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Accessing Healthcare in Ontario: Influences on Utilization Among Asian Immigrant Women

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Graduate Program in Sociology
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Abstract

Previous research on immigrant integration has tended to focus on economic and social integration. As such, the factors shaping health integration are less understood. At the same time, health researchers suggest that immigrants in Canada may underutilize certain health services. For instance, studies have documented the low participation rates of cervical cancer screening among Asian immigrant women in Canada (Xiong, Murphy, Matthews, Gadag, & Wang, 2010; McDonald & Kennedy, 2007; Woltman & Newbold, 2007). This study sheds light on immigrant integration by exploring the experiences of Asian immigrant women with cervical cancer screening and Canadian healthcare services more broadly. Through in-depth interviews, Asian immigrant women share their experiences in the healthcare system. They report many difficulties including language, relationships with healthcare providers, cultural perspectives toward health, adjustment to a new healthcare system, and access to information. These findings help to shed light on health disparities and inform policies and practices that foster immigrant women's health.

Keywords

Immigrant health, health inequalities, immigrant status, Asian immigrant women, cervical cancer screening, access to healthcare, healthcare service use, health behaviours, integration, culture

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Table of Contents

Abstract.....	i
Acknowledgments.....	ii
Table of Contents.....	iii
List of Tables.....	vi
List of Appendices.....	vii
Chapter 1.....	1
1 Introduction.....	1
Chapter 2.....	4
2 Literature Review.....	4
2.1 Immigrant Integration.....	4
2.2 Healthcare in Canada.....	8
2.3 Cervical Cancer Screening.....	9
2.4 Social Determinants of Health.....	10
2.5 Culture.....	12
2.6 Alternatives to Canadian Mainstream Healthcare.....	14
2.6.1 Traditional Chinese Medicine.....	15
2.7 Gender of Healthcare Providers.....	16
2.8 Language.....	18
2.9 Family Roles.....	20
2.10 Intersectionality.....	21
2.11 Summary.....	22
Chapter 3.....	25
3 Methodology.....	25
3.1 Determination of Eligibility Criteria.....	25

3.2 Recruitment Process.....	26
3.3 Interview Process	27
3.4 Profile of Participants	29
3.5 Data Analysis	32
3.6 Summary.....	33
Chapter 4.....	34
4 Results	34
4.1 Attitudes Toward Health.....	35
4.2 Preventative Health Screening.....	37
4.3 Other Challenges.....	41
4.4 Healthcare Providers	42
4.4.1 Comfortability in Relationships with Providers	44
4.4.2 Health Practitioner Characteristics	46
4.5 Language.....	47
4.5.1 Mitigating Language Barriers	50
4.6 Culture.....	53
4.6.1 Traditional Chinese Medicine (TCM)	53
4.7 Adjustment to a New Healthcare System	58
4.7.1 Long Wait Times	60
4.8 Transnational Healthcare Use	62
4.9 Acquiring Health Information.....	64
4.9.1 Friends and Family	67
4.9.2 Technology	69
4.10Summary.....	70
Chapter 5.....	72

5 Discussion	72
5.1 Overview of Findings	72
5.2 Relation to Existing Literature.....	75
5.3 Implications for Immigrant Integration	78
5.4 Policy Recommendations.....	81
5.5 Limitations and Future Research	85
5.6 Conclusion	87
References.....	89
Appendices.....	112
Curriculum Vitae	115

List of Tables

Table 1: Participant Profiles.....	29
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List of Appendices

Appendix A: Ethics Approval Form.....	112
Appendix B: Interview Guide.....	113

Chapter 1

1 Introduction

Although immigration policies have changed over the years, the diversity in the demographic makeup of Canada continues to be fuelled by the expansion of immigration to Canada. The Canada 2016 Census reveals that 21.9% of Canadians identified as immigrants (Statistics Canada, 2016) – this number has grown from 20.6% in 2011, and 19.8% in 2006 (Statistics Canada, 2011b). Based on projections by Statistics Canada (2011c), immigrants could represent up to 30% of Canada’s population in 2036.

The diversity that immigrants bring to the cultural landscape in Canada has serious implications for the way that institutions and establishments serve and provide for Canadian residents. Among the most common reported origins of immigrants in the Canadian population are Chinese, East Indian, and Filipino, and more than half (56.9%) of all recent immigrants who arrived between 2006 and 2011 came from Asia (Statistics Canada, 2011b). As the origins of immigrants who move to Canada become increasingly diverse, it is important to examine the health and health service needs of immigrants, whose experiences may differ from those of Canadian-born citizens.

Researchers have documented a “healthy immigrant effect” across immigrant groups in Canada (Ng, 2011; Gee, Kobayashi, & Prus, 2004; McDonald & Kennedy, 2004). Typically, new immigrants have better health than native-born people, but lose this health advantage over time (De Maio & Kemp, 2010; Deri, 2004b; Newbold & Danforth, 2003; Ali, 2002). Although this phenomenon is documented broadly across immigrant groups, the healthy immigrant effect can vary depending on various factors, such as country of origin, age, or gender (Vang et al. 2015). Given that different immigrant groups experience differential outcomes related to health, it is important that investigations of immigrant health are nuanced and consider the specific circumstances of particular groups

Immigrant women are a particular group deserving closer attention. As women and potential members of visible minority groups, they can experience various challenges that

include discriminatory practices as well as ethnic and racial barriers. Furthermore, immigrants experience language barriers, and may have difficulty navigating new and unfamiliar systems (Vissandjee, Weinfeld, Dupere, & Abdool, 2001).

These issues may contribute to the poorer health outcomes that immigrant women experience in Canada. Research has documented that children and immigrant mothers typically have worse health outcomes compared to their male counterparts (Vang et al. 2015). Access to and utilization of healthcare services play an integral part in fostering integration in Canada, and it is important that these challenges are investigated in order to gain an understanding of the many facets of the immigrant experience.

Since challenges that immigrant women face in the healthcare system can have serious implications for their health and well-being in Canada, and access and utilization are important elements of this issue, this thesis explores the experiences of individuals who seek to use health services in Canada. Specifically, this thesis investigates the access and use of preventative health services among Asian immigrant women living in a mid-size city in Southwestern Ontario. Using in-depth interviews, three research questions will be addressed: (1) What are the challenges that Asian immigrant women encounter when accessing resources in the Canadian healthcare system? (2) How do culture and other related challenges affect Asian immigrant women's decision to participate in cervical cancer screening? (3) What are the strategies that Asian immigrant women use to navigate these challenges to maintain health in Canada? By addressing these questions, this study attempts to shed light on the challenges that limit health service use among Asian immigrant women, which may inhibit their integration into Canadian society.

This thesis is organized as follows. Chapter 2 provides an examination of the existing literature in order to provide context and to establish the contribution of my thesis. I identify gaps in the existing literature, as well provide background information on the key issues of focus. This chapter will begin with an overview of the literature on immigrant integration, as well as the existing research on social determinants of health. I then provide information regarding the current context of healthcare in Canada, including the significance of preventative health screening, and more specifically, cervical cancer

screening. Following, an investigation of various factors that shape immigrant health experiences will be conducted. Culture, language, family roles, practitioner relationships, and intersectionality will be discussed in relation to how they can influence access and utilization of health services.

Chapter 3 will outline the methodology that was used in this study. I pay specific attention to the procedures that were used during the research process, and also consider the strengths and limitations of the methods used in this study. I also provide a detailed profile of the participants featured in this study.

In Chapter 4, I share the results of my findings. I present the key themes that were identified in interviews with participants regarding their experiences in the healthcare system. I highlight themes surrounding the common challenges and difficulties that inhibited use of and access to preventative health services, and more broadly, general health services in the healthcare system. Participants share their experiences and stories, as well as the strategies they employed in response to the obstacles they faced when attempting to access and use health services in the healthcare system.

Chapter 5 outlines the results of this study and makes connections to the existing literature. Implications of my research are discussed within the context of its relevance to current scholarship and policy regarding immigrant health. In light of this study's findings, I propose policies and recommendations that could ease the challenges and barriers that Asian immigrant women face in the healthcare system. In summary of this chapter, I discuss the limitations of this study and ideas for possible future research.

Chapter 2

2 Literature Review

The purpose of this literature review is to examine the existing research in order to provide context for the issue under focus, and to establish the contributions of this thesis. I begin with an introduction regarding the literature surrounding immigrant integration. I then provide information regarding the current landscape of healthcare in Canada, including the significance of preventative health screening. Specifically, I explain the importance of cervical cancer screening and the issue surrounding access and use of preventative health services among Asian immigrant women. Next, I provide a brief background on the relevance of the social determinants of health, as well as various factors that affect immigrant experiences within the healthcare system. Within this discussion, I investigate influences on immigrant health including culture, language, family roles, practitioner relationships with patients, and intersectionality.

2.1 Immigrant Integration

The process of integration can span across many different spheres of life in society. In the sociology of migration, assimilation theories attempt to explain the progression by which immigrant groups integrate into their new country of residence. Although researchers have traditionally examined immigrant integration in spheres such as work and education, few have sought to expand the application of these theories to other domains, such as healthcare.

Nevertheless, assimilation theories provide a useful perspective to understand the processes by which immigrant groups settle into their new communities, which is often through the adoption of the norms of the dominant culture. For example, Milton Gordon (1964) describes assimilation as the “entrance of the minority group in to the social cliques, clubs, and institutions of the core society at the primary group level” (Alba & Nee, 1997, p. 830). Applied to healthcare, one might assume that immigrants will eventually use healthcare resources at the same rate as native-borns. However, this is not

the case. For instance, research has shown that immigrants on average still use less physician services compared to native-born Canadians (Tiagi, 2016).

Although the concept of assimilation connotes a seemingly straightforward path, different models of assimilation theories suggest that integration is much more complex than a linear progression where characteristics or behaviours of a minority group converge towards that of the dominant group. Adoption of cultural norms between the majority and minority group can be a reciprocal relationship, where cultural practices of the minority are also adopted by the majority. In this case, immigrants also actively shape norms and practices within the dominant culture, rather than merely absorbing those of the dominant culture (Algan, Verdier, & Bisin, 2012). Assimilation can also occur in a digressive fashion, where alternative pathways result. In this case, segmented assimilation theory proposes that processes of integration can differ across groups and in fact, some groups may actually be more vulnerable to downward assimilation.

Specifically, segmented assimilation theory suggests that groups with racial or ethnic disadvantages often lack in resources, and thus, face increased structural and institutional barriers that limit opportunities that foster integration in society (Portes & Zhou, 1993). Members of visible minority groups can face exacerbated challenges, such as discrimination or prejudice, which diminishes successful prospects of locating employment or attaining higher levels of education. These additional barriers can lead to divergent pathways in assimilation. This theory suggests that it is also possible that some immigrant groups may face more challenges in fully accessing and utilizing healthcare services in Canada.

The existing research documents the numerous difficulties that immigrants face when settling in Canada. They encounter a diverse set of challenges that limit their opportunities to lead fully integrated lives. As mentioned previously, research tends to focus on areas such as economic integration. Even with increasingly high levels of education, they continue to face difficulties entering into the labor market (Schellenberg & Hou, 2005; Picot, 2004). This is a cause for concern since immigrants who arrive with

valid qualifications are not able to experience the same successful outcomes as their native-born counterparts.

Research points to various possible reasons for these disparities in outcomes. For instance, foreign credentials are often devalued within a Canadian context (Buzdugan & Halli, 2009). Although more and more immigrants are arriving with university degrees (Schellenberg & Hou, 2005), they may not be viewed as equivalent to degrees obtained domestically. Other reasons that contribute to inequalities in labour market outcomes include language difficulties, cultural differences, lack of networks, and discrimination (Bachi, 2001, Bloom, Grenier & Gunderson, 1995, Chiswick & Miller, 1995). The significance of this issue is illustrated by the extensive effects of these labour market difficulties. Not only do immigrants face these challenges, children of immigrants continue to face difficulty integrating into the labour market despite growing up in Canada. Second-generation immigrants typically attain high levels of education compared to their parents (Abada & Lin, 2011). However, many of them still experience poorer labour market outcomes, such as unemployment and lower rates of pay (Palameta, 2007).

