice that they had encountered in their daily lives in Canada. This kind of discrimination at an individual level on the street, at work or in their apartment buildings also made the women feel like they did not belong here in Canada.

> ...always I told her "hi" "How are you?"...She never want to speak to me...[subject laughs] She don't like me maybe? Eh...Or something...Because outside I, um, I have, always have... ah... scarf... (Informant 09)

The headscarf was a marker of Islam, not the predominant religion in Canada. Experiences of discrimination at an individual level made some participants feel like they did not belong in Canada, or that they were outside of what they considered 'normal' Canadians.

Many women described feeling like their homes were here in Calgary, but that they did not *belong* here. One woman described the experience as feeling like she was "still in the air" (Informant 10) not having landed yet. These feelings come in part from

self-definition as a foreigner or an immigrant, and partly by the greater societal exclusion that they felt because of a range of factors.

Subtle nuances of every-day interaction can create an impression that the women are being thought of as 'other', either because they are treated as lesser, different or exotic. What the women expect in terms of treatment really affects their outlook when they move to Canada. One of the informants had lived temporarily in a country that was not her country of origin. During conversation about different lifestyles and roles, she said, "Not too different, because I live in Korea four years. And there my life is same in here because uh, because uh, there we are foreigner" (Informant 04). Because she lived in another country temporarily and considered herself an outsider (foreigner) there, moving to Canada she expected the same treatment. At the stage when one identified with being a foreigner or other than Canadian, being treated as such was not problematic or insulting. Discrepancies between how the women wanted to be, expected to be, and were treated led to stress, frustration and negative self-esteem. Assumptions by either Canadians or recent immigrants about what a Canadian really is could make recent immigrants feel like others.

3.11.3 Insider Versus Outsider: Groups

Some of the respondents joined groups because this increased their sense of belonging to Canada. One woman started going to church as a way of being part of a social group of Canadians. By rejecting her ethno-cultural community and seeking out a group from the popular culture in Canada, she was seeking to transition between cultures, to acculturate.

Speaking a common language or dialect of a language was a frequent way for people to meet acquaintances who introduced them to social groups or societies. There were several societies or groups mentioned by participants, for example, a Bengali society or the Chinese Community Association.

Many of the groups to which the respondents described belonging, were not geographically bound, with the exception of Chinatown. Chinatown is a section in the northeast corner of the inner city where many of the businesses are owned and operated by Chinese-Canadians, both immigrants and Canadian citizens, street signs are in Chinese, and one can live only speaking Chinese. Many Chinese speaking Calgarians do not live in Chinatown. Ethno-cultural groups who define their membership by religion, race, linguistic group or country of origin tend to have members scattered throughout the city rather than concentrated in one geographic location.

Sometimes the participants described hiding parts of their behaviour or aspects of their lives so that they could retain membership in an ethno-cultural group. For example, dating a Canadian who was not of Chinese origin, was something which one informant hid from her Chinese-Canadian friends for several months in case they would begin to see her as an outsider.

Resistance, inclusion and exclusion were complex and subtle in the lives of the participants. While belonging to a group which is on the margins, the women were occasionally prevented from being an insider in the larger society. Although, when the women sought out belonging, they did so in particular settings initially minimising the barriers.

3.11.4 Foreigner, Other than Canadian at the Macro Level

Merely having friends in Canada did not equate with feelings of belonging. Systemic and individual factors that made immigrants feel they did not belong were discussed. Some experiences of discrimination and racism made immigrants feel as if they were outsiders. Policies and hiring practices tended to favour Canadian-born, Canadian-educated contenders over the participants. Systemic barriers to professional employment contributed to a feeling of not belonging.

Although some of the women felt that they merely needed to figure out the systems and processes of getting a job in Canada, others expressed how they thought systemic barriers were in place preventing them from obtaining a professional job. As one woman said, "...there's no power to find a job here" (Informant 03). Policies and hiring practices favoured Canadian education over international education, and employers looked for local experience as a criterion for employment. These policies made obtaining a job difficult for many participants.

The process of becoming Canadian was, for one woman, a way to try and feel like she belonged in Canada. Although at the time of interview she was a landed immigrant, she was working on obtaining citizenship. The government categories of refugee, immigrant, or citizen made a difference to this woman. Several participants spoke about their status, feeling more permanently a part of Canada once temporary status had been changed.

The labels assigned to recent immigrants, and policies related to hiring practices created by employers, can exacerbate the feeling of not belonging expressed by the participants. The societal level factors which made the women feel like they did not

belong here combined with the micro and meso level acceptance or othering experienced by the participants.

3.12 New Roles

The migration process entailed a significant amount of change according to the informants. Dealing with that change requires re-negotiating social roles. Roles included expected duties, daily activities, level of responsibility and areas of decision-making influence. Not only did these roles need to be reformed, but different aspects of the roles became more or less important. There were different processes for reforming roles at the societal (macro) and household (meso) levels. This section explores the process of adaptation to new roles, particularly as wives, workers, and individuals.

3.12.1 Being a Wife

Many of the women migrated with all of the expectations of what a wife should be, and the aspirations of being a "perfect wife". The notion of being the perfect housekeeper, cook and also working and studying English was reinforced here in Canada, and resulted in some of the women putting high expectations on themselves and carrying a double burden of home and employment labour. Adding English language classes increased this to a triple burden of studying, housework and employment. Roles learned in the women's country of origin did not necessarily change after they migrated. One woman laughed when asked whether she had enough help around the house and replied that it was a woman's job to take care of all the household work.

While several of the respondents had been the primary caregiver for their children, a few of them had housekeepers or maids in their countries of origin to do

housework. In answer to questions about her day to day life in her country of origin, Informant 03 said, "...I am doing household jobs that time. But we had a maid, that time. She helped me." So although the house was kept clean and the family provided with meals, the burden was not so great. With migration and resulting economic hardships, having someone hired to help with housework was no longer an option. This in turn resulted in a greater burden of labour on the women.

The role of wife was impacted by who made the decision to migrate. In the cases where the wife decided they should move to Canada, those women were more likely to report a need to provide for the family. Making up for the hardships their decision had imposed on husband and children: "Yah. Actually sometime my husband ah, eh, he cooks because I am away...And when I have time I like to cook something, do everything for them...Because I want, I want them um, be happy" (Informant 05). There is a strong element of self-sacrifice in many of the women's actions following migration, trying to keep husband and family happy.

Several of the informants' mothers or extended family had been a source of help with childcare and other household work. In two cases, the women lived with their mothers prior to migrating. After migrating to Canada, support for childcare in particular was gone, and the women were left without assistance in many cases. Because of loss of support networks, difficult employment situations, and overall economic strain, the women had to bear the brunt of housework, which was different from the situation in their countries of origin. Taking over the brunt of housework could lead to feelings of inequity, for example, Informant 03 said: "Maybe uh here we are more stress, and sometimes we feel...The other one [spouse] work more than here to have more". Shift

work, English language classes and underemployment usually resulted in an added burden of housework on the women.

For some of the women, merely being a good housekeeper, excellent mother and cook was not enough. They also believed they should be attractive and make efforts to please their husband. One informant described how a part-time job is good for a woman "Because [s]he is uh discipline. If you sit only at home, you only sleep (laughs) don't make-up, don't make beautiful for uh...but uh not very hard job I think" (Informant 08).

Women tended to judge themselves against an ideal woman, who was beautiful and attractive for her husband, was able to manage all the household work (cleaning, cooking and childcare) and still hold a job. Occasionally this ideal woman was their mother, and several informants described how hardworking their mothers were. Others described the kind of wife they thought they should be:

> ...and it's it's the whole um you know how I was raised and to be the wife and a mother and and you know I had this vision of of following the rules and wearing the white gloves and the pearls and the apron and and everything going along nicely and and part of that was putting on the happy face and and making dinner and cleaning up and everything... (Informant 11)

This woman later described how hardships and tragedies in her life had taught her to be more, as she described, selfish and let her feelings show through, however expectations for wife and mother were still extremely high. The ideal woman, occasionally exemplified by their mothers, was a high standard to which most of the women compared themselves.

The married women were quick to add to the discussion about housework that their husbands were able to cook. Most of the husbands, however, partook in household chores when they felt like it, or when their wives were unavailable or ill: "...last time I

pregnant...he work he scrubbed he the clean, he cook it make it many kinds" (Informant 02). During a difficult pregnancy, the husband took over her role within the household. However, as with most informants, once she was no longer pregnant housework was her responsibility again.