The pervasiveness of this issue is significant and is documented by the vast amount of research that focuses on the difficulties immigrants encounter when attempting to achieve economic integration in Canada. Facing less successful outcomes, the existing literature also highlights strategies that immigrants employ in order to respond to these specific challenges.

In response to these issues, many immigrants turn to ethnic communities to circumvent these barriers. Choi (2009) states that “an ethnic community is particularly important for new immigrants, who are more likely to be culturally and socially marginalized in the society and to rely on ethnic ties and supports” (p.1263). In Canada, immigrants often feel socially disconnected and find it difficult to build relationships with individuals in the community. Some immigrants have reported that they find it difficult to identify with dominant groups in the community, and often feel less of a sense of belonging due to

their immigrant status (Veronis, 2015). Ethnic communities can provide needed social connections for immigrant groups.

Furthermore, ethnic communities serve as resources which immigrants can rely on in order to help them respond to the new struggles that they face. Individuals within these communities share a sense of solidarity and are able to relate with one another since many may have had similar experiences. Also known as ethnic capital, the relationships and supports found within these groups serve as resources that help newcomers navigate their way through unfamiliar customs and systems in a new country.

Individuals in these communities share advice and strategies with new immigrants to help them transition and better integrate into Canadian society (Portes & Sensenbrenner, 1993). Given the fact that some immigrants report that the great challenges upon arriving to Canada included access to resources (Lai & Hynie, 2010), ethnic communities play a crucial role in mitigating the difficulties immigrants face when seeking information. Acknowledging the importance of ethnic capital in the access and utilization of healthcare is important, as it may be a pathway through which immigrants are able to acquire knowledge to make use of health resources available in Canada.

Currently, although the focus of immigrant integration through a socioeconomic perspective has produced a greater understanding of the challenges that immigrants face, a fuller and more comprehensive picture of integration is obscured through such a focus. There are many studies that document the challenges that immigrants face in accessing and utilizing healthcare, but very few acknowledge the importance of healthcare as a domain where integration also takes place. Furthermore, within the immigrant healthcare literature, the research on specific experiences of subgroups remains sparse, and more precise examination of subgroups within the immigrant population is necessary. As mentioned previously, differing groups may face different challenges depending on their resources and ethnic backgrounds – and attempts to understand these distinct experiences are important in order to gain a deeper understanding of the immigrant experience in Canada.

2.2 Healthcare in Canada

Canada has a publicly funded healthcare system that aims to support its residents in acquiring the health resources they need to maintain health and well-being. The Canada Health Act mandates that provincial and territorial health insurance standards must be met, which includes providing services that are accessible, comprehensive, and universal (Health Canada, 2011). This means that all residents must be able to access the range of medically necessary services that are provided by the government.

Specifically in Ontario, residents are covered by the Ontario Health Insurance Plan (OHIP). OHIP covers many services including doctor visits, hospital stays, as well as screening services. Core screening programs are funded by OHIP and include preventative health services such as screenings for cervical cancer, breast cancer, and colorectal cancer (Government of Ontario, 2016). Individuals are encouraged to participate in these programs at no charge.

OHIP extends its coverage to all residents of Ontario. This means that not only Canadian citizens are eligible to use these services, but all individuals who live in Ontario have the right to do so as well. This includes individuals who are permanent residents (also known as landed immigrants), any individuals who have made an application for permanent residency, as well as individuals who have valid work permits (Government of Ontario, 2017).

Although immigrants have access to healthcare through the OHIP program, many immigrants do not benefit from these services because they do not use them. Research has documented the lower rates of health service use among immigrants. For example, primary healthcare services such as visits to general practitioners are generally less common among immigrants. Tiagi (2016) found that compared to native-born Canadians, both recent and established immigrants use physician services less, and recent immigrants are more likely to visit an emergency room for care.

It is likely that full participation in and utilization of primary healthcare services requires acquisition of a family doctor. Even though all immigrants have access, less are able to

fully utilize these services because it can be difficult to get a family doctor upon arrival. The process of finding a family doctor can take a long time and many immigrants struggle to find a family doctor in Canada (Asanin & Wilson, 2008). Doctors can be the pathways through which other healthcare resources are utilized, and immigrants who do not have a family doctor face disadvantages in being able to find out information about other key services for health maintenance, such as preventative health services.

Healthcare is a major right for residents in Canada, and if individuals are not able to fully access and use the services available to them, they become limited in that sphere to fully participate as members of Canadian society.

2.3 Cervical Cancer Screening

Cervical cancer screening is one of the services provided by OHIP as part of its core cancer screening program. Also known as a Pap test, it is one of the most widely available forms of cancer screening (Pottie et al., 2011). The procedure involves the removal of a small sample of cells from the cervix, which is then taken to be examined to determine if there are any abnormal changes in the cells (Canadian Cancer Society, 2016).

Cervical cancer is of particular interest because it is one of the most preventable forms of cancer, where early diagnosis and treatment have very high success rates (Cancer Care Ontario, 2015). The survival rates of individuals diagnosed in the early stages of cervical cancer are drastically higher, ranging from 90%-93%, compared to the survival rates of individuals who are diagnosed at a later stage, which range from 15%-16% (Canadian Cancer Society, 2016).

Although highly treatable and preventable, morbidity and mortality rates from cervical cancer are much higher among immigrant women than Canadian-born women. Pottie et al. (2011) report that in 2002, “mortality rates from cervical cancer were 1.4 times high among foreign-born women than among Canadian-born women” (p. E906). Due to the significantly lower rates of participation in screening among immigrants, “women who have never undergone cervical screening and those who have not had cervical screening in the previous five years account for 60%–90% of invasive cervical cancers” (p.

E829). In particular, Asian immigrant women are at an increased risk because they have one of the lowest rates of screening compared to all immigrant women in Canada (Xiong, Murphy, Matthews, Gadag, & Wang, 2010; McDonald & Kennedy, 2007; Woltman & Newbold, 2007).

Exact reasons for lower participation rates in preventative health screening among Asian immigrant women remain unclear. It has been documented widely that immigrants have lower rates of preventative health screening participation (Kim, Chandrasekar, & Lam, 2015; Lofters, Moineddin, Hwang, & Glazier, 2010; Kandula, Wen, Jacobs, & Lauderdale, 2006; Wong, Gildengorin, Nguyen, & Mock, 2005; Goel et al., 2003). However, most of the existing research consists of quantitative studies that investigate the likelihood that various groups will engage in preventative health screenings (Cesario et al., 2015; Khan, Carpenter, Watson, & Rose, 2010; Reindl Benjamins & Brown, 2004). Asian immigrants do emerge as a distinct group that has lower rates of healthcare service utilization (Ye, Mack, Fry-Johnson, & Parker, 2012; Kim & Keefe, 2010; Sun et al., 2010; McDonald & Kennedy, 2007), and although studies propose possible reasons as to why these disparities exist, very few studies seek to explain this issue outright.

2.4 Social Determinants of Health

The literature surrounding immigrant health has been extensive, with much attention paid to the healthy immigrant effect. Social determinants of health play a crucial part in this discussion, as social conditions have the ability to shape health behaviours and outcomes. Sociological research has documented how health inequalities are often a result of social inequalities, which are then reinforced by social structures and forces (Mikkonen & Raphael, 2010).

Link and Phelan (1995) propose a theory that explains how health outcomes can stem from inequalities in the social structure. Their theory of fundamental cause argues that certain groups in society have access to more beneficial resources, which in turn, can impact health. Advantageous resources such as money, knowledge, power, prestige, and social connections can protect health by mitigating the risk and consequences of disease (Link & Phelan, 1995).

Socioeconomic status remains one of the strongest influences on health outcomes, and since race and ethnicity are often closely tied to resource attainment and allocation, this creates additional risks for certain groups. Immigrants who belong to visible minority groups may face disadvantages in acquiring beneficial resources that create better conditions for healthier outcomes. Moreover, Williams, Priest, and Anderson (2016) confirm that visible minorities are exposed to a wider range of stressors, including institutional discrimination and structural disadvantages, all of which increase the risk of poorer health outcomes. Compared to their white counterparts, Williams and Sternthal (2010) argue that racial/ethnic minorities experience poorer health outcomes which are persistent over time. Immigrants face increased challenges within the social structure that have an ability to impact their health and well-being.

The healthy immigrant effect documents that immigrants' health advantage declines drastically over time. Reasons for this decline could include hardships experienced in a new country after arrival, such as economic hardships, discrimination, and other challenges associated with transitioning to a new country (Angel & Angel, 2006). Additional resources and energy needed to respond to these issues may not be immediately available, due competing priorities and stresses involved with settlement, causing further strains which can impact health and well-being.

Others have argued that reasons for this decline can also include adoption of different lifestyle behaviours which negatively affect health. Immigrants can be exposed to a wide range of different behaviours, such as unhealthy diets, smoking, or alcohol consumption (Morales, Lara, Kington, Valdez, & Escarce, 2001). Some of these behaviours may even be adopted to cope with the strains associated with settling in a new country. It is evident within this context that immigrants face an increased myriad of challenges that contributes to disparities in health outcomes.

Healthcare services then, can be a vital resource for immigrants who face the strains associated with new transitions in a different country. The utilization of health services can mitigate the stressful effects of moving to a new country experienced by many immigrants, to help maintain and promote well-being. However, given that immigrants

are less likely to use practitioner services or consult primary physicians for care (Tiagi, 2016; Deri, 2004a), it seems possible that the same social structures that limit healthy outcomes also limit utilization of healthcare resources. Further examination of the possible social conditions that perpetuate these disparities is needed to shed light on immigrant inequalities in healthcare.

2.5 Culture

Culture can shape conceptions of health, and can play a crucial role in shaping health behaviours and experiences. Kagawa-Singer, Valdez-Dadia, Yu, and Surbone (2010) states that “culture also frames attitudes towards gender roles, concepts of health and suffering, meaning of body parts, and decisions about life [and] illness...” (p. 18). As immigrants can come from a variety of cultures, different meanings and behaviours associated with health can be prevalent. Immigrants may bring different cultural values, beliefs, and practices that differ from those dominant within the Canadian healthcare system.

The literature documents that immigrant women may have different views on health. Many immigrant women are more supportive of holistic approaches to health, which involves physical, mental, social, and even spiritual components (O'Mahony & Donnelly, 2007; Meadows, Thurston, & Melton, 2001). Immigrant women have reported that Western-style health services feel less compatible with their culture as many are based on biomedical frameworks which focus predominantly on physical symptoms (Pollock, Newbold, Lafrenière, & Edge, 2012, Weerasinghe & Mitchell, 2007). Adjusting to a new healthcare system with new norms can be significantly difficult if individuals feel disconnected from the services that are available.

Although it is important to recognize the role of culture in the provision and delivery of health services, many healthcare providers still do not recognize how cultural differences can impact the quality of care that is provided to immigrants. Montoya (2005) explains that “a healthcare professional’s cultural competence with respect to a particular patient or family affects the process of establishing rapport and the quality of assessment and care likely to be achieved” (p. 26).

For example, dynamics involving norms of communication styles in different cultures can affect whether or not important health knowledge is imparted to immigrant patients. In Asian and South-Asian cultures, communication is typically more indirect and nonconfrontational (O'Mahony & Donnelly, 2007). This may require a healthcare provider to be more forthcoming and forthright about providing health information, even when the patient does not actively indicate they have questions or concerns. Donnelly (2008) explains that some Vietnamese immigrant women's interactions with doctors in Canada are very much informed by status. She notes that Vietnamese immigrant women sometimes have difficulty asking their doctors for additional information as asking further questions is seen as undermining the doctor's authority. As culture informs social interactions, misunderstandings can occur when healthcare professionals are not aware of the extent that culture can affect health service experiences.