Even giving up careers for their families, working part time, studying and taking care of household responsibilities almost single-handedly, the women generally felt that the image of the perfect wife and mother was something unattainable, but also something towards which they should strive.

3.12.2 Re-framing Roles

Part of developing a positive self-image in Canada was a re-framing of life goals by the participants. Unable to find work, and not having extended family support for childcare, resulted in a greater burden of housework. Many of the informants had re-framed the extra housework positively as a reorientation of their goals to raise a family rather than succeed at a career.

Several women described how career had been a priority for them but that now they've realized that raising their children is satisfying and has become their goal.

> Only women which have career which uh, work and uh have good work ..... I, uh, their goal is uh different from goal other woman. Other woman usual woman love family, stay at home, a little work maybe work all day but it not in their goal to work. No. Their goal is uh, good future for family. Work at home and uh with child and husband I think it's uh, it's for a woman.....I don't know, before I think uh, I career goal woman in my country. But uh, now I think uh, not a bad sit at home or ah, have a simple work and ah help my husband and grow my children. I think it's not bad, it's good. It's for a woman. It's woman's work. (Informant 08)

Although formerly career-oriented, many of the women discussed how their priorities had changed. Reorienting goals and re-framing their daily work allows women to take pride

in their accomplishments within the home and family. Re-framing seemed to allow the women to overcome feelings of frustration and lack of purpose. This could be seen as part of the acculturation process – a method of coping with changing roles and expectations.

3.12.3 Traditions

When people are removed from their own culture and placed into a new culture in which they are a minority, the areas of their identity which are culturally-based become evident. Generally participants referred to beliefs, attitudes and cultural mores from their country of origin as traditional. This sub-category relates to the women's identification of what they consider traditional aspects of their lives, and when they had voluntarily or involuntarily left behind their traditions.

Some women had come to Canada for a new life, to escape pressures from their family, or for self-discovery. These women were less likely to identify with what they saw as the traditional ways of the older generation in their countries of origin. Culture is a fluid concept, not only through migration but within each country.

> It's really changing now it's getting, going to the Western culture now....But, ah, (pause) how do I say that my mum was, ah, typically Indian like with the traditional...And ah, (pause) Well (pause) she did whatever my dad said" (Informant 01).

Women who had migrated to be with their spouses or who were reluctant to migrate seemed to miss traditions of their country of origin more than those who decided on their own to migrate. One woman spoke about missing having the wisdom of elders around to assist her: "Yah, yah because we, any big any grandmother, they're more experienced than me. They know many things in the world I don't know. So if they stay

with me that would be good" (Informant 03). She has lost a traditional method of learning, namely through elders in the society.

Some of the participants questioned the low level of authority within family women traditionally held in their societies of origin. Younger women in the study seemed especially eager to escape some of the traditions of their society, but also wanted to embrace other traditions. Adoption of the practices and norms of the host society was not correlated with a rejection of those from the original society.

3.12.4 Independence and Agency

For many women the experience of migrating to Canada was liberating and resulted in an increased feeling of independence. Several women lived with extended family while in their country of origin, and although most women felt the loss of that support, several commented on how they were able to explore their independence once in Canada.

Some of the women felt that they had always been independent people, but that they were not allowed to express their independence in their countries of origin due to societal or familial restraints. One women said "I always knew that I'm quite independent" (Informant 01). In Canada, they were able to express a personality trait that they had previously had to repress. The women who were enjoying their independence had expected the hardship of immigrating, but were focusing on independence as a positive aspect of life here.

Other women described their growing independence in negative terms, because here they did not have the choice of support from their families:

> Because umm, when [in our country of origin] I was going to my husband we went everywhere together and here I don't have choice I have to do more things by myself. (Informant 03)

For some women independence was forced upon them and they had to do things independently in Canada. Interesting to note, the woman who viewed increased independence as completely negative was very constrained by low socio-economics and frustrated by a high level of underemployment that she had not expected.

The mobility of driving a car was a salient aspect of independence for several of the women interviewed. In the context of discussing differences between Canada and her country of origin, one woman said "Being alone, can walk at night time, drive car you can can do anything she wants in Canada but in [country of origin] she can't do..." (Informant 09). The ability to drive was one way for the women in the study to be independent. Being able to decide when and where they wanted to go freed women from having to live in close proximity to all the services they needed.

3.13 Summary

The participants identified many salient aspects of community important to their health and wellbeing. Some aspects of community that had a positive effect on their health were locally bound, such as green-space and accessible services. Participants also emphasized less place-bound concepts such as developing friendships or relationships with certain neighbours, co-workers, and other recent immigrants, being able to communicate, exploring their independence, and beginning to understand popular Canadian norms and mores. While none of the women identified the inner city as a

community, many participants developed a sense of community by joining groups and forming relationships that were not tied to a particular area of the city.

Several of the participants suggested that the inner city was a good place to move initially while getting settled, but was not a long-term place of residence. The inner city did not fulfill the ideal notion of 'community'. This is because house ownership (including garden space), combined with the reputation of the inner city (such as homeless populations and the primacy of businesses) created a perception that residential areas away from the inner city were closer to the ideal. Table 2 illustrates how the themes that emerged from the data intersect with various sub-categories of the themes from the original coding template. Expectations, the acculturation process, changing roles and identity were all salient aspects of the migration process, and influenced all of the contextual themes.

Table 3: Matrix of Themes: Interplay Between Emerging and Template Themes

Themes:	Expectations	Acculturation	Identity	New Roles
Socio-economics and Employment	• Underemployment: Survival Jobs • Qualifications and Courses • Standard of Living • Government and Private Enterprise	• Underemployment: Survival Jobs • Qualifications and Courses • Resilience: Coping Strategies and Hope • Language	• Underemployment: Survival Jobs • Standard of Living • Systemic Discrimination	• Shift Work • Underemployment: Survival Jobs • Standard of Living
Place: Inner City	• Reputation • Neighbours • Physical Environment	• Impermanence • Neighbours	• Car ownership • Impermanence	• Access and Car Ownership
Interpersonal Relationships	• Ethno-cultural community • Family Members Back in Country of Origin	• Spouse: Protection versus Support • Children • Family Members Back in Country of Origin • Co-workers • Neighbours • Language	• Co-workers • Spouse: Protection versus Support • Children • Insider Versus Outsider: Relationships	• Spouse: Protection versus Support • Children • Family Members Back in Country of Origin
Institutional Relationships	• State/Government Institutions • Non-Governmental Organizations	• Non-Governmental Organizations • Religious Institutions • Length of Time • Things Will Get Better	• Religious Institutions • Non-Governmental Organizations • Foreign • Insider Versus Outsider: Groups • Preparation and Knowledge	• Health Care System • Non-Governmental Organizations
Health	• Body Image and Obesity • Diet and Foods	• Eat Right and Exercise • Body Image and Obesity	• Body Image and Obesity • Holistic Health • Diet and Foods	• Eat Right and Exercise • Body Image and Obesity
Gender	• Gendered employment opportunities • Role in marriage and relationship to spouse • Reflections on Masculinity	• Self-confidence and Identity • Gendered Employment opportunities • Role in Marriage and Relationship to Spouse	• Reflections on Masculinity • Self-confidence and Identity • Independence and Agency • Increased Self-awareness	• Role in marriage and relationship to spouse • Gendered employment opportunities • Being a Wife • Re-framing Roles • Children's Future
Community	• Neighbourhood	• Ethno-cultural group • Circle of Friends • Group of Peers	• Ethno-cultural group • Circle of Friends • Group of Peers	• Circle of Friends • Ethno-cultural groups

The interplay among gender, migration, social context and health were tied to acculturation, expectations prior to migration (and how those compared to the lived reality), identity, and new roles. The process of migrating disrupted social support networks and socio-economic status. To compensate, the participants described meeting people and quickly forming relationships to create a new social support network here in Canada. Socio-economic status, a salient aspect of migration, was usually lower in

Canada. The women tended, at least during the settlement period, to experience underemployment that was a source of frustration and anxiety for them and their families.