Furthermore, lack of experience or training among practitioners regarding cultural competencies contributes to the challenges faced by immigrants in the healthcare system. The lack in formal training regarding intercultural relationships can also promote miscommunication and misunderstandings between providers and patients (Rosenberg, Richard, Lussier, & Abdool, 2005). McGibbon, Etowa, and McPherson (2008) emphasize that attention to cultural considerations, such as the cultural competence of healthcare providers, are important in the delivery of healthcare services.

Although culture considerations are important for the healthcare system, in order to better adequately serve and provide for all its patients, Canada's healthcare system does not have many provisions in place to help cater to the cultural needs of immigrants. For example, while Muslim immigrant women are accustomed to acquiring female providers for their health needs, a cultural norm in their home countries, the healthcare system in Ontario is not structured to make these accommodations (Newbold & Ng, 2011). Cultural barriers created by differences in cultural backgrounds and dissimilar expectations or understandings were cited by healthcare workers to be big challenges when working with immigrant populations (Sheppard, Williams, Wang, Shavers, & Mandelblatt, 2014). When unable to utilize health services in a similar and comfortable manner, immigrant women can be more reluctant to seek out services.

2.6 Alternatives to Canadian Mainstream Healthcare

Cultural differences stemming from differences in values and routines can cause immigrants to feel alienated from the predominant healthcare practices in Canada. This may encourage immigrants to turn to alternative sources of healthcare. Immigrant women have reported they prefer alternative medicine or traditional medications to address health issues due to a lack of trust or understanding of the Western-style approach of healthcare (O'Mahony & Donnelly, 2007). Other reasons for using alternative health services in Canada may be to avoid the challenges experienced when trying to use mainstream health services in Canada (Roth & Kobayashi, 2008).

Cultural familiarity and identity are also important considerations for immigrants when deciding to engage in alternative services (Pollock, Newbold, Lafrenière, & Edge, 2012). For example, engaging in health practices such as Traditional Chinese Medicine (TCM) allows individuals to “perform and reaffirm cultural identity, maintain their moral status and fulfill social roles, and pass down health knowledge and cultural heritage” (Kong & Hsieh, 2012, p. 844).

One study by Lai and Chappell (2007) report that “despite the fact that most participants (96.8%) report having a family physician who they could consult, every two out of three older Chinese immigrants report using Traditional Chinese Medicine in combination with Western health services” (p. 62). However, even though many immigrants have reported they use alternative health services, those who participate in these other measures still use mainstream health services to address health needs. For example, immigrants who use TCM do not solely rely on these services as their only source of healthcare, but still utilize both alternative and Western health services to address their health problems (Roth & Kobayashi, 2008; Lai & Chappell, 2007; Tjam & Hirdes, 2002; Lee, Rodin, Devins, & Weiss, 2001).

When discussing alternatives to mainstream health services in Canada, it is also important to consider health resources that immigrants may use outside of Canada. Transnational healthcare is often used when barriers are difficult to overcome in their countries of residence (Calvasina, Muntaner, & Quiñonez, 2015; de Freitas, 2005;

Messias, 2002). Returning to a home country where services may be more culturally familiar can be a common practice among immigrants. The cultural comfort and familiar environment of a different healthcare system may make it easier for immigrants to get treatment (Son, 2013). Immigrants have been known to travel to home countries to receive medical examinations, medications, or even communicate by phone or email to receive advice from familiar providers (Wang & Kwak, 2015).

2.6.1 Traditional Chinese Medicine

Research indicates that many Asian immigrants have a preference for Traditional Chinese Medicine (TCM) when Western health services do not provide them with the solutions they need to address their health problems. Others also seek out these services because of cultural familiarity and personal preference. Predominantly, immigrants remark on the fact that they find TCM to be much more holistic and effective for the health issues that they experience. It is believed that TCM uses much more natural processes when targeting health problems (Merighi & Wong-Kim, 2007), as opposed to Western treatments which are more aggressive, often resulting in changes to the body and negative side effects (Lu & Racine, 2015).

In terms of effectiveness, some patients who consult with Western health services find that the advice and solutions offered by Western practitioners are not useful to truly address their problems (Chiu, 2006). Where Western practitioners tend to only treat apparent symptoms of an issue, TCM practitioners target root causes of the issue with a holistic and preventative approach. Since the root cause of the issue is being treated, Chinese immigrants believe that a TCM approach is more likely to lead to long-term and permanent cures (Zhang & Verhoef, 2002).

Other criticisms of the Western healthcare system include the delays and time-consuming processes required to obtain services from mainstream healthcare providers. A participant from Wang, Rosenberg, & Lo's (2008) study explained that he did not acquire a family doctor in Canada because "he did not want to repeat his friends' experiences of 'repeating blood tests and other lab tests without getting timely and proper treatment'" (p. 1418). Those who seek out TCM services find it much easier to make appointments due to the

more flexible schedules of TCM practitioners. Further, they are more comfortable communicating with a practitioner who shares their language (Chung, Ma, Lau, Wong, Yeoh, & Griffiths, 2014).

Moreover, when seeking advice from Western physicians, immigrants described experiences where they felt the severity of their experiences were not taken seriously (Zhang & Verhoef, 2002). Patients explained that the sympathy of Chinese doctors is much more appealing when they want to discuss serious health concerns (Chung, Ma, Lau, Wong, Yeoh, & Griffiths, 2014). These characteristics have encouraged other immigrant patients to also use TCM services. In Canada, not only do Chinese immigrants use TCM services, Korean immigrants also seek out these resources because they also feel it is more effective and comfortable than mainstream health services (Wang & Kwak, 2015).

Despite the widespread use of alternative practices and resources, immigrants still do tend to use both mainstream and alternative services. Research remains sparse regarding the extent to which practices are used. More research is needed on health service use in Canada. Given that health service use may be complex, involving numerous avenues of healthcare, deeper investigations are needed to fully understand how immigrants navigate the healthcare system, and what types of resources they use to address their health needs. Understanding these features may point to unconsidered avenues to promote preventative health screening among immigrants.

2.7 Gender of Healthcare Providers

An important consideration for immigrant women when seeking health services is the gender of healthcare providers. Immigrant women have reported that being able to see healthcare practitioners who are female is important to them because it increases their comfort levels (Asanin and Wilson, 2007). Individuals who come from cultures that endorse more conservative values may find it challenging to seek health services where female practitioners are not guaranteed. Muslim women have described experiences where they felt stressed because they were refused a female physician (George, Lennox Terrion, & Ahmed, 2014).

In particular to screening, immigrant women prefer having females conduct the procedures as individuals sometimes have concerns about modesty and have specific notions about the female body. Immigrant women who participate in breast cancer and cervical cancer screening have found the procedures uncomfortable as they consider the female body to be a private and intimate matter (Donnelly, 2008). Among Filipino, Chinese, and Asian-Indian women, barriers to breast cancer screening included being seen by a male practitioner (Wu, West, Chen, and Hergert, 2006). Many studies have reported that immigrant women would much rather have a female perform a Pap test (Hulme et al., 2016; Black, Frisina, Hack, & Carpio, 2006; Ahmad, Gupta, Rawlins, & Stewart, 2002). One study even reported that women were more likely to be screened for cervical cancer if they had access to a female healthcare provider (Lofters, Moineddin, Hwang, & Glazier, 2011).

Overall, in all types of healthcare, it seems that having a female healthcare professional increases the likelihood that women will feel more comfortable utilizing health services. Challenges have been noted where difficulties arise when immigrant women were unable to see a female provider. For example, male physicians described experiences where they were unable to attain sufficient information about immigrant women's gynecological history in order to adequately understand their health concerns because they were reluctant to speak about these topics to a male provider (Degni et al., 2012).

The inability of the healthcare system to accommodate the needs of immigrant women can result in less engagement with health services. When faced with health concerns, individuals may feel more at ease to manage issues on their own, rather than see a healthcare provider who they may not be comfortable with, particularly regarding more sensitive issues surrounding the female body. Some immigrant women have even revealed that being able to see a female clinician is more important than having language compatibility with their providers (Redwood-Campbell, Fowler, Laryea, Howard, & Kaczorowski, 2011). Among the various challenges that immigrant women face in the healthcare system, it seems that the gender of healthcare practitioners is a key consideration that can impact the likelihood of utilization as well as the quality of services received.

2.8 Language

One of the many common challenges that immigrants face when moving to a new country is the difficulty involved with using a different language. The literature documents the significance of this problem and how it can affect the day-to-day lives of immigrants. Although the majority of immigrants may experience this problem, immigrant women may be more likely to experience language challenges. When immigrating to Canada, women are more likely to be admitted through the family class or refugee class, where language proficiency in one of Canada's official languages is not one of the requirements for admission (Pottie, Ng, Spitzer, Mohammed, & Glazier, 2008).

Health experiences can be affected by language in a variety of ways. Being able to communicate adequately in an official language may be associated with greater likelihood of seeking out health services, greater ability to communicate health concerns, as well as better comprehension of health advice that is given. Interestingly, it seems that language proficiency can also affect health itself. Ng, Pottie, and Spitzer (2011) found that not being able to communicate in English or French can negatively impact the health of immigrants over time. They state that “during immigrants’ first four years in Canada, the prevalence of poor self-reported health rose dramatically among those with persistently limited language proficiency: from 5% to 12% for men, and from 8% to 21% for women” (p. 5).

Specific to immigrant women, having language fluency was observed to be advantageous for their health, while no such benefits were found among men (Singh Setia, Lynch, Abrahamowicz, Tousignant, & Quesnel-Vallee, 2011). Language capacity can be important for health service utilization since one can seek out services more independently, instead of depending on a spouse or family member for assistance when services are required. Individuals with limited fluency can also be restricted in the range of healthcare providers that are available to them, and language limitations often result in delays in seeking and receiving care (Guruge et al., 2009). For example, it may take additional time for immigrants to seek out information and locate appropriate services.

Not being able to locate healthcare services can be difficult since public information about health resources is typically distributed in English (Bowen, 2015).

Not surprisingly, studies have found that those with lower language proficiencies have lower rates of health service and preventative health service usage. They have lower participation rates for general checkups and fewer visits for non-urgent medical health problems (Pottie et al., 2008; Pearson et al., 2008; Jacobs, Karavolos, Rathouz, Ferris, & Powell, 2005). Regular usage of health services even when health issues are not severe are important for health maintenance and well-being. Those who have less language fluency may encounter increased difficulties when attempting to seek services, and thus, only use health services when issues are severe and require treatment.

Research has documented explicit examples of the language difficulties immigrants experience when communicating with healthcare providers. South Asian patients have reported that they feel anxious that their physician might not be able to understand them properly because of their language limitations (Asanin and Wilson, 2008). Korean immigrants explain that they often avoid using health services because they have difficulty understanding what healthcare providers tell them (Son, 2013). Chinese immigrants who are used to using medical terminology in their own language experience difficulty understanding the same terms in English (Chung, Ma, Lau, Wong, Yeoh, Griffiths, 2014). These types of communication barriers can be harmful since important information may be miscommunicated, and can result in misdiagnoses or inappropriate treatments. Furthermore, not being able to fully understand healthcare providers can impede understanding of health advice or instructions given. Since healthcare providers may not be aware of the need to adjust their methods of communication to help immigrants better comprehend health information (Zanchetta & Poureslami, 2006), they face a disadvantage even when they do seek out and use health services.

Language proficiency can also affect healthcare experiences. Positive experiences typically stem from being able to communicate adequately in a country's predominant language. Lebrun (2012) remarks that those who are more language proficient typically have much better healthcare experiences than those who do not. Specifically,

discrimination can occur based on inability to speak the language. Individuals have described experiences where they were treated “unfairly by nurses who ‘were nicer to native-speaking white patients’” (Wang & Kwak, 2015, p. 345). It is evident that language has the ability to shape the health experiences of immigrants in numerous ways.