CHAPTER FOUR: DISCUSSION

The first two sections of this chapter situate the research findings within the recent literature on communities and health, social support networks and health, and acculturation. Following the first two sections, the author's reflections and reactions are briefly discussed as a lead-in to the findings in context. From the literature review, the researcher expected to find access to services a problem for the participants, which did not turn out to be an issue for any of the participants. Similarly the level of agency, self-efficacy, and positive attitudes of the participants surprised the researcher. Coping mechanisms were varied, and the women, despite the frustrations and stress of the migration experiences, were thriving in their new environments. Finally, strengths and weaknesses of the study are discussed.

4.1 Geography and Community

4.1.1 The Inner City

The ecological theories of urban growth and development emerged from Chicago in the early 20th Century (Bassett & Short, 1980; Park, 1952). Robert Park, influenced by Darwinian theories of evolution, initially proposed the concepts of competition, dominance, and invasion-succession in terms of space in the urban environment (Park, 1952). Burgess extended Park's work to develop a theory of concentric zones, circling from the central business district, in which status increased the farther out one lived from the city centre (Bassett & Short, 1980). Burgess observed that recent migrants initially moved into the city centre, but once they gained an economic foothold began to move outward creating a chain reaction of succession. Hoyt later suggested that there was a sectioned pattern of residential areas in which high-status sectors radiate outwards from

the centre along established routes, away from industrial areas towards homes of the upper class (Bassett & Short, 1980).

Studies in Canada have, in some cases, revealed similar patterns as those observed by the Chicago School theorists. A study of Toronto in the late 1960s revealed that economic levels and family status tended to radiate outward in zonal patterns, revealing similar patterns of urban development in a Canadian city as described by Chicago School sociologists (Bassett & Short, 1980). The ecological perspective of urban spatial organization informs the study of the inner city, a transient zone close to industry or business, interspersed with primarily low-cost rental housing.

Chicago School theories of urban development have been criticized for simplifying the issues of immigrant mobility in the urban environment (Germain, 2000). The key shortcoming of the Chicago School to explain immigrants' social mobility is its portrayal of social mobility as inevitable. While participants expected the future to be better socio-economically than the present, there was no guarantee that they would move upwards in socio-economic status.

Participants usually planned to move out of the inner city in the future, and often went on to describe future plans of owning a house, and living in a community (meaning the ideal neighbourhood). Initially, living in the inner city was often done on the recommendation of immigrant service organizations. Three of the participants had already moved out of the inner city to different areas (northwest, southwest and southeast). Initially, life in the inner city provided participants with access to services, transportation and allowed them to learn to navigate the city. Most of the participants felt, however, that their time in the inner city was temporary until they moved into a

residential area. In this way, the transient first place of residence within the inner city fits the ecological perspective of urban spatial organization.

Moving usually resulted in the women and their families relocating to a suburb outside of the downtown area and surrounding neighbourhoods. Rather than slowly making their way to the suburbs over several successive moves and generations, the women who planned to move were able to afford homes in suburbs far in the south or west of the city. The women's decision to move out of the inner city into the distant suburbs was limited by socio-economic status. Unlike the succession models of the Chicago school where progression was slowly outwards from the inner city towards affluent areas, the participants describe moving to all different areas of the periphery of the city. The participants in the study were not particularly limited by needing to live in close proximity to their friends and social support networks because they used the telephone, Internet and cars.

Social support networks were frequently maintained by telephone conversations. Several of the participants spoke about being more free to visit friends once their family owned a car and they could drive. Location, therefore, was not limited by the location of the women's support networks and friends. Moving did not form any pattern because the spatial ties of social support networks were weak when the women had access to cars, Internet and telephone. With the proliferation of modern technology, the spatial organization of the urban environment seems less important than it was in the early 20th Century for the Chicago School theorists. Social support networks are discussed in the following sections.

4.1.2 Social Capital

Social capital, as defined by Mackinko and Starfield, is the "...available resources (capital) that accrue to people by virtue of their mutual acquaintance and recognition" (2000, p. 388). A theoretical underpinning of social capital is that those who are more successful are better connected (Burt, 2000). Building new social support networks was a vital aspect of the acculturation process post-migration. The kinds of people recent immigrants came into contact with may have limited or opened up opportunities for employment, social activities and friendships.

The idea of social capital was popularized by Robert Putnam (1994) and has proliferated over the past decade in the public health literature (Baum, 2000; Papillon, 2002). Social capital has not been clearly defined as a theoretical concept, which has led to variation and confusion in the term's use and understanding (Baum, 2000; Baum, 1999; Cattell, 2001; Mackinko & Starfield, 2001). Within the public health literature, however, social capital tends to be operationalized using three variables: civic participation, norms of reciprocity, and trust in others (e.g., Kawachi, Kennedy, Lochner, Prothrow-Stith, 1997). These variables are usually measured at a neighbourhood or larger aggregate level, such as American states (Kawachi et al., 1997; Mackinko & Starfield, 2001). The three variables most often used to measure social capital were not the most salient aspects of the participants' description of social support.

The number of community groups, organizations, and societies to which an individual belongs is often used to measure civic participation (Kawachi et al., 1997). The groups or organizations the participants tended to belong to (such as groups of recent immigrants or ethno-cultural groups) were often related to being a recent immigrant

rather than participating in popular Canadian culture. Therefore, merely counting the number of groups without looking at the reason behind belonging to such groups would not be a meaningful measurement of civic participation for these participants. Voting, another aspect of civic participation was neither a concern nor an option for recent immigrants. Civic participation, therefore is not necessarily a useful measure for this sub-population.

Norms of reciprocity refer to the tendencies of social networks to reinforce certain norms and behaviours, including a sense of obligation between members (Cartell, 2001; Woolcock & Narayan, 2000). Although reciprocity results in benefits to group members, it can also place considerable claims to an individual's sense of obligation and potentially result in negative consequences, economic and otherwise (Woolcock & Narayan, 2000). While many of the women in this study spoke of membership in an ethno-cultural group, these groups were not usually the primary source of social support. The weaker ties between members of ethno-cultural groups than with the friends and certain neighbours of the participants enabled the women to explore a range of norms of reciprocity. Membership to several different networks, including groups of recent immigrants, church groups and ethno-cultural groups, allowed the women to participate in social support networks which reinforced the norms they may have experienced in their countries of origin, as well as introducing them to new norms. Group membership, therefore, rather than being primarily about norms of reciprocity, was part of the acculturation process for the participants. Norms of reciprocity, as measured in the social capital literature, were somewhat removed from the participants' experiences.

The third variable commonly used in the public health literature to measure social capital is trust (Baum, 1999; Kawachi et al., 1997). Social capital is primarily conceived and measured at a community level, and by community, researchers are referring to neighbourhoods and the social interaction within those geographic neighbourhoods (Campbell & McLean, 2002; Cattell, 2001; Kawachi et al., 1997; Woolcock & Narayan, 2000). Trust, therefore, is the amount of trust which individuals express about their neighbours. While personal safety and getting to know a few people who lived near them was important for several of the participants, due to recent migration, the trust felt about one's neighbours was often low during the settlement stage of migration. One participant, for example, felt as though she was being watched by her neighbours, but did not feel as though she could trust them yet because she was new to the area. Trust developed for the participants between co-workers and friends met through mutual acquaintances. A low level of trust of one's neighbours did not necessarily indicate a low level of social support for the participants. Trust was not bound to the geographic neighbourhood for the participants. Therefore, this aspect of social capital does not accurately capture the women's experiences.

Social capital, as measured by civic engagement, norms of reciprocity, and trust in one's neighbours are not useful in describing the participants' experiences. Salient to the women were social support networks which more often than not, were not localized in one area of the city. For the participants, developing social support networks was a critical aspect of what they envisioned as community, not the geographic neighbourhood definition of community commonly used in public health literature.

4.1.3 Social Support Networks

Social support networks are made up of ties between and among individuals which cut across traditional kinship, residential and class groups (Berkman, Glass, Brissette & Seeman, 2000). The association between social support networks and health has been well researched and documented in the literature (Berkman & Syme, 1979; Berkman et al., 2000; Cattell, 2001; House, et al., 1988). The association between social support and health is stronger in urban environments (House et al., 1988). Health Canada lists social support networks as one of the social determinants of health, by which they mean emotional support of friends, family and community as important for buffering stress and other health problems (Health Canada, 2002). Social support networks, unlike social capital, are not necessarily tied to a geographic location such as a neighbourhood (Berkman et al., 2000). Not only the type of network, but the ability of individuals to become members of several different networks, can confer advantage for health and well being (Burt, 2000).

All of the participants were able to describe Calgary-based social support networks that had developed since migrating, with the exception of the woman who migrated very recently from the United States. Participants' individual personality traits and coping strategies post migration enabled them to build social support networks quickly with diverse groups of people. Network building skills of the women enabled them to increase their power in terms of accessing services and information. Immigrants could act in a role of relative power by becoming a social bridge between different social groups, providing a link, for example, between an ethno-cultural group and Canadian

group of co-workers. Social support network building was a powerful tool used by the participants to facilitate acculturation and settlement post migration.

There are several mechanisms identified in the link between social support networks and health (Berkman et al., 2000; House et al., 1988). Quasi-experimental research with animals and humans demonstrated that stress and anxiety of isolation led to ulcers, psychological problems, cardiovascular problems and increase mortality from all causes (House et al., 1988). Another mechanism through which social networks affect health is through health behaviour pathways (Berkman et al., 2000; Burt, 2000; Cattell, 2001). Psychological pathways are quite varied, including the observation that multiple roles within different social networks can promote self-esteem and self worth (Berkman et al., 2000). A sense of belonging through network membership can confer psychological and physiological health advantages (Berkman et al., 2000; Berkman & Syme, 1979; House et al., 1988).

Not all social support networks confer the same benefits. Cattell (2001), in her work in two socio-economically disadvantaged areas of London, England, described several network typologies which ranged from social exclusion to networks of solidarity. Cattell identified a homogenous network that consisted of a small number of membership groups characterized by extensive contacts within those groups resulting in a very dense network. Another typology of networks was the traditional network where the structure was very tight knit and individuals spent most of their lives in the immediate area (Cattell, 2001). Both the homogenous and traditional network typologies identified by Cattell (2001) conferred benefits from close ties between members, but were somewhat limiting through their relative isolation from other networks.

Heterogeneous networks, described as larger, open networks of less loose knit groups as compared with the traditional or homogenous networks, allowed for connections across a wide range of different membership groups enabling members to access a broad range of resources (Cattell, 2001). Similarly, the networks of solidarity had the advantage of drawing from a broad base of membership groups, but had the additional advantage of close personal ties within the network (Cattell, 2001). Networks of solidarity included close and weak ties between individual members allowing advantages which come from both types of relationships (Cattell, 2001).

The types of social support networks described by the participants included a broad range of sources including both weak and strong ties. The women interviewed described forming close friendships with a small number of people usually in a similar situation (i.e. recently migrated and working a survival job). However, their social support networks were varied and large. Participants described church groups, immigrant service organizations, ethno-cultural groups, and friends who lived nearby. Not all neighbours were identified as sources of social support, but almost all participants had people who they referred to as friends who lived in the same building or neighbourhood. The social support networks developed by the participants tended to be heterogeneous, and included close and loose ties with other network members. Although the women might have been members of a homogenous network (such as an ethno-cultural society) this was never the full extent of their social support. The participants were able to maximize the benefits of a variety of social support networks with loose and close ties, as described by Cattell (2001).

Burt (2000) describes closure as a dense network in which everyone is connected to each other, similar to Cattell's (2001) traditional or homogenous networks. The existence of closure leads to the creation of structural holes, or brokerage opportunities for individuals who are members of two or more closed networks (Burt, 2000). These individuals can act as controls for the flow of information or resources between two or more closed networks (Burt, 2000). The brokerage role between two closed groups, therefore, confers a certain amount of control to the individual who can bridge the space between networks. Several studies have provided empirical evidence that brokerage links with loose ties are a resource for status attainment through obtaining a better job faster (Burt, 2000).

Several of the women in the study described membership in more than one social support network. Belonging to an ethno-cultural community often was a source of social support for the acculturation process, however membership in Canadian networks also had advantages for accessing services and learning about new systems in Canada. One informant (05) described going to church in Canada (although previously she had not had any religious beliefs) because there were well-educated people who made up the congregation. Church, therefore became a source of social support for this participant, which allowed her to socialize with people who had a similar level of education as her. Another informant (09) found English as a second language teachers to be a source of information regarding range of and access to services. By seeking out different types of networks for social support, including a range of close and loose ties, the participants were making the best use of their social support networks. Development of broadly based social support networks was a powerful tool for the participants. Social support networks

filled many needs for the participants, including social and psychological support, resources for information and services, and access to gatekeepers to certain services and opportunities. Social support networks were used advantageously by the participants throughout the process of acculturation.

4.2 Acculturation

Within the literature, there are several different models for the process of acculturation. While some of the models are inappropriate to describe the data collected in this study, an alternative model developed by Sayegh and Lasry (1993) seems to fit with the experiences described by the participants. For the women interviewed, adoption of practices, beliefs and attitudes of mainstream Canadian society was not necessarily related to rejection of practices, beliefs and attitudes of the culture of origin. Acculturation takes place for individuals on three levels: the psychological level (individual change in psychology), the socio-cultural level (changes at the meso and macro level linking individuals to their context), and the economic level (through changes in relative socio-economic status) (Berry, 1997).

4.2.1 Models of Acculturation

Up until recently, acculturation was thought to be a linear process of assimilation (Sayegh & Lasry, 1993). Assimilation is a term used to describe abandoning (sometimes through force) one's original culture and society in favour of a new host society and culture (Sayegh & Lasry, 1993). In this way, theories of assimilation led to the conception of acculturation as a linear process with the two poles being complete assimilation into the host society, and complete retention of original culture through

rejection of host society. The linear model of acculturation does not account for the possibility that an individual or group can at once retain their original identities and yet adopt behaviours, attitudes and norms of the new host culture. Consequently the linear model of acculturation as assimilation is not applicable to this data.

More recently, however, models of acculturation have become bi-dimensional (Sayegh & Lastry, 1993). John Berry proposed a model in which there are two dimensions, one dimension examines behaviour, and the other attitudes (Berry, Kim, Power, Young & Bujaki, 1989; Berry 1997). Berry's model (1997) focuses on two major issues: cultural maintenance (attitudes towards cultural identity) and contact and participation (the extent behaviour changes to become involved in other groups). The nature of this model assumes that each individual in the process of acculturation must decide to keep their original cultural identity or adopt the new one in terms of attitudes and behaviours, not both (Berry, 1997; Sayegh & Lastry, 1993). By nature of two linear processes, a choice is forced on the individuals, which may be artificial (Sayegh & Lasry, 1993).

Adoption of mainstream or dominant Canadian behaviours and attitudes did not result or stem from a rejection of the behaviours and attitudes from one's country of origin for the participants in this study. The women described adopting new beliefs, attitudes and behaviours once in Canada, but they did not necessarily reject those from their society of origin. Consequently, Berry's (et al., 1989; 1993) orthogonal model with behaviour on one axis and attitudes on another is not the best fit for the participants' experiences of acculturation.

An alternative model of acculturation has been proposed based on Berry's orthogonal model of acculturation, using different bi-dimensions (Sayegh & Lasry, 1993). This model consists of two dimensions. The first dimension represents identification towards the original culture, and the second represents identification towards the host culture, thereby recognizing that these two processes are independent of each other (Sayegh & Lasry, 1993). Figure 2 is a diagram of the acculturation model most applicable to this data. This third model of acculturation appears to fit most consistently with the data collected in this study.