2.9 Family Roles

The expectations that are associated with occupying particular positions in society can place burdens on individuals to act and behave in a certain manner. For women, socially defined meanings attributed to gendered family roles can influence how they engage with health services. Epstein, Bishop, & Levin (1978) explains that “family roles are the repetitive patterns of behavior by which individuals fulfill family functions” (p. 23). Women may be expected to take on household responsibilities that limit the way in which health services are utilized. Since societal meanings attributed to gender can encourage individuals to fulfill certain obligations, it is important to consider how social roles influence individual health seeking behaviours.

Caregiving as a duty is most often expected to be performed by women in families (Currie & Wiesenber, 2003). Research has documented the strains associated with caregiving, where individuals who engage in these activities face increased risks of adverse physical health, emotional distress, as well as poorer mental health (Chappell & Funk, 2011).

Among immigrant women, it seems that many hold strong ideals regarding family obligations, and caregiving as a central obligation (Spitzer, 2005). In Korean culture, family is often prioritized over the individual, and a woman’s role is to look after the children (Pak, 2006). South Asian women understand personal health as important in order to care for their children and husbands, and not to be a burden to others (Meleis, Birch, & Wachter, 2011). Women who prioritize their caregiving duties within the family may ignore their own health needs.

The time and effort required to support and care for family members can be great.

Women who engage in important activities such as childcare can find it costly to take the

time and engage in personal health seeking behaviours (Currie & Wiesenber, 2003). When seeking health services, it appears that women are more likely to utilize health services and have more contact with healthcare providers (Currie and Wiesenber, 2003). However, it may often be the case that these services are utilized for the benefit of others in the family, rather than themselves (Vlassof & Bonilla, 1994). For example, it is likely that women are the ones who bring children to see the doctor. Balancing individual needs as well as providing support and care to family members may be difficult, and the expectations of caring for the family may encourage women to see family members' needs as more important than their own. When health issues arise, it can be common for women to cope with problems on their own, or even ignore their health concerns completely (Kitts & Roberts, 1996).

It seems that the responsibilities associated with caregiving place strains on individuals that create increased risks of adverse health outcomes. Regular use of health services can help mitigate the effects by identifying health issues early on, and obtaining appropriate treatment when necessary. However, given that the very nature of caregiving means often prioritizing others over themselves, women may have fewer opportunities to actively use resources to maintain personal health.

2.10 Intersectionality

While the prominent literature on immigrant health documents broader trends across the immigrant population, there is merit in focusing on subgroups within this demographic. The immigrant population is diverse, and different subgroups may experience different challenges in Canadian society. Intersectionality then is a valuable approach to gain a greater and deeper understanding of the disparities that individuals experience in their everyday lives (Hankivsky, 2012).

There is complexity involved in understanding the experiences of individuals who face compounded disadvantages within the social structure. Sen, Iyer, and Mukherjee (2009) state that “multiple sources of disadvantage, such as class, caste, race, ethnicity, and so forth, work together to influence health” (p. 397). In many existing studies, factors that are identified to contribute to inequalities are predominantly conceptualized as separate

processes. It is important to use a multifaceted approach when examining social inequality because these factors can interact with each other to create experiences that are unique. Choo and Ferree (2010) contend that the intersectional approach is useful in providing the means to “give voice to the particularity of perspectives and needs” (p.132). Furthermore, when examining issues of social inequality, richer empirical findings can be produced when perspectives from those who are multiply disadvantaged are incorporated (Choo and Ferree, 2010).

Intersectionality challenges preconceived notions that categories of social identity, such as race and gender, are separate or exclusive from one another (Crenshaw, 1991). Rather, these social categories are fluid and flexible, often working in tandem, and are mutually constructed and reconstructed (Hankivsky, 2012). Hankivsky, Cormier, and De Merich (2009) state that intersectionality “moves beyond single or typically favoured categories of analysis to consider simultaneous interactions between different aspects of social identity, as well as impacts of systems and processes of oppression and domination” (p. 3). Rather than using these components of social identity to define or represent groups, there is more of an emphasis on understanding the nature of relationships among social groups, and how they can be subject to change (McCall, 2005).

Studies that have incorporated intersectionality have found that unique configurations resulting from the interaction of a variety of factors can produce different effects on health (Waldron, Weiss, & Hughes, 1998). Acknowledging the importance of ethnicity, gender, and immigrant status and how these factors can influence the lived realities of individuals is important to more fully capture the immigrant experience, and the specific challenges that particular groups face. Using an intersectional approach to examine health inequalities will help to identify the unique issues that marginalized groups face and hopefully identify strategies to better address their needs.

2.11 Summary

The existing literature has documented many barriers that limit health service utilization among immigrants, and in particular immigrant women. Many obstacles exist for individuals who attempt to seek health service use, including cultural differences,

physician characteristics, family roles, and language. Research suggests that these factors can affect health service utilization in a way that can also negatively influence health. Although research cites these factors as having the ability to influence immigrant women's health seeking behaviours, more specific investigations regarding the experiences of Asian immigrant women are needed. There are gaps in knowledge regarding under which circumstances these factors can be actualized, and whether all immigrants experience these challenges the same way.

Given that research has documented the low participation rates of Asian immigrant women in cervical cancer screening, it is important to examine the unique situations of these individuals. Moreover, there seems to be limited Canadian research focused on the intersectional status of Asian immigrant women and how a combination of factors can influence health decision making behaviours. Examining access and utilization of healthcare services can further shed light on immigrant integration in Canada, and how specific challenges within this domain can debilitate the integration process.

By talking with Asian immigrant women, this qualitative study attempts to understand their experiences more fully and deeply by posing the following questions. (1) What are the challenges that Asian immigrant women encounter when accessing resources in the Canadian healthcare system? (2) How do culture and other related challenges affect Asian immigrant women's decision to participate in cervical cancer screening? (3) What are the strategies that Asian immigrant women use to navigate these challenges to maintain health in Canada?

This thesis contributes to the current literature by deepening the research that has identified broader patterns of health service use among immigrants by investigating the specific experiences of Asian immigrant women in the healthcare system, and identifying the specific factors that contribute to health service use disparities through a sociological analysis. This study seeks to examine the conditions under which they encounter challenges when using healthcare services, and how these difficulties limit their interactions in the healthcare system in a way that debilitates their integration into Canadian society. Using cervical cancer as a case study, this thesis will focus on the issue

of immigrant participation in preventative health service. An in-depth investigation of utilization of preventative services is needed to gain a greater understanding of the specific health challenges that members of this group face.

Chapter 3

3 Methodology

This chapter explains the methodology that was used in this study. The purpose of this study was to explore the challenges that Asian immigrant women encounter in the healthcare system, as well as the factors that influence Asian women's use of preventative health services in Canada. To examine this issue, qualitative in-depth interviews were conducted with 14 Asian women in one Southwestern Ontario City.

In this chapter, I discuss the criteria that were used to recruit participants, and the reasons behind the determination of the eligibility criteria. I then describe how the recruitment of participants was carried out in this study. Following, I describe the interview guide that was used in interviews with participants, and explain in detail how interviews were structured. I conclude the chapter with a description of how data acquired from interviews were analyzed, explaining the data analysis process that led me to my findings.

3.1 Determination of Eligibility Criteria

Before participants could be recruited for this study, eligibility criteria had to be established in order to locate appropriate individuals to participate in the study. Snape and Spencer (2003) argue that "the aims of qualitative research are directed at providing an in-depth and interpreted understanding of the world, by learning about people's social and material circumstances, their experiences, perspectives and histories" (p. 22). Purposively determining eligibility criteria is important in order to ensure that "all the key constituencies of relevance to the subject matter are covered" (Ritchie, Lewis, & Elam, 2003, p. 79). Within this context, participants were chosen based on several key requirements.

Since this study sought to understand the experiences of Asian immigrant women, the participants in the study needed to be individuals of East Asian or South Asian descent. Participants also needed to have immigrated to Canada. Eligibility was not restricted in

terms of the number years that participants resided in Canada; this was left open to gain a wider variety of insights from both recent and long-term immigrants. Participants also had to be female, aged 30-50, and either be married or have children. It was important to specify these specific criteria to ensure that potential differences in health service utilization or challenges experienced by these women would not be due to difference in life stages. Participants were also required to reside in a city in Southwestern Ontario because regional differences regarding availability and provision of services may exist across different locales.

3.2 Recruitment Process

An ethics application was submitted to the University of Western Ontario Research Ethics Board before recruitment procedures began for this study. The application was approved on July 15, 2016, and participant recruitment began in late July 2016.

Recruitment posters were displayed in numerous public locations such as grocery stores, libraries, and community bulletin boards. Recruitment posters were also posted on social media to locate potentially interested individuals to participate in the study. To reach a larger audience, recruitment emails were sent to local immigrant organizations, community centres, and local associations to help spread awareness about this study in order to locate potential participants. Recruitment efforts continued for almost two months until several participants expressed interest through email in late September. During the following months, recruitment continued steadily as participants referred other potentially interested individuals to participate in the study.

The main method through which subsequent participants were recruited was through passive snowball sampling. Referrals typically happened on an individual basis, where one participant referred an individual who would be interested in the study, who then would refer another individual. At the end of each interview, participants were invited to share the study with other individuals who fit the eligibility criteria and who they felt might also be interested in participating in the study. Posters about the study and contact cards were handed out for their reference. This type of sampling was also useful to locate other eligible participants who may not have known about this study through the general recruitment methods that were used.

Qualitative research seeks to understand the particularity of experiences and to gain a deeper understanding of issues within specific contexts. Maxwell (2003) contends that the merits of qualitative research do not depend on the generalizability of its findings. In fact, that is not the goal of qualitative research. Qualitative research is an avenue by which deeper inquiries can be investigated and detailed descriptions of a particular issue or population can be obtained (Maxwell, 2013). The intention here was to recruit participants who would have the capacity to share relevant experiences that would help shed light on the issue of focus.

3.3 Interview Process

Ritchie (2003) explains that individual interviews are “particularly well suited to research that requires an understanding of deeply rooted or delicate phenomena or responses to complex systems, processes or experiences because of the depth of focus and the opportunity they offer for clarification and detailed understanding” (p. 36-37). In-depth interviews allow knowledge to be shared by individuals on their own terms (Schutt, 2015). All participants would have valid experiences to share which would be relevant to the focus of the study. It was important that participants be given the platform to their own stories because they each would have informed perspectives and unique insights to share. The personal narratives shared by each individual would contribute to the knowledge gathered regarding the challenges that Asian immigrant women face in the healthcare system.

The duration of interviews was flexible and since the format of the interview was conversational in tone, no pre-determined time frame was rigorously followed. The 14 interviews conducted in this study ranged from 30-60 minutes, and were conducted face-to-face at a location of the participant’s choosing. Participants chose various locations which included coffee shops, libraries, malls, and their own homes. Participants were provided a letter of information, available in both English and Chinese, explaining the details of the study. Participants were also informed that their participation was entirely voluntary, and that they had the option to withdraw without penalty at any time. Before the beginning of each interview, participants had the opportunity to ask questions before informed consent was requested to proceed with the interview. Participants were also

given the opportunity to be entered into a draw for 1 of 5 \$10 Tim Hortons gift cards as a gesture of gratitude for taking the time.

To help participants feel more comfortable with interview proceedings, participants were given the option to have the interview conducted in English or Cantonese, two languages which I was able to speak fluently. In the event that a participant would feel more comfortable speaking in another language, the option was made available for them to bring an individual who could interpret the proceedings. Out of all the interviews that were conducted in this study, only one interview was conducted in Cantonese, and only one participant brought a friend as an interpreter. This individual had the capacity to speak both English and Mandarin, and before the interview started, the individual was required to sign a form explaining the conditions of confidentiality.

Interviews began with simple descriptive questions to allow participants the time to feel at ease with the interview. It was important to have opening topics that were straightforward and easy to answer. Arthur & Nazroo (2003) explain that the purpose of introductory questions is “to get the participant talking and to help them understand the discursive, conversational style of data collection” (p. 112). Since interviews were semi-structured, an interview guide was created to help discussions stay on topic. Interview guides help “to ensure that relevant issues are covered systematically and with some uniformity, while still allowing flexibility to pursue the detail that is salient to each individual participant” (Arthur & Nazroo, 2003, p. 115). They are also useful tools to increase consistency in the data collection process.