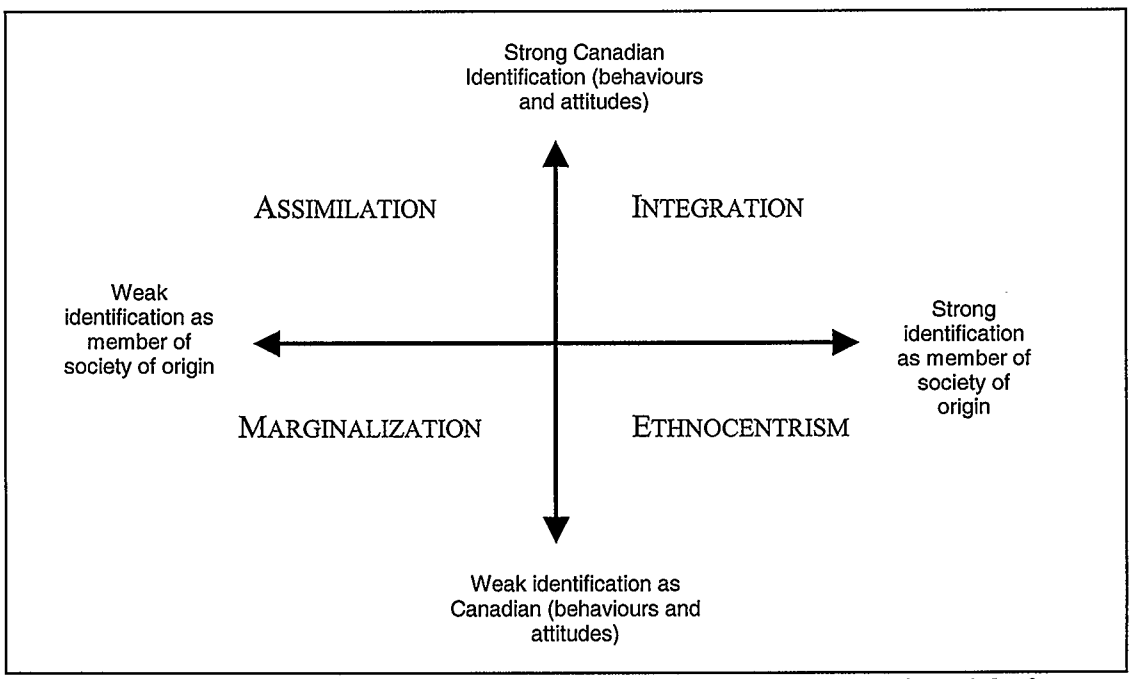

Figure 2: An adaptation of Sayegh and Lasry's (1993) bi-dimensional model of acculturation

Among participants, acceptance and participation in the new culture did not result or stem from rejection of their culture of origin. Participants actively sought out people from their own country of origin, and identified them as important to their social

networks. Acceptance of Canadian norms and behaviours did not necessarily result in rejection of one's original culture. Instead, through the acculturation process, the women developed a sense of which behaviours, attitudes, and values are most appropriate in specific situations. Depending on the individuals' cultural adaptation style and level, what was and was not appropriate became an area to explore.

4.2.2 Resistance to Acculturation

While most of the participants discussed adopting some mainstream Canadian attitudes and behaviours, there were some instances where resistance to change may have been occurring. Resistance can be seen as part of the acculturation process, particularly when the recent immigrant rejects aspects of the new culture. Resistance is both a push towards and pull away from dominant Canadian norms, attitudes and behaviours, at the same time as a push towards and pull away from the traditional society of origin. Although women did not use the word resistance directly, in some instances, actions and stories seemed to indicate that the women were resisting pressure to conform to certain dominant Canadian attitudes or behaviours.

Although Sayegh and Lasry (1993) discuss resistance in an extreme form that they term ethnocentrism (where the recent immigrant denigrates and rejects attitudes and behaviours of the new society, see Figure 2), the resistance described by the participants was not so aggressive. None of the women completely rejected attitudes and behavioural norms of the host society. Religious beliefs and diet were frequently cited examples of how the women were resisting assimilation into dominant Canadian society. Rather than adopting Canadian dietary practices, participants continued to cook foods from their regions of origin.

Resistance in this form seems to have an effect on mainstream Canadian society. Foods from the participants' regions of origin were for the most part available at Superstore (one of the larger grocery store chains) and at speciality markets accessible from the inner city. Through resistance, the range of what is acceptable as mainstream in Canada may continue to expand.

4.3 Reflections and Reactions

This section is an overview of some reactions and reflections of the author.

4.3.1 Calgary's Inner City

A walk through Calgary's inner city reveals how some of the stereotypes of the inner city apply, but the inner city is also a vibrant growing area of the city. Juxtaposition is everywhere. Walking along the Bow River pathways being passed by bicycle commuters and joggers, one can gaze up to the most expensive condominium apartment complexes in the city. Keep walking and you end up at Eau Claire Market, where in the summer there are often festivals, fundraisers and other special events held outside the open-air indoor market.

Head south into the business district and the trees and grass give way to skyscrapers of glass and concrete. Every morning and evening people in suits going to work in offices crowd the sidewalks. Interspersed between crisply dressed professionals is the occasional homeless person, either busking or with a hat held out asking for spare change. The inner city has many different shelters and soup kitchens providing free meals for homeless and poor people who tend to stay in the downtown area. Through volunteering at a homeless drop-in centre, the researcher has learned that there are certain

parks that have a reputation as places to buy heroine or a host of other illegal drugs. Needle drop boxes hang on trees in these areas.

The inner city of Calgary is not just homeless people and tall office buildings. There are also residential pockets to be found right along main transportation lines. Shops on the bottom with apartments on top are common, as are low-rise apartment buildings just off the main streets. At the south of the inner city, Mount Royal, one of the oldest, most expensive areas of Calgary begins. In this area houses regularly sell for more than half a million dollars.

This walk through the inner city and surrounding area of Calgary leaves the researcher thinking about how the participants described living in the inner city as convenient upon settlement, and how moving away from the inner city was an eventuality. Most of the participants did not state that life in the inner city was part of their identities as it was only a temporary, convenient solution to needing to access services inexpensively. Inner city, for the participants, was not their community, but did not restrict them from becoming members of communities not tied to a local geographic location, nor from forming friendships with certain neighbours.

4.3.2 Resilience and Positive Attitudes

All of the interviews, with the exception of one conducted at an immigrant service organization, took place in the participants' homes. The researcher was continually amazed at how welcome she felt by the participants and their families. Often participants would insist that the interviewer stay for a meal, cup of tea, or special food from their country of origin. They were genuine and open, and because of their welcoming attitudes and friendliness, the researcher never felt that she was inconveniencing the women.

Here were women who had recently moved across the world with their families, often on the hope that they would be providing a better future for their children. The participants had sacrificed their socio-economic status, and employment satisfaction in an attempt to create a better future. Living in much smaller homes, working part time low-skilled jobs with more than 4 years of post-secondary education was frustrating for the participants. Despite this frustration, the women described meeting new people, building new friendships, exploring new freedoms such as driving a car, or communicating in a new language. While underemployment negatively affected the self-confidence of many of the participants, it increased as their language ability increased. The positive attitudes of the women interviewed were truly amazing. The women were resilient and creative in developing solutions and coping mechanisms.

Building social support networks was a skill at which the participants were very adept, often describing the joy that came from building relationships with a wide variety of people in many different circumstances. The participants even met people in unlikely settings such as on the C-train, and built relationships with an enormous base of people – other recent immigrants, people from a similar society of origin, and Canadian-born individuals. The speed with which these women were able to build these networks and access services was astonishing for the researcher who herself had recently migrated to Calgary. Surprisingly, while women did miss family and close friends back in their countries of origin, none of the women described feeling isolated. The women's attitudes, actions and words often belied a refusal to become victims through the process of migrating to Canada.

4.4 Findings in Context

Two important findings in context were the participants' strength in the face of upheaval and change, and the social and political context within which they were operating. The women's strengths included resiliency, courage, and tenacity. The social and political context within which participants were acculturating became oppressive and included negative psychological consequences for some of the participants. Within this social context, however, several of the women have developed strategies to increase their relational power. The personal characteristics of the women, which allowed them to successfully navigate the process of acculturation, are examined in the following sections.

4.4.1 Institutional and Political Context: Interplay Between Macro and Micro Levels

It is widely accepted that western contemporary society is hierarchical, not only at the macro but also meso and micro levels (Moane, 1999). All three levels of hierarchy shape and are shaped by the individual to a certain extent (Moane, 1999). Through hierarchies, oppression is created and perpetuated. This oppression is a result of unbalanced relational power systematically ensuring that certain individuals or groups have less decision-making ability in terms of discourse and knowledge. Power is operationalized here as relational, between people or institutions, rather than something owned and wielded by the dominant over those subordinate (Clegg, 1997; Frazer & Lacey, 1993).

Due to unequal power relations within the larger society, recent immigrants, particularly those who are visible minorities, face systemic discrimination. This

discrimination can have negative psychological consequences for recent immigrants. Service delivery for recent immigrants, and the policies surrounding these services reinforced some of the institutions and inequalities within society, but also can create space for change and new discourse.

Immigration policy at the national and provincial levels affects the participants' daily lives, including the services available, the cost of such services and the delivery mechanisms. Although national health policy includes universality and accessibility, recent budget cuts have disproportionately affected women, particularly immigrant women (Armstrong, Boscoe, Clow, Grant, Pederson, Willson et. al, 2003). Women are usually the first hit when intergovernmental relations break down (Armstrong et al., 2003). Similar to health policy, immigration policy is the responsibility of three levels of government, with significant input from local non-governmental organizations (Papillon, 2002). Although the federal government controls selection and admission of newcomers, provincial and local government are primarily responsible for settlement and settlement related policies (Papillon, 2002).