The interview guide consisted of guiding questions that focused on relevant topics related to the research questions of this study. Topics included general attitudes about health, experiences in the healthcare system, as well as experiences with preventative health screenings, cultural attitudes about health, and personal opinions about the healthcare system in Canada. Prompting questions were also included to gain more information about answers or to clarify any responses that were unclear. Such prompts were useful as they also provided an opportunity for both the interviewer and the participant to further reflect on the issue being discussed, leading to more fulsome and meaningful answers.

Semi-structured interviews are valuable because they create an environment where participants feel more comfortable to speak freely. Not constrained to a specific question and answer format, participants have the ability to express their opinions and speak whenever relevant thoughts or information come to mind. The value of the semi-structured interview comes from its adaptability as well. As each participant can be different, the tone and type of discussion could be catered according to their needs. Furthermore, the semi-structured nature of the interview allowed for fluidity in conversations to be achieved, which helped dialogue to flow and sometimes led to unanticipated topics. New insights that had not been considered previously could be investigated further with more discussion.

3.4 Profile of Participants

The sample in this study included 14 participants whose ages ranged from 35-49. Nine participants were from China, 4 participants were from Taiwan, and 1 participant was from Vietnam. The majority of participants were married and had children. Only 2 participants were not married, and only 1 participant did not have any children. The participants in this sample had relatively high educational credentials. Educational attainment ranged from a high school diploma to a PhD degree. Employment among participants was quite mixed, where 8 participants were employed and 6 participants were unemployed. Participants reported that their preferred language was typically their native language, which in this case, was commonly Mandarin. The years of residency in Canada among participants varied widely, spanning from a minimum of 3 years to a maximum of 24 years. Information concerning participants is summarized in Table 3.1 (below).

Table 3.1: Participant Profiles

Pseudonym	Country of origin	Age	Age at arrival	Highest level of education attained	Married	Number of children	Years resided in Canada	Employed	Preferred Language
REN	Taiwan	38	25	Bachelor	Yes	2	13 years	Yes	Mandarin
JOANNE	China	43	31	Master	Yes	3	12 years	Yes	Mandarin
DIEP	Vietnam	44	20	High School	Yes	2	24 years	No	Vietnamese
JANICE	China	37	33	Bachelor	Yes	1	4 years	No	Mandarin
JOYCE	China	45	42	Bachelor	Yes	1	3 years	No	Mandarin
SANDRA	China	44	42	College	Yes	1	2 years	Yes	Mandarin
JILL	China	35	20	Bachelor	Yes	1	15 years	Yes	English
YU MING	China	46	24	College	No	2	22 years	Yes	Cantonese
JACKIE	China	45	37	College	Yes	3	8 years	Yes	Mandarin

WANG LI	China	45	40	Bachelor	Yes	1	5 years	Yes	Mandarin
PHOEBE	Taiwan	49	43	Bachelor	No	1	6 years	No	Mandarin
LOIS	Taiwan	43	34	Bachelor	Yes	2	9 years	No	Mandarin
CECILIA	Taiwan	37	26	Master	Yes	2	11 years	No	Mandarin
LI FEN	China	47	32	PhD	Yes	0	15 years	Yes	Mandarin

3.5 Data Analysis

Each interview was audio-recorded and transcribed word by word after the interview proceedings. Efforts were made to transcribe interviews within a reasonable time frame to encourage a more accurate transcription of the interview. Notes were also recorded by hand during the interview and afterwards, documenting any memorable information that might be insightful and useful during the data analysis process later on.

The transcripts were reviewed and analyzed to identify major themes and trends across all interviews. Transcripts were examined numerous times in order to meticulously extract information regarding the challenges that participants faced, as well as the strategies that were used to navigate the healthcare system. Throughout the process of data analysis, data exploration and interpretation were executed back and forth in a cyclical manner to more deeply discover significant insights that were embedded within the data.

Common themes were evident. Information highlighting key facets of Asian immigrant women's healthcare experiences in Canada was grouped under the following broad headings: (1) difficulties communicating in the English language; (2) degree of comfortableness in their relationships with doctors; (3) different cultural perspectives towards health; (4) adjustment to a new healthcare system; (5) locating and accessing health information.

Qualitative researchers must recognize that their own background and situation within society informs their understanding and interpretation of the world (Schutt, 2015).

Researchers who are aware of their own particular life circumstances can better recognize any biases that might occur in the data interpretation process. As an Asian immigrant myself, it was evident in the interviews that participants felt more comfortable discussing topics regarding culture and their opinions of the challenges they face in the healthcare system. This allowed me to be privy to more candid accounts of participants' experiences. Participants used phrases such as "You know, how we are, we're Asian", or "As Chinese, you know", to explain their shared sense of solidarity about the experiences they had encountered. I was able to empathize with certain comments having been exposed to

similar experiences, and having a deep mutual understanding of topics that were discussed during the interviews allowed me to investigate more deeply into issues that might have been new territory with other individuals who had no previous exposure to these topics.

For example, participants felt comfortable sharing in-depth their experiences of alternative health resources, especially regarding Traditional Chinese Medicine (TCM). Due to my ethnic background and familiarity with this practice, participants felt more comfortable in sharing their thoughts with someone who would understand and not judge their choice of medical practices. Although useful in gaining deeper insights, it was very possible that my shared similarity in backgrounds with participants could create biases in the interpretation of data during the analysis process. To reduce this partiality, it was important that I was mindful of this status, and referred regularly to the current existing research to better objectively analyze the insights that were shared in the interviews.

3.6 Summary

This chapter explained the methodology that was in the study, describing the intent behind the selection of specific procedures. The determination of eligibility criteria was discussed, making reference to the reasons why specifications were important for this study. The recruitment and interview proceedings were also described in detail, and a profile of participants was shared to provide a description of the individuals who participated in this study. Lastly, the processes involved in data collection and analysis was explained, making specific reference to the importance of reflexivity in the research process.

Chapter 4

4 Results

In the interviews conducted, participants discussed barriers and difficulties that inhibited their ability to use healthcare services. All participants acknowledged the challenges that they, or others around them, as immigrant women faced in the healthcare system.

Although not all barriers mentioned directly concerned the issue of preventative healthcare, many of these barriers impacted participants' regular use of healthcare services, as well as their overall perception of the adequacy of the healthcare system. Their stories and their experiences helped to shed light on the distinct problems they encountered as immigrant women, as well as the circumstances through which they experienced difficulties and challenges.

Before carefully analyzing the data within the interviews, it is helpful to provide a general overview of the findings. While participants spoke of the importance of health, the women in this study preferred individual and alternative health services for health maintenance. Many participants expressed frustration with the health services they had experienced in Canada. Specific challenges to their utilization of preventative health procedures included discomfort with male practitioners, as well as lack of knowledge about available health resources. In terms of overall challenges in the healthcare system, language barriers were highlighted to be an issue that was experienced by all participants in this study. Language difficulties were pervasive: from making an appointment to communicating to their healthcare provider about their health concerns. Cultural attitudes and preferences regarding health were also emphasized as important in shaping approaches for health maintenance. Many participants expressed their partiality for Traditional Chinese Medicine (TCM). This was due to the ease in usage, the cultural familiarity they had with the services, and their consideration of the practice as a distinct component of their cultural identity. Furthermore, adjustment to a new healthcare system was hard, especially for new immigrants, where many participants lacked information and knowledge as to how to locate health resources they needed. Information about health services was obtained either by way of luck, personal information seeking, or through conversations with friends and family.

4.1 Attitudes Toward Health

Interviews with participants began with questions about their perspectives on the importance of health in their lives. All participants without exception confirmed the importance of health. Discussions revolved around health as a vital necessity for all aspects of life.

Health? I think health is the most important to every people. If you are not health, you have nothing.

–Janice, age 37, Taiwan

Well, health, of course is important! You can only do things if you have health, without health, you can't do anything. You can only do things if you have health.

–Yu Ming, age 46, China

Healthy? I think that's... number one.

–Jackie, age 45, China

Several participants mentioned that health was becoming more significant to them as they got older. Health became increasingly important because participants realized that their bodies were becoming more susceptible to sickness and disease as they aged. They acknowledged that it was much more difficult now to recover from illnesses and ailments than compared to when they were young.

It's very important – especially – I think when you're getting older and older, it's important thing. It's very important – because when you young, so sometime you get sick you can recover right away, right? But old when you sick, it takes long time.

–Li Fen, age 47, China

The majority of participants mentioned routines that they regularly engaged in to maintain healthy living. Most of these practices involved eating healthy, exercising regularly, and living wholesome lifestyles.

Uh... do some exercise... and yeah, I participate in a dance class, I go every week, we have one night for dance.

–Joyce, age 45, China

Health... I eat healthy food... I do simple exercises... don't have unhealthy routines, like don't smoke, drink, those things, absolutely do not do those things. Health, drink water, things like that.

–Yu Ming, age 46, China

However, some women mentioned that engaging in healthy exercises and routines were difficult due to balancing work and their responsibilities with children. Although they acknowledged the importance of participating in activities that promote health, participants mentioned that they could not find the time to engage in such activities due to their responsibilities with children in the home.

To stay healthy? Um... to work out, maybe... do some work, or um... the... diet, health diet, and some... mm... sorry I didn't go to any of the gym after my daughter... um, give birth to my daughter, I have no time to do that. So just busy, maybe some rest, yeah.

–Janice, age 37, Taiwan

Drink water, uh, I know exercise would help but I don't have time for exercise 'cause I have a little baby, so that is exercise, I have to take care of her.

–Jill, age 35, China

Regular health service use was not mentioned as an activity that respondents participated in to maintain health. All participants in this study mentioned that they would only access health services or see their doctor if they were extremely sick.

I never see a doctor if I have no any uncomfort.

–Janice, age 37, Taiwan

Well... only when I am in the like, the really bad, then I will go see the doctor. Even just the common cold and stuff like that, I don't usually go.

–Ren, age 38, Taiwan

Wow, um, I don't know. I go when I need it, when I'm sick, so I don't do regular checkup although I know I – I am entitled to? Um, I'd say every.... 4, 5 times a year?

–Jill, age 35, China

Several participants did mention that they do see doctors for checkups, although it typically was normal to not go for a long period of time.

Doctor, very rarely I go see the doctor. Just only when I do checkups, sometimes once a year, sometimes once every two year years... actually, currently, it's been around 3 years since I've seen one last.

–Yu Ming, age 46, China

Depends. I – I don't – unless it's really sick, but I haven't had that for a long time. I usually go for the regular check or if I have some concerns about... something.

–Cecilia, age 37, Taiwan

Doctor? How often? Oh... very... seldom. Only for me, maybe only for some times is the... um... in flu? Or sometimes, maybe... 5 times in a year. I didn't count, but I just guess, maybe less than 5 times a year. Um... usually for my daughter.

–Janice, age 37, Taiwan

It should be noted that life stage seemed to influence the rate at which participants go to see their doctor. For example, Janice and Jill both mentioned that they rarely see the doctor, however, their estimates approximate that they visit the doctor around 5 times a year. Both these participants have infants at home, which might account for their higher estimates. Janice explicitly mentions that when she goes to the doctor, it is often for her daughter. All other participants who had older children or no children approximated their visits to the doctor at around once a year, or less than once a year. It is very possible that one of the pathways through which participants see the doctor more often is due to their young children.

Overall, the attitudes expressed by participants indicated a conscious and active awareness of health and well-being, including participation in activities that promote disease prevention. However, for some women, obligations in the home and with children debilitated their ability to fully engage in health promoting activities. It seemed that for some, regular use of healthcare services for preventative measures such as checkups were not common for health maintenance.

4.2 Preventative Health Screening

In regards to preventative health screening, all participants in this study had participated in cervical cancer screening within the past 3 years. All participants were also supportive of this type of preventative health procedure. They considered screening as a useful

procedure that was beneficial for maintaining health and preventing disease and illness. When asked whether or not preventative health screenings were beneficial to them, Ren and Diep responded:

Yeah, at least you know what's going on from the professional doctors, right? Because they probably know better about bodies, but... yeah.
 –Ren, age 38, Taiwan

I think so, yeah. But I heard – I heard they say the more early you find out and the more treat you – it's treat you better.
 –Diep, age 44, Vietnam

Participants described several key facilitators responsible for their participation in cervical cancer screening. Doctor recommendation was the main reason why participants participated in cervical cancer screening. Many women credited their doctors for informing them about the Pap test.

CECILIA: I can't remember if it was one year ago or one year and a half but I did regularly I think.

GN: And when you did it, was it usually doctors who recommended you to do it or would you ask?

CECILIA: Doctors recommend me to do it. I didn't ask. Yeah.

GN: Do you usually wait for the doctor to ask you or would you ask your doctor to do it?

JACKIE: No, I wouldn't, the doctor ask me.

Women also reported that they received letters inviting them to book a Pap test with their family doctor. Letters seemed to be effective for the purpose of informing women about opportunities for cervical cancer screening. However, despite receiving information from letters, many women still relied on their doctors to bring up the recommendation to screen.

JOYCE: Uh, I got a letter from the government. I don't know – maybe some organization. Then, uh... when I make an appointment and I went the hospital, the doctor help me did that, and uh...yeah, I remember two or three, several, couple of months later, I got the results.

GN: Okay, so you got a letter, and you knew you had to do it, so you told your doctor?

JOYCE: Uh... no. I... I didn't told the doctor. He recommend.

Phoebe critiqued the letters as ineffective and claims that in her home country, Taiwan, advertisements promoted screening, and that approach was much more effective.

They only mail you a letter, and usually people when they see the letter they don't really read it – who will read it? And it's so tiny, the letters, who reads it, right? Yeah, in Taiwan they do that [advertisements] quite a bit.
–Phoebe, age 49, Taiwan

Ren, also from Taiwan, shared similar sentiments.

So in Taiwan, ever since Taiwan, they educate the kids, teenagers actually, when you, they reach 18, they just started to do Pap smears once every year. So it was like, uh, a informative informational commercials you see on the TV and then they just promote these things, and try to just tell the ladies that you should take care of yourself, and this is not from school, this is just from the commercial, and they tell you to do this.
–Ren, age 38, Taiwan

Some women mentioned that it was not their family doctor who informed them of the screening, rather, it was their friends who shared that information with them.

I heard it from my friend, and... they don't tell you. My family doctor didn't tell me.
–Li Fen, age 47, China

In Li Fen's case, her doctor did not ask her to participate in cervical cancer screening. It was her friends who told her such an opportunity was available. Other women also described how friends and family were an important source of information about cervical cancer screening.

For me... I think some of my friends do that [Pap test]... because maybe if some people... mm... close to me – like her friends, she got some news from her friends that one of her friends is – got that, and then maybe she will make decide to take the test.
–Joyce, age 45, China

I think new immigrant would not know they can do it [Pap test]. Unless you have friends here, or relatives here, they might talk about it, tell you about it, then you'll know.
–Yu Ming, age 46, China

Although all women in this study acknowledged they were able to participate in cervical cancer screening through these means, they acknowledged that it would be common for women to not be aware of these opportunities.

Yeah, you don't know unless someone tells you or you go to the clinic and they have a brochure, or if they have um commercials to like educate you... so how can the people know if they just like... I don't know... they are not educating the people to remain healthy regularly, you know. They don't make commercial, they don't make adverts to let everybody know... so... what happen is... that a lot of people they don't know the... steps, the procedures, in order to do certain things.
–Ren, age 38, Taiwan

You know back home, they never do anything like that [Pap test]. So if you haven't and you – if you never do that, you don't call, that's why I never heard anything about it. It's so strange for you to come here, you come here, and then I heard about it, and maybe I just go out, I don't know, people don't talk to me that much, you know what I mean.
–Diep, age 44, Vietnam

Interestingly, women in this study not only regularly participated in cervical cancer screenings, but a handful of participants also discussed their dissatisfaction regarding the infrequency of cervical cancer screenings. Some participants expressed their frustration at the long time they had to wait before being able to take the Pap test again.

I say I want to do the Pap test and I try to keep it once every year, because in Asia, in Taiwan, they do once every year. I don't understand, they do once every 6 months actually, 6 months or once a year, and then they just want you to do it regularly in order to... if there is something wrong, you can do the immediate treatment right, and so I don't understand like why they push back to two years and now to 3 years, because if you think a 3 years gap, things can change.
–Ren, age 38, Taiwan

JOYCE: They should have to, we have to make the physical test every year [in China], but here, family doctor just told you should, it depends on your age... And he told me, like, I need to take the test every 2 years.

GN: So in China you take it every year and here you don't.

JOYCE: Yeah.

GN: Do you feel like you prefer to do it every year here if they would let you?

JOYCE: Yeah, I prefer to do every year.

After checkup, they explain what the results are and how many years you can get examined again. I think they told me 3 years. Before it was 2 years! 2 years after, now it's become 3 years.

–Yu Ming, age 46, China

Some of the participants in this study explained that because they were able to participate in cervical cancer screenings more frequently in their home country, they felt that the longer intervals in Canada between screenings could lead to longer delays in identifying potential problems and starting treatment early if needed. As a result, some participants were dissatisfied with the current timeframe for screenings since they felt that the longer period between screenings could exacerbate or worsen health outcomes.

4.3 Other Challenges

Other challenges to preventative health screening included making appointments and scheduling time. Time, especially for working mothers, was tight. Several participants mentioned that the hassle of making an appointment and taking time off work discouraged them from participating in the procedure.

But I'm not going to say next year I'm gonna do it or... make it into a scheduled thing to do, even though I know it's needed, I mean it's supposed to, but my think... I understood is if I don't do it every year, as long as I feel normal, which is wrong, and I know, but I just don't have time to go for all that 'cause you need to call, you need to make appointment, right, it's not like you walk in the door and you gonna do it, even if you walk in the door, you still have to wait for it, right, to get in line and wait for it, which means I need to take time off work to do it. I think that was preventing me from doing it on a regular basis.

–Jill, age 35, China

And also – that also, little complicate, you have to make appointment ahead of the time, and then only very special time, so it...hard. Especially for women testing... If you miss that date, no, not this time, you have to wait next month.

–Li Fen, age 47, China

Physical barriers such as transportation also proved to be a major challenge for some participants. Phoebe and Diep explained how not having access to a car was problematic for them.

Well, but I don't know, see at least – over there, because Asia transportation are easier... Here, I imagine when I get old and I have to take a taxi ... it costs me 20 bucks to get to the doctor, right? Yeah. So, yeah.

–Phoebe, age 49, Taiwan

My doctor very good. But it's just because of... sometime I have problem with car, you know...

–Diep, age 44, Vietnam

As a result of this difficulty, participants mentioned that they used health services less because they could not find adequate means to get to their family doctor. Their ability to use health services were reduced because there was no actual physical means to get to a doctor even if they desired to go see one.

4.4 Healthcare Providers

Women discussed how the gender of their doctor mattered to them, especially for preventative health screening. Women who had male doctors discussed hesitation and uneasiness when considering whether they should get a Pap test. Attitudes about modesty and comfort with their healthcare provider were particularly important.

She's a female, that's much better. My old, my... previous doctor was male, and he got retired, but then, I have to say like... I'm not very comfortable with that.

–Ren, age 38, Taiwan

Yeah, I think it's okay, but I don't know, it's good, very good, uh... if uh, like women's doctor is maybe best. Yeah (laughs)... maybe it's best doctor is for that [Pap test].

–Sandra, age 44, China

Uh, to me, just sometime, the man... I don't feel comfortable, with the uh... man, and that's it... You know, how we are, we're Asian. More private than that... but now, I'm getting used to... before, ah, so uncomfortable.

–Diep, age 44, Vietnam

Maybe I don't know – maybe because I'm old-fashioned – he's male doctor. He's good looking, very handsome, so when he says you have to come in and do the Pap test, I'm thinking, 'No no!' (laughs) I'd rather go back to Taiwan and do it – do that.

–Phoebe, age 49, China

Jill discussed this issue and explained that her doctor offered her alternatives if she felt uncomfortable. In response to her preference of a female provider, she decided to go to a local health unit to complete her screening there.

I think when we visited, like our family doctor would ask, would say, ‘Your Pap test is due’, right, and would you like to do it here because regular family doctor can do it, or if you feel more comfortable with women doctor perhaps, then he can tell you where to go to get it done. Mhm, I didn’t – he didn’t do it for me, I went to the ... health unit and went there to did it.

–Jill, age 35, China

Phoebe, on the other hand, expressed the same concerns as Jill, but felt that healthcare providers did not particularly care about her preferences. Her doctor did not offer her alternative options to get her screening completed. Rather, it was through her friends that she found out that she could get her Pap test completed elsewhere with a different provider.

But to medical people, they don’t care, they really don’t think it’s an issue. But to us... maybe some of us. I don’t know about you, I already gave birth, I’m more comfortable seeing a male doctor more than when I was single. When you’re single, you don’t feel comfortable.... My friends told me last time, I talk about - about the issue, my doctor is a male, and I don’t feel comfortable. And my friend said ‘Oh, you can always tell him I don’t feel comfortable letting you do this... maybe you can refer me to the female doctor to do the Pap test for you.’

–Phoebe, age 49, Taiwan

Other women who expressed the same issue of discomfort felt uneasy, but tolerated it.

Lois explained that back in Taiwan, she would choose to have the Pap test performed by a female doctor. But in Canada, she just left the issue alone.

LOIS: In Taiwan, in this clinic, there is more woman doctor inside. So it’s, yeah, it’s better in Taiwan. ‘Cause in here, there are not a lot of female doctors.

GN: Would you ever ask your doctor if you could have a female do it instead of him?

LOIS: No... just leave it.

Although tolerated by participants in this study, others may choose to forego the procedure if their only option was to have the screening completed by a male practitioner.

The preference for female practitioners can serve as a barrier for individuals who are not comfortable with having screenings performed by a male practitioner.

4.4.1 Comfortability in Relationships with Providers

When asked if they would continue to regularly take Pap tests, participants explained that they did not often make requests with their doctor. They felt that they did not have the authority or the capacity to ask. The majority of participants reported that they waited for their doctor to recommend the screening.

Well, if the doctor requires me to, then I will. It's uh... when I was pregnant, I... needed to do some blood work and stuff like that, and then I will go... to do it [Pap test]. But I wouldn't... because they usually need to go to the family doctor, in order to do these tests and so like, but I cannot make a request and say I want to do this test unless the doctor says so.

–Ren, age 38, Taiwan

When asked if she makes requests to her doctor, Diep responded:

Yeah. Sometimes, but if my doctor comfortable... she will say no ... but I'm not recommend, I'm not learned enough.

–Diep, age 44, Vietnam

Elaborating more about her relationship with her doctor, Janice described how she felt her relationship with her doctor was very one-sided. Her understanding of doctors was that they were the ones who had the final say on what goes, and she felt that she could not ask her doctor for any requests. Janice detailed her experience with doctors here in Canada:

You can't ask any exams, you can't ask any medical, just listen to doctor, and it's not easy to see a doctor... yeah, so when I just coming here, um... when I coming here early – my husband told me, it's not easy to, if you want to see the doctor... it doesn't matter in here, (shakes head), it doesn't work in here. You have to have appointment and tell doctor what happened to you, and doctor decide when and how they give you medical help.

–Janice, age 37, China

Other stories shared by participants regarding relationships with healthcare providers contained similar themes of dissatisfaction where there was a lack of mutual reciprocity.

Joyce recounted her experience of how her previous doctor did not listen to her and did not spend enough time with her to answer her questions.

Yeah, I think he...now my new family doctor is good. Sometimes he will give me more advice. But my... ex-family doctor, uh... I think every time when I see him, it's very quick, very hurry. I have no chance to say more, to discuss.