Funding to non-governmental organizations to provide settlement services has been reduced in the past decades, and increasing emphasis on accountability has limited the autonomy of these organizations (Papillon, 2002). Government legislation has dictated that only immigrants who have lived in Canada less than three years are eligible to receive funded services (Papillon, 2002). This legislation puts an artificial timeframe on the settlement period and acculturation process of individual immigrants.

Budgetary constraints and increased government control in front-line service provision for recent immigrants have limited the services available. Social support

networks that extend beyond recent immigrants are one way that recent immigrants can begin to link into services for Canadians, and expand the range of services available.

Despite recent financial constraints, local immigrant service organizations continue to receive funding from the federal government to design and implement programs, such as English language teaching, and employment counselling. The participants in this study were all accessing several of the services provided by local immigrant service organizations (with the exception of the woman who recently migrated from the United States).

4.4.2 Overcoming Challenges: Resilience and Tenacity

A review of the relevant literature on health of immigrants suggested that under-utilization and barriers to accessing health services was a serious problem for recent immigrants, particularly women (Ballem, 1998; Despart 1998; Kinnon 1999). None of the literature, however, spoke of the personal characteristics of recent immigrants that would facilitate overcoming barriers to access. The participants in this research did not have trouble accessing services, in part because social support networks increased access, as did local immigrant service organizations, and in part because of psychological responses to their situation. Despite not necessarily arriving in Canada with appropriate schemas (Thurston & Visandjee, forthcoming), women quickly developed ways to process, group and analyze new information within the new context.

Howard and Hollander (1997) describe cognitive schemas as abstract ways of processing and organising social information. It is "...through schemas people simplify reality, interpreting specific instances in light of a general category" (Howard &

Hollander, 1997, p.71). Schemas can be of two types: individual identity (or self-schemas), and group level (social schemas) (Howard & Hollander, 1997).

Group schemas include social roles, and statuses, and are approximately equivalent to stereotypes (Howard & Hollander, 1997). Group schemas allow people to categorize, and to form in-groups and out-groups (Howard & Hollander, 1997). Through schemas people tend to pay less attention to details of a situation, attending primarily to details that are consistent with expectations. Schemas become more or less salient depending on the context, situation and age of the individual (Thurston & Vissandjee, forthcoming). Similarly, Giddens' (1984) conceptualizes practical consciousness as attention to certain events going on around one's self in order to relate one's activities to those events. Practical consciousness is a form of selective, reflexive monitoring of behaviour (Giddens, 1984). In familiar situations, people tend to use pre-existing schemas to make inferences about new information and in this way perpetuate social expectations, for example the roles of a wife and husband (Howard & Hollander, 1997).

The participants of this study, upon migrating to Canada, were, in most cases, no longer in familiar situations. As emerged from the data, recent immigrants frequently have to rebuild their identities. The idea of rebuilding identity post migration concurs with other literature on migration (Thurston & Vissandjee, forthcoming). In the interim, upon arrival, recent immigrants may have to understand and act upon information within the schemas developed in their countries of origin whether or not these schemas are helpful (Thurston & Vissandjee, forthcoming). Part of the process of acculturation, therefore, is developing or adapting cognitive schemas to better fit the situations and context of living in Canada.

Self-schemas can shape what situations an individual will put themselves in (Howard & Hollander, 1997). Through migration, women who did not initially want to migrate may be faced with reshaping schemas in situations they did not choose to enter. When the women themselves made the choice to migrate, they were choosing to put themselves in that situation. Women who chose to migrate may have had self-schemas that were more flexible and easier to adapt to new circumstances, or may have been better prepared to change their schemas. These women tended to demonstrate more agency and a more positive outlook than women who did not initiate the decision to migrate.

Adapting schemas to better fit the Canadian context is not always a negative experience. Giddens describes how some individuals, instead of resigning themselves to numbness are, "...able more positively to grasp the new opportunities which open up as pre-established modes of behaviour become foreclosed" (1991, p.13). Many of the participants described the changes they were undergoing through migration and settlement in a positive way. Several women articulated opportunities for self-discovery provided by the migratory experience.

Modern technologies, such as the Internet, are global resources available to those who have the tools, skills and language ability. Several of the women in this study described accessing web pages from Calgary prior to arrival in Canada. Similarly, immigrant service organizations receive e-mails from all parts of the world with questions about accessing services from people considering migrating to Calgary (M. Styczynska, personal communication, March 7, 2003). Through the Internet it is possible to see what services are available, check annual temperatures and weather patterns, look at pictures, and find out a wealth of information about Calgary before migrating to

Canada. The spread of local knowledge globally may have assisted women in forming expectations linked to their schemas. It is also possible that the participants viewed themselves as educated and modern, and viewed Calgary as a place for educated and modern people.

Having expectations based on information from Calgary may have enabled women to begin processing social information in a useful way even before arrival. By understanding the power of meso and macro level factors on their every-day lives, some of the participants were able to explore this information prior to arrival. Preparation through accessing local Canadian information prior to migration, may assist recent immigrants to begin to question and analyze their existing schemas, particularly in-groups and out-group stereotypes. Women who accessed information about Calgary were able, for the most part, to align their expectations more closely with their lived experience than the women who came to Canada with little information. Aligning expectations prior to migration may be a process that facilitated quicker adaptation of social schemas, which was an important aspect of processing social information in a relevant and helpful way.

Re-framing of roles may have been a manifestation of forming new schemas about gender, socio-economic position and other characteristics, for the new context of Canada. During settlement, immigrant women may need to learn new schemas for gender (Thurson & Vissandjee, forthcoming). One informant described how in her country of origin women and men were expected to go into every profession in equal numbers, but in Canada women tended not to be engineers, and more often go into professions such as psychology, and social work. Her statements about occupational roles of women showed an underlying awareness that gender roles and expectations are different in Canada, and

she was beginning to collect information from the new context to create a new schema. The changing identity of participants in this study may be, in part, a manifestation of the construction of new schemas during the acculturation process.

4.5 Implications

This study was an exploration of the interplay of gender, migration, social context, socio-economics and health, on a purposive sample of eleven recent immigrant women living in the inner city. Because of small sample size and methodology further research is needed. Some of the learning from this study, however, may be transferable to other areas.

The public health literature that focuses on neighbourhood-based social relations as they relate to health, did not fit the situation of the participants of the study. Further research with a larger sample in several cities may reveal a consistent pattern with recent immigrants. Inhabitants of modern urban spaces often create non-spatial communities (Sampson, 1999). This does not mean that local relations are unimportant, but they are not controlling factors for many areas of social life (Sampson, 1999). Germain (2000) also suggests that social networks in contemporary urban areas are less dependent on physical proximity than those of the past. Specific geographic location within urban environments was salient to the health of recent immigrants in terms of their access to services, but they felt this living arrangement was temporary. With this sub-population, using geographic neighbourhoods as the unit from which to measure social relations is not appropriate.

A longitudinal study following recent immigrants through the initial settlement phase of acculturation and into later phases may reveal that as time in the host country increases, the roles of geographic neighbourhoods for social relation may change, becoming larger or smaller. Conversely in the present-day urban environment with a high level of car ownership and telephones, geographic place may not have a primary effect on the health of recent immigrants who successfully established social networks.

Similarly, an evaluation of local policy as it affects service delivery for recent immigrants in multiple urban settings may reveal patterns that support the data from this study. Exploring the interplay of the macro level policy as it affects the meso and micro levels of daily life for recent immigrants may give insight into appropriate policy directions at a national, provincial and local level.

The data reveals that the variation between different sub-populations of recent immigrants may be more enlightening for local policy initiatives than broad national surveys using aggregate data and problematic definitions of the term immigrant. For the women living in low-cost housing within the inner city of Calgary, accessing health care services was not a problem, however underemployment and the frustration of hiring policies were much more salient. This runs counter to the body of literature examining immigrants' health care services usage. This may be a reflection of the quantity and quality of services available in Calgary. Further research on this particular sub-population and other sub-populations of immigrants, their location in the inner city and their health status, may reveal further varieties not captured by aggregate data at the national or provincial levels.