–Joyce, age 45, China

Ren revealed similar experiences with her other previous doctors.

Yeah, you know some of the doctors want to rush you, 'cause they have someone next coming in, did they check everything, you're fine, just Tylenol, you're fine, just Advil, you're fine, like everything is Tylenol and Advil, you know what I mean... but now my family doctor is fine, she's better. She takes the time to talk to you and stuff like that, and she's not rushing me.

–Ren, age 38, Taiwan

While the majority of participants recounted negative stories about their doctors, several individuals commended their doctors for their care. Satisfied participants described their doctors as patient, attentive, and considerate – willing to take the time to listen and thoughtfully respond to their needs and issues. Cecilia mentioned she was particularly happy with the way her family doctor provided care to her son.

And then... and the best thing I like about the health system is... I feel that my family doctor they are really really nice, for my – for my first child I didn't even know what should I do or you know... a lot of, during pregnancy, but my family doctor gave me all the information I need and after my son was born, every step of his milestone, she talk to me and she even act more like a mom to my kid, it was like my son didn't talk until he was 3 or something, and my family doctor has a concern about that so he refer me to the speech therapy, my son, when he was like one... years and 8 months, yeah. And I didn't even ask for that you know because I thought you know, he understand... and then he... and the family doctor told me that he should... my son is fine, but he want to make sure so he ask me if I want to take him to the speech therapy and blah blah blah, so I think yeah, and then yeah. Just... and like, for my kid, they will just check. Like 18 months, what should they do and then, these kind of things... I think that's the good part.

–Cecilia, age 37, Taiwan

The experiences recounted by participants demonstrate the importance of physicians and the vital role that they play in the provision of services. In this study, most participants

seemed frustrated by not being able to have their requests considered and desired more reciprocity in their interactions with physicians. Some participants explained that due to this dissatisfaction with healthcare providers, they were less likely to seek out health services when they had health problems.

4.4.2 Health Practitioner Characteristics

Other characteristics, including ethnicity and the ability to speak their language, had implications for health service use. Some women confirmed that doctors with the same ethnicity as them would greatly ease difficulties in communication.

Chinese doctor is the way. Another way, learning English is hard. So for doctors, seeing the Chinese doctor is better. Otherwise, we have to learn English, it's hard.
–Jackie, age 45, China

Lois expressed similar sentiments as Jackie, but added that she felt more at ease and satisfied with the manner by which a Chinese doctor addressed her problems. Lois affirms:

Easier to talk – and their treatment – the treatment is more Chinese way.
–Lois, age 43, Taiwan

When asked to elaborate, she told a story about a particular health problem she had:

For example, recently I have uh... some part, has a big bump you know? Inside has uh... pus, or something inside. When I go to the Western – or my family doctor, he prescribe the antibiotic for me, but then... I – uh, how to say that. This problem not happen once... it's antibiotic treatment, it's okay, but something still inside. I can feel the bump...you know, harder. So I decide to go to the family doctor office on Saturday, but it's not my family doctor, it's the Chinese one. Then he... suggest to use the... warm compact – warm compact make it more... make it, the problem – increase the process you know. Yeah, for example, if your body has a bump, inside has pus, if you use the warm compact, then it makes it... bigger, then, when the pus come out, your problem is gone. It won't keep coming back. You won't feel the bump – something inside. Right, Chinese doctor, he suggest it. I feel that very good.
–Lois, age 43, Taiwan

Lois' experience highlighted that the manner by which healthcare providers address their patients' problems is important. Rather than merely prescribing antibiotics, the healthcare provider provided a solution to her problem that met her needs and expectations.

Although some participants preferred doctors of the same ethnicity, others mentioned that even merely having a doctor who was of who was of a racialized ethnicity would improve their experiences. Because these doctors would more likely have exposure of being from a different country, they would have a better awareness of their patients who were from different countries as well. Ren felt that because her doctor was not born in Canada, she had a better awareness of different cultures. Several other participants also mentioned that they felt more comfortable with healthcare providers of racialized ethnicities who were from different countries.

But now my family doctor is really good, because I think she's from a different country, she's from India, so she have a different perspective from... yeah, so she understand not just Canadians, she understand people from different countries, such as Burmese... and in other country.

–Ren, age 38, Taiwan

As described by participants, the relationships that they had with their healthcare provider had implications for whether or not they felt comfortable asking for requests or additional services. Discomfort with their healthcare providers resulted in less opportunities for healthcare use, as well as contentment with healthcare services. Participants also explained that certain characteristics, such as ethnicity and gender, had the ability to influence their comfort levels with their healthcare providers. These considerations had implications for their likelihood to use health services and participate in preventative health screenings.

4.5 Language

Difficulties communicating in English were a common problem experienced by all participants. Participants explained the importance of language and how the ability to speak in English can affect the use of health services. According to Janice and Jill, language is one of the more challenging barriers when immigrants attempt to use health services.

And um... some of them [immigrants], first question is, 'Do you know which doctors speak Mandarin?' 'Do you know which Canada doctors speak Chinese?' But... um, it's a little, a little silly because sometimes you can't tell if a doctor is

good or not just depends on the language. But, language problem is very important when you are sick.

–Janice, age 37, China

I think people [who] need help are the ones with language barriers. I think those are the ones who need the help the most. People from English speaking countries, um, more or less they just need to be educated on how the health system works here... but the ones that don't speak English as a first language or have the language barrier need more translator services, I mean interpreters, or whatever you call it. Um, I think those are the people who needs more help.

–Jill, age 35, China

While all participants in this study had proficiency in English, the varying levels of understanding made it more difficult for some to communicate with their doctors.

It's harder, sometimes they talk a lot but I don't understand anything, you know what I mean. I just understand a little bit, you know.

–Diep, age 44, Vietnam

Yu Ming explained that since she knew some English now, communicating was not particularly hard. However, she remembers that it was difficult when she first arrived in Canada.

How to say.... for me, English is not particularly hard because I know some English. But if someone does not know any English, then will be very difficult to communicate. But at the beginning... at the hospitals, they needed to translate for me.

–Yu Ming, age 46, China

Timing seemed to be particularly important for the issue of language. All participants in this study mentioned that during their first couple of years in Canada, language proved to be the most difficult problem they faced. Translation services were also accessed most frequently in their early years of arrival.

In particular, the use of medical terminology or finding words to describe health issues was a problem. Participants revealed that since they had grown up speaking a different language in a different country, it was difficult to find English terms for the words they were accustomed to in their own language. Understanding and using medical terminology was particularly difficult since these were words that they did not regularly use in their daily lives.

Of course, to use my own language it's easier, by a lot. For example, when we go see specialists, everyone speaks English, so we have to speak English. When we speak regular English, and they speak regular English, we still understand. But when they use their particular terminology, we don't understand, we don't know those words or what they're saying. But they will try to explain in simpler terms, to help us understand... yeah, those medical terms, words we don't regularly use or see, we don't know or understand.

–Yu Ming, age 46, China

Because the language you know ... you know we grow up in Taiwan a lot of ... disease or symptom or language we use is in Mandarin, and in Canada, a lot of them... you have to think about it, and we might need to Google it and then, like, yeah. It's very different.

–Cecilia, age 37, Taiwan

Joyce mentioned an interesting aspect of language barriers she faced when accessing health services. She explained that not only was language a difficulty in her interactions with healthcare providers, it also served as a barrier when she made appointments.

JOYCE: Mmm... yeah, when I – at the beginning when I come to Canada... that second year I was pregnant and um... it's difficult for me to communicate with the doctor. But um... fortunately I got a ...translator when I go to the hospital. Yeah, just when I was pregnant. Yeah, I went to... mm... three times, I cannot remember, and every time I got a translator

GN: And the translator made it easier?

JOYCE: Yeah, I think so. The translator service was a bit better. Um, but sometimes... you still need some uh... the language to communicate because when you make an appointment, you – it's um there's the lady uh I don't know the word...

GN: The receptionist?

JOYCE: Yeah, the receptionist, speak – speak English.

The increased difficulty of communicating in English discouraged several participants from regularly seeking out health services. I asked Joyce if she used health services less since immigrating to Canada.

Umm... the main reason just the because of the language

–Joyce, China, age 45

Overall, language was the most common barrier experienced by all participants in this study, and was pervasive in all aspects of using services in the healthcare system. For all participants in this study, language difficulties created communication barriers which

made using health services more challenging, as well as lessened their inclinations to use health services.

4.5.1 Mitigating Language Barriers

Although some women used less health services in response to this issue, others described various ways through which they tried to mitigate these language barriers. Many had strategies to respond to this challenge and took it upon themselves to deal with the issue. For example, numerous participants stated that they would write words down when they did not understand certain words that their doctor was using. They would write down difficult words and then go home later to look them up.

It's just sometimes I uh... if something important, I tell them to write it down, and then I'm looking in the dictionary on my own.

–Diep, age 44, Vietnam

For some doctors they tell me, but I don't know what they talking about. So because they are – they have some ... specific – some words, right? I don't know. And sometimes doctor write down – write me some, I check.

–Jackie, age 45, China

I think he knows [that English is difficult]... I have to write down some – I think – critical words, so I write down.

–Li Fen, age 47, China

Others mentioned that they would ask doctors to speak slower for them when they spoke too fast for them to understand.

For now... communication is okay because the doctor will see that my English is not that good, so he won't speak that quickly. He will speak slower. If he doesn't remember and speak quickly, I will ask him to speak slower.

–Yu Ming, age 46, China

However, several women explained that asking doctors to speak slower still presented problems. Jackie described her situation:

I think the most, they understand. Then, another part, they have to guess. Most, they understand. Some, maybe difficult for them because the language difference, right, they have to guess. Yeah, they have to guess what you say, what you talk about, so sometimes they asking you – repeat, repeat, and repeat again to ask. But um... sometime, myself, if doctor say something to me, the doctor they will say

very slow, because I tell them my English limited, right. Just a little bit slow – they very slow, slow... sometime they forgot, they fast. ‘Okay, I don’t, please, I don’t understand.’ ‘Okay’. But really sometime, I don’t understand, but I don’t want to ask because they continue to – I don’t want them to stop. Then they finish, they talk and finish, and I forgot what they – what questions I have to ask them, before what you say to me, then I’m not stop you right, you continue to saying right. Then after when you finish, I forgot what I have to ask them before. Yeah, that’s just language problem, for me here.

–Jackie, age 45, China

Lois described similar experiences.

LOIS: Uh, I think the most problem – my language is not good. Not perfect. Uh... language. Probably sometime when the doctor say something, and then I don’t know.

GN: Do you tell him, or ask him to explain more? How do you deal with that?

LOIS: Yeah, although he explain more, he explain more, but still, I don’t know... more. It’s a problem for newcomer, you know. Yeah, yeah, I check Internet, you know, I don’t know anybody. It’s a problem for me.

Jackie’s and Lois’ experiences mirrored a lot of other participants’ experiences.

Understanding doctors was difficult in many cases, and although doctors would attempt to speak slower or explain more, a lack of understanding still persisted among participants. In Jackie’s situation, although she attempted in the beginning to make sure she could understand by addressing the issue with her doctor, her doctor would forget, and Jackie would end up not pursuing the issue, leaving her problems and concerns unresolved.

Another method of addressing language difficulties was to seek a healthcare provider who could speak their native language. Several women discussed that they now have healthcare providers who could speak Mandarin, making communication much easier for them.

My – now my family doctor is uh... he can speak Mandarin. Yeah, yeah, I transferred to him for about more than one year. Yeah... communicate more easy.
–Joyce, age 45, China

Uh, uh, my friends, my friends introduce the family doctor because he speaks Mandarin, I think it’s uh, sometimes if the newcomer, it’s difficult for them to go to family doctor.

–Sandra, age 44, China

Several participants also stated that their friends would sometimes help them with translation.