Service providers working at immigrant service agencies in Calgary may benefit from knowledge of the strengths and coping mechanisms of the study participants. The strategies participants used for dealing successfully with the challenges arising during and after the migration process, particularly the development of a range of social support networks, may be useful to future immigrant women who move to the inner city of Calgary.

4.6 Strengths and limitations

This section presents some of the strengths and limitations of this research project and the implications that they may have on the research findings.

4.6.1 Strengths

Two key strengths of this pilot project have been identified. First, the method allowed for complexities to be revealed and for relationships among variables to be explored without presuming connections, or a vast knowledge of English language ability. The interview guide was flexible and probes were adapted to each interview.

A second strength was that recruiting was primarily through immigrant service agencies. Because of the relationship between Immigration Canada and community organizations serving immigrants, the participants were able to obtain information upon arrival about local services including English as a second language courses. Although there may be a small population of immigrants who choose not to make use of such services, the majority of immigrants do. Also, all refugees coming to Calgary must go through support services provided by these agencies, making agencies a good location for

recruiting for this kind of study (M. Styczynska, personal communication, March 7, 2003).

4.6.2 Limitations

Four major limitations of the study have been identified, primarily to do with sample and with interviewing methods. The first limitation is that this was the researcher's first time conducting qualitative interviews with an interview guide. Therefore, the style of questioning did not get at the level of detail to clearly delineate the interplay between determinants. Interview quality was also reduced because of limited English language ability of some of the respondents.

A second limitation of this study was that only two of the participants had teenage children, and they had not been in Canada very long. None of the parents were able to describe the acculturation stress or challenges that may have resulted from teenage children acculturating to Canada at a different rate and different level than their parents.

A third limitation was that through sampling methods, the researchers ended up with a sample of mostly women who had only been in Canada a short amount of time (for example four weeks) and therefore were not able to capture long-term effects of the migration process for this population.

A final limitation of this study was that all of the women had post-secondary education, training and work experience. This study was, therefore, unable to capture the effects of migration and the interplay of determinants of health on women who migrate to Canada with grade 12 or less and little or no work experience.

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APPENDICIES

Appendix 1: Interview Guide

Gender & Migration Study: Sample Interview Guide

DEMOGRAPHIC QUESTIONS:

1. In what year did you first come to Canada to live here?

   _____ (year – 4 numbers)
   Don't know/No response
   Canadian Citizen (born in Canada)

2. What is your date of birth?
   - ☐ _____ _____ _____
     Day Month Year
   - ☐ Don't know/no response

3. Which language do you speak more often at home? (*note to the interviewer:* ***Do not read the list,*** *simply check the corresponding answers*)

   Bengali (00)
   Cantonese (01)
   English (02)
   French (03)
   Hindi (04)
   Mandarin (05)
   Punjabi (06)
   Tamil (07)
   Urdu (08)
   Vietnamese (09)
   Other: (*please specify*)(10)_____

   Don't know / No response (11)

4. In which language can you carry on a conversation with a health professional? (*note to interviewer:* ***Do not read the list,*** *simply check all the appropriate answers*)

   Bengali (00)
   Cantonese (01)
   English (02)
   French (03)
   Hindi (04)
   Mandarin (05)
   Punjabi (06)
   Tamil (07)
   Urdu (08)
   Vietnamese (09)
   Other: (*please specify*) (10)_____
   Don't know / No response (11)

5. What is the highest level of education that you have attained (*note to interviewer: **Do not read the list**, simply check the corresponding answer*)

   No schooling (00)
   Primary school (01)
   Incomplete secondary school (High school) (02)
   Certificate from secondary school obtained (03)
   Some college, no diploma (04)
   Certificate from college obtained (*specify field:*_____) (05)
   Some university, no certificate obtained (06)
   Bachelor degree (*specify field*: _____) (07)
   Master degree (*specify field*: _____) (08)
   Doctorate completed (*specify field*: _____) (09)
   Don't know/ no response (10)

6. What is your current status in Canada? (*note to interviewer: read the list and check only the good answer)*

   Canadian citizen (00)
   Landed immigrant (01)
   Independent (02)
   With family (03)
   Refugee claimant (04)
   Refugee status (05)
   Other status (*please specify:* _____) (06)
   Don't know / no response (07)

7. What were your main reasons for coming to live in Canada?
   (*note to interviewer: **Do not read the list**, simply check corresponding answers*)

   Political problems in my country (00)
   To join the rest of the family (sponsorship) (01)
   To give a better education to my children (02)
   Economic reasons (03)
   Other (*please specify:*_____) (04)
   Don't know / no response

8. Where were you born? (*fill in the blanks*)

   Country _____
   Province _____
   City _____
   Don't know / no response

9. Have you lived in any other country besides your place of birth?

   Yes
   No (*Go to question 12*)
   Don't know / no response

10. If yes, where have you lived? (*note to interviewer: list all places mentioned*)

_____
_____
_____
_____
_____

11. How many years have you lived in each of these countries (aside from your country of birth) before coming to Canada?

Country	# of Years

12. Which of the following best describes where you lived before coming to Canada? (*note to interviewer: read the list and check only the good answer*)

Rural area or village (00)
Town (01)
City (02)
Big city (03)
Don't know / no response (04)

13. What is your religion? (*note to the interviewer:* ***Do not read the list****, simply check the corresponding answer*)

None (00)
Protestant (01)
Roman Catholic (02)
Other Christian (*please specify*_____) (03)
Muslim (04)
Jewish (05)
Buddhist (06)
Hindu (07)
Other (*please specify:*_____) (09)
Don't know / no response (*Go to question 18*)

14. Do you practice religious rituals?
Yes (00)
No (*Go to question 17*) (01)

15. How often do you practice religious rituals? Would you say: (*note to interviewer:* ***read the list*** *and check only the good answer*)

    A few times a year (00)
    Once or twice a month (01)
    Weekly or more often (02)
    Every day (03)
    Don't know / no response (04)

16. Where do you practice these rituals? Would you say: (*note to interviewer:* ***read the list*** *and check all good answers*)

    At home (00)
    At the church, mosque, temple or synagogue (01)
    At a community centre (02)
    Other (*please specify:* _____) (03)
    Don't know / no response (04)

17. Would you say that your religious ritual practices influence your health (physical health, social health, mental health, spiritual health, and state of mind)?

    Yes (*please specify how:* _____) (00)
    No (01)
    Don't know / no response (02)

18. Do you live alone?
    Yes (*go to question 23)* (00)
    No (01)
    Don't know / no response (02)

19. Do you live with a husband / wife (spouse)?

    Yes (00)
    No (*go to question 22*) (01)
    Don't know / no response (02)

20. Is s/he from the same country as you?

    Yes (00)
    No (*go to question 22*) (01)
    Don't know / no response (02)

21. Do you live with any family members? (mother, father, cousin, aunt...) other than children?

    Yes (*please specify how many:* _____) (00)
    No (01)
    Don't know / no response (02)

22. What is your present marital status? (*note to the interviewer:* ***Do not read the list,*** *simply check the only good answer*)

Married (00)
Married and separated (01)
Divorced (02)
Widowed (03)
Single, never married (04)
Don't know / no response (05)

23. Do you have any children?

Yes (00)
No (*go to question 32*) (01)
Don't know / no response (02)

24. If yes, how many children do you have?

1	6
2	7
3	8
4	9
5	10 (or more)

Don't know / no response

25. How old are your children who live with you? (*note to interviewer: clearly indicate months and years*)

1st child	6th child
2nd child	7th child
3rd child	8th child
4th child	9th child
5th child	10th child

Don't know / no response

26. Is there anyone in your surroundings to help you take care of the children? (*note to interviewer:* ***Do not read the list,*** *simply check all good answers*)

Neighbours (00)
Family member (*please specify*: _____) (01)
Friend (02)
Daycare (03)
Other (*please specify:*_____) (04)
Nobody (*go to question 30*) (05)
Don't know / no response (06)

27. In a typical week, how many times does someone in your surroundings (besides your partner/ spouse) take care of the children? Would you say (*note to interviewer: read the list and check good answer*)

    Never (00)
    Occasionally (01)
    Once a week (02)
    2-3 times a week (03)
    4-5 times a week (04)
    Don't know / no response (05)

28. Do you have help to take care of your children available to you when you need it?

    Yes (00)
    No (01)
    Don't know / no response (02)

29. Do you have any children who do not live with you?

    Yes (00)
    No (*go to question 32*) (01)
    Don't know / no response (02)

30. If so, do you get any help from them?

    Yes (00)
    No (01)
    Don't know / no response (02)

31. Do you get help from family members around the house?

    Yes (*please specify who:*_____) (00)
    No (*go to question 34*) (01)
    Don't know / no response (02)

32. Do you think you have enough help around the house?

    Yes (00)
    No (01)
    Don't know / no response (02)

33. Do you rent or own your home?

    Rent (00)
    Own (01)
    Another family member own home or is tenant
    Don't know / no response

34. Before coming to Canada, did you ever work for a salary?

    Yes (*please specify job:* _____) (00)
    No (01)
    Don't know / no response (02)

35. Have you worked since you have been in Canada? (*note to interviewer: read the list and check only the good answer*)

    For an employer on a salary, for wages or commission (00)
    Self-employed working in an enterprise, on a farm or in private practice (01)
    As an unpaid household worker (02)
    Don't know / no response (*go to question 40*) (03)

36. During the past 12 months, have you been working for salary?
    Yes (*please specify what:* _____) (00)
    No (*go to question 39*) (01)
    Don't know / no response (*go to question 40*) (02)

37. Are you presently working?
    Yes (*go to question 40*) (00)
    No (01)
    Don't know / no response (*go to question 40*) (02)

38. What are the reasons that prevented you from working for salary or profit during the past 12 months (during the most recent employment period)? (*note to the interviewer:* ***Do not read the list,*** *simply check the appropriate answers*)

    Illness or disabling condition (00)
    Pregnancy (01)
    Child care (02)
    Care of elderly parent(s) (03)
    Other personal or family obligations (04)
    Course work (study) (05)
    Work conflict (06)
    Temporary seasonal layout (07)
    Temporary and non-seasonal layoff (08)
    Permanent layoff (09)
    Non or partially paid leave (10)
    Retirement (11)
    Did not find work in my field (12)
    Did not find work (13)
    Language problems (14)
    Other (*please specify*_____) (15)
    Don't know / no response (16)

39. During the past 12 months, what was your household's principal source of income? (*note to interviewer: do not read the list, simply mark the option stated*)

My salary and / or wages (00)
Salary and/or wages of my husband/wife (01)
Salary and/or wages of any other family members (father/brother/sister etc.) (02)
Independent work revenue (03)
Dividend and interests on bonds, deposit in a trust, savings, shares mutual funds or other investments (04)
Unemployment benefit (05)
Work injury compensation (06)
Benefits from Canada or Quebec pension plan (07)
Benefits from a retirement plan (08)
Tax credit for children (09)
Municipal or provincial allowance or welfare (10)
Child support from the father / mother (alimony) (11)
Support from the husband (alimony) (12)
Student loan
Other (*please specify*_____) (15)
Don't know / no response (*go to question 42*) (16)

40. Considering your household's total yearly income, what are the sources of this income?

41. What was approximately your household's total income last year from all sources before taxes?

No personal revenue
$0 - $999
$1 000 – 5 999
$6 000 – 11 999
$12 000 – 19 999
$20 000 – 29 999
$30 000 – 39 999
$40 000 – 49 999
$50 000 – 59 999
$60 000 or more
Don't know / no response

LONG-ANSWER QUESTION GUIDE:

These questions are designed merely to assist the flow of conversation during the interview and do not need to be asked in order or using this exact wording.

Pre-Migratory Experience

1. Why did you move to Canada?
   - How do you see this experience?
   - Why did you choose Calgary?

2. How did you make the decision to move to Canada?

Gender

1. What was your day to day life like as a woman / man in your country of origin (your culture)?
   - Was your life like most of the women you know? (if no, why not?)
   - *Probes: expectations from family/community, what happened when expectations not met*

2. How is your life different now in Canada (as a woman / man)?
   - How has your day to day life changed?
   - Do you think that your life is like that of the Canadian women / men you know? (Why/Why not?)
   - *Probes: perceptions of "normal" here, jobs and work, effect on employment status*

3. How is this the same or different for you than it was/is for your mother (*or if male: father*)?

4. How do you feel that your family relationships are different now?
   - *Probes: Between country of origin and Canada, talking with kids, relationship with spouse*

Settlement Experience

1. What were your experiences during your settlement in Canada (during the first year)?
   - *probes: employment, access to health and other services, volunteer work, participation in community groups*
   - *if participants have been her a long time ask about experiences in latter years*

2. Do you have a group of friends or community to which you feel you belong in Canada?
   - Do they live near you?
   - How important are they to you?

3. How do you find information about community services etc.?

Health and Well Being

1. What did you used to do to keep healthy in your country of origin?
   - What did "being healthy" mean there?
   - *Probe: mental, spiritual, emotional health*

2. Can you still do all those things you did to keep healthy, here in Canada?
   - *If yes*: How did you start or initiate them?
   - *If no*: How have you changed/adapted so that you can stay healthy here?

3. What does "being healthy" mean to you now?
   - How is health in Canada different?

4. What happens when you get sick? When someone in your family gets sick?

Social Environment and Context

1. In the future do you want to move away from downtown (*this area*)?
   - Why or why not?

2. What would be different if you moved to another part of Calgary?
   - *Probe: positive and negative aspects*

3. Are there things about where you live now that affect your mental/physical/emotional health?
   - How do they affect your health?
   - *Probe: positive and negative aspects*

Appendix 2: Sample Consent Form

Consent Form

Research Project Title: Community and Health for Immigrant Women Living in Downtown Calgary

Investigators: Dr. Wilfreda E. Thurston, Associate Professor, University of Calgary
Ms. Jennifer Graham, Graduate Student, University of Calgary

Sponsor: Not applicable

This consent form, a copy of which has been given to you, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

PURPOSE

The purpose of this study is to investigate the meaning and the role of gender, migration and socio-economics on immigrant women's health. In the future, this may influence policies and programs that can improve the health of immigrant women living in Canada.

YOUR PARTICIPATION

You are being asked to participate because you are someone who has migrated to Canada. You have indicated that you are willing to share information about your pre-migratory experiences and resettlement process in a new country, as well as your perception about gender roles, and your health and well being.

Your involvement in the study will be approximately a one-hour interview that consists of questions about yourself and your family. You will be asked about your experience of immigrating to Canada, the role of women in your country of origin and how different it is in Canada, the resettlement process here, as well as your perception about your own health and how the migratory experiences might have affected it.

The interviewer will fill in the questionnaire, take notes, and record the interview. The audiotapes will be transcribed (typewritten) and will be analyzed.

BENEFITS

There is not likely to be an immediate direct benefit to you. In the future, however, there may be a better understanding of gender, migration and socio-economics on immigrant women's health, which may lead to the improvement of the health of immigrant women living in Canada.

RISKS

There is a slight risk of emotional harm. However, you may refuse to answer any questions or discuss any topic. You have the right to stop the interview if you don't want to continue. You may quit the study at any time without penalty.

CONFIDENTIALITY

To protect your identity, an identification code will be given to tapes and interview documents. Your name will not be used on stored tapes and interview documents. The list of names and codes will be kept in a secure area, separate from the interview material and will be accessible only to the researcher. There will be no need to use personal identifiers in the study's research report or direct quotations containing identifying information of participants in this stage of the study. Information gathered for this study will be stored for 12 years as per University of Calgary regulations.

COMPENSATION

In the event that you suffer injury as a result of participating in this research, no compensation will be provided to you by the University of Calgary, the Calgary Health Region or the researchers for any treatment of services your doctors recommend that is not covered by health-care insurance (Alberta Health Care). You will still have all your legal rights. Nothing said here about treatment or compensation in any way alters your rights to recover damages.

SIGNATURES

Your signature on this form indicates that you have understood to your satisfaction the information regarding your participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the investigators, sponsors or involved insitutitions from their legal and professional responsibilities. Your participation is voluntary. You are free to withdraw from the study anytime, without jeopardizing your health care. Your continued participation should be informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

If you have further questions concerning matters related to this research please contact:

Dr. Wilfreda E. Thurston at 220-6940 or E-mail: thurston@ucalgary.ca

If you have any questions concerning your rights as possible participant in this research, please contact Pat Evans, Associate Director, Internal Awards, Research Services, University of Calgary, at 220-3782.

Participants' signature: _____ Date: _____

Investigator and/or Delegate Signature: _____ Date: _____

Witness Signature: _____ Date: _____

A copy of this consent form has been given to you for your records and reference.