If I have an important question, I – my friend is uh, um - help me, translation.
–Wang Li, age 45, China

However, although this was a noted solution for some, participants also described the difficulty involved in finding and bringing along people who could interpret.

Newcomer will have language problem... you can tell someone to come with you, they can translate for you. But sometimes, we don't have that. Or your friends are not available. In hospital, they did provide the interpreter, yeah, they ask you if you need it. When I did the exam last time, they did ask if you need.
–Lois, age 43, Taiwan

Lois mentioned that hospitals had translation services available, and other participants also reported that they had used these services. However, the lack of availability of translation services for their visits to their family doctor meant these services were often useless to them.

Because especially the... words, the English words... for your body or some treatment, sometimes yes, I think it's very difficult. I heard that some hospital they have uh for example Chinese... social worker? A translator. You can ask, but you have to make appointment to ask – in hospital, right? But in family doctor, they don't, so yeah, it's difficult.
–Li Fen, age 47, China

Jackie explained that her doctor asked if she could bring a translator with her. She could do little with this suggestion as she explained that it was difficult to bring someone along with her to her appointments.

GN: So she [doctor] knows that sometimes there's a language barrier.
JACKIE: Yes. Sometimes, she ask me to bring a translator.
GN: Is it easy or hard to find someone to come with you?
JACKIE: Yeah, it's very hard.

It is evident that although many participants attempted to ameliorate problems caused by language barriers, language was still highlighted to be among one of the most pressing concerns when attempting to access health services.

4.6 Culture

Discussions revolving around culture and the impact it had on health service use were prevalent in interviews with participants. Participants in this study acknowledged that they had different cultural attitudes towards health compared to their family doctors.

They're very good! My doctor very good. But it's just because of me. I want, just the way I want. Some... they're different, Canadian, they're different.
–Diep, age 44, Vietnam

When asked whether or not their cultures have different health beliefs, Joanne and Phoebe agreed that they felt there were some differences.

Mm... sometime, I don't think so. But Asian maybe, I don't know. A little bit conscious, different, yeah.
–Joanne, age 43, China

Health? Oh here? Yeah, we – the Chinese, we have a lot of uh – you're not supposed to drink cold water... don't drink ice water, and after you gave birth, don't take a bath right away, don't take a shower... all this. It's different, yeah, yeah.
–Phoebe, age 49, Taiwan

The participants in this study all acknowledged their different perspectives toward health. They recognized the role that their culture played in influencing the way they conceptualized health, as well as the health practices that they engaged in.

4.6.1 Traditional Chinese Medicine (TCM)

Many women had a preference for using alternative healthcare, such as TCM due to its holistic approach to health. Ten out of the fourteen women that were interviewed reported that they regularly used TCM services for their health needs. Although most women reported that they regularly used TCM, women also reported that TCM services were often used in conjunction with Western health services. TCM was described by participants to be a less harmful and much more effective approach to address health issues.

Participants explained that the use of Western health services, and in particular, the use of Western medicine, was sometimes not helpful for their specific health problems. They

often preferred the holistic nature of TCM for addressing their health issues. Their main praise and reason for using TCM was that not only does it target their particular issue, the goal and effects of TCM are centered on healing the whole body. This includes focusing on the source of the problem, which they believed was not necessarily the case with Western medicine.

Yes, because, the medicine from TCM doesn't harm the body, or have bad side effects, but the Western medicine does. Sometimes, if you take the Western medicine, you can fix the digestive, but it might harm other parts of the body, it might not be good for the liver, etcetera. It's not good for the whole body. But TCM, there's no bad counter effects. And sometimes, they can't even really help with the issue, like for digestive issues. Sometimes, they'll just give you painkillers, which doesn't do very much to help with the issue.

–Yu Ming, age 46, China

Well, Western medication and Chinese medication are very different. Yeah, but the... Western medication is pretty much give you painkiller, all this stuff. So I – I don't know. Unless I'm really in pain, otherwise I prefer, I prefer Chinese – Chinese doctor... for me, I believe in Chinese doctor. Most people I know - a lot of people I know, they switch to Chinese doctors, especially for kids, because they – we believe that Western medicine is not that good for kids. We're pretty much, we do both.

–Phoebe, age 49, Taiwan

We all use herbs, because any antibiotics or medication, they have the negative parts – the herbs, probably, probably, there's no such research to testify it has negative parts or positive parts, so we think something edible is better than chemical.

–Joanne, age 43, China

I think Chinese they try to um, uh, not to – for example, you got sick right, they try to look – look at the... root cause, and help your body... everything, just.. go ... to recover, and I think Western they have – you have this one, kill this one, you have that one, kill that one, what's the consequence? What about the root? Um.. I don't know.. sometimes I think they don't look at the root cause and they just go, 'there you have some problems, kill that one, you know, found a way to treat it', but maybe this problem is some other problem caused this problem...

–Li Fen, age 47, China

Most of the participants in this study felt that the effects of Western medicine were more harmful to their overall body system, and only addressed the manifested symptoms of the issue, or provided a quick fix without addressing the underlying problem. Women

described their use of TCM and how it had the ability to address health issues that Western medicine couldn't solve.

I think over here is more Western, right. In Taiwan like, people have the – we don't like to take antibiotics over there. And then if you – you see for myself, because my daughter has a very severe allergy, we tried like Western medicine for a couple months. But after a while, sometimes you find it not helpful. For my daughter, it was not. She just took antibiotics all the time, I think it's not good for her body. So we switched to Chinese medicine. It helped, it helped a lot, so we just stick with that for her, unless she is having fever or something that is very severe, then we go to Western doctor.

–Phoebe, age 49, Taiwan

I have a big experience before that Western medical cannot uh... cure my... illness. I'm – that's the – there was very old Chinese doctor and he bring something.. and just recover after one or two months – I have been sick for over a year now but cannot recover and uh... he helps – just the... two, three months, one or two months – and done! So that's uh... I'm very, yeah, grateful... thankful for him.

–Li Fen, age 47, China

Participants explained a common experience where they would try to use Western services and take Western medication, but find it ineffective, then use TCM services and take herbal medicine instead.

Well, it's different. When you see family doctor and take Western medicine, you might feel better for a couple of days, but sometimes even if you don't take it, it doesn't seem to make much of a difference, you feel the same. So you try the Chinese traditional doctor.

–Yu Ming, age 46, China

Women also preferred to see TCM doctors due to the ease in communication, the more considerate nature of the providers, as well as the mutual understanding of cultural needs. Janice was one of the several participants who expressed that they relied on TCM services much more frequently than their family doctor. When asked which health provider she used most frequently, she replied as follows:

Oh, Chinese herbal doctor... mm... one is for the uh... easy communication, another one is the uh ...the medical and the doctor's style is... Chinese people, very um... it's, uh, similar. They know that, at least I understand why they give me that medical, I understand why they uh... suggest me to do this, or to not do

this. That's the same, the same mm... same to the Asian as I'm in China. They will understand you. They will know how to think about... and uh... decided from them, you can accept it easy... they will care. You will feel they care. But if another doctor... um.. you will feel they doesn't care.

–Janice, age 37, China

Some women even acknowledged that TCM was an important aspect of their culture and considered it necessary for their approach to health maintenance.

You know us, since we're Chinese, we're used to TCM. TCM is focused on continually nurturing and making the whole body better. Holistic. Here, people who grow up here in Canada don't have this idea, but since we come from Chinese, we still focus on that and need that.

–Yu Ming, age 46, China

Joanne expressed a similar sentiment:

Yes, yes, it is my experience because it is part of the culture. It plays very important role in Chinese people... and we do have some different... medication or belief or habit, right.

–Joanne, age 43, China

Li Fen explained her understanding of the two types of services and her experiences with both.

What I'm understanding is – the Western you know... the... medical system versus the traditional Chinese medical system um... it's not that quite the same because here, I think Western is... more high technologist equipment, they do test first, right. They got the information, the data, then they will base on the data to determine the... sick or something or treatment - what treatment should be. For the traditional Chinese medical system, you know the herbs... Chinese medical stuff is more – more based on experience... From the family, you know the many generations come through, one family, they have some special... I don't know the word... some secret.

–Li Fen, age 47, China

Her sentiments described two services with different characteristics and approaches.

However, both were integral to provide an all-encompassing approach to her specific health concerns. Other participants expressed similar sentiments, where they would see different practitioners for different needs.

If I get, if I have... back pain or something, or if like I had a kink in my neck then I would have gone for the Chinese massage, you know the acupuncture and all that. But if it was cough or... cold or anything and I would've gone for the family doctor. Yup.

–Jill, age 35, China

Well, Western medication and Chinese medication are very different. Yeah, but the... Western medication is pretty much give you painkiller, all this stuff. So I – I don't know. Unless I'm really in pain, otherwise I prefer, I prefer Chinese – Chinese doctor.

–Phoebe, age 49, Taiwan

An interesting dilemma was presented by those who regularly accessed both types of services. Several participants mentioned having conflicts with their family doctor about their use of TCM services. Ren described how her doctor did not want her taking any Chinese herbal medicine for her cold while she was pregnant.

For example, when I was pregnant, I took some sort of herbal medicine, Chinese herbal medicines right, and then uh, I said just to, because I'm pregnant, I don't want to take any Western medications, it's too strong, I'd just want to, I'd rather take the powder. More natural. And I talk to my doctor, and he said, he's like he looks at me, 'I want you to stop taking that thing.' He doesn't want me to take anything... Chinese medicine like during the pregnancy 'cause I had a cold and I don't want to take any like, Tylenol and stuff, right... actually herbal medicine is better than... safer too, right, but it's like no... I don't want you to take that, it's just because they [doctors] don't study that part of the education, they don't understand how that works, so they don't want you to take any of this.

–Ren, age 38, Taiwan

She went on to explain that she complied with the doctor's orders because he was quite adamant and she felt that she could not say no to her doctor.

GN: So did you listen to your doctor? Or did you continue taking –

REN: Oh, I did, I listened to him. Cause he's the doctor. I was like, 'Okay, sure'. When he said 'Stop', then I was like, 'Okay', and I stopped.

Phoebe explained a similar situation where she did not want to tell her doctor about her use of TCM.

My doctor so far he didn't [know about the use of TCM], because I didn't tell, I'm afraid he will get mad... I'm afraid he will get mad.

–Phoebe, age 49, Taiwan

These experiences highlight an interesting facet of the immigrant experience. For those who engaged regularly in alternative health services, they found it difficult to communicate openly about their health service use and needs. This exacerbated communication problems and cultural gaps between healthcare practitioners and participants.

Phoebe goes on to explain that she did not experience this problem in her home country of Taiwan. The healthcare practitioners there were much more aware of the use of alternative health services.

In Taiwan, people are more half- half [who use TCM], and it's very common, Chinese medicine, in Taiwan. So I think over here is more Western, right. In Taiwan like, people have the – we don't like to take antibiotics over there... most of the doctors, I think they know. In Taiwan, even you go to Western doctor, they will tell you, okay, there's certain foods you're not supposed to eat, certain foods when you're having a cold. It's more implied to Chinese doctor side. They know what the patient will usually think.

–Phoebe, age 49, Taiwan

Although the majority of the participants in this study reported that they used TCM services regularly, several participants stated that they did not use it.

It tastes terrible. The Chinese medicine tastes terrible. But some people believe that – it's slowly right. But I don't like slow things – I want to quickly solve my problem.

–Lois, age 43, Taiwan

In Lois' case, she pointed to, again, how TCM services and Western health services were different in their approaches, and individuals could choose one or the other according to their preferences. In her case, she preferred to have her health issues addressed immediately, so she sought the use of Western health services as opposed to TCM services.

4.7 Adjustment to a New Healthcare System

Many of the issues highlighted by participants were caused by their unfamiliarity with the healthcare system in Canada. Participants who were recent immigrants spoke of their current experiences while long-term immigrants recounted their previous experiences

when they first arrived to Canada. One of the more challenging aspects of adjusting to a new system was determining how to communicate with doctors, and understanding what they can expect, or should expect from their doctors.

Janice explains her uncertainty of the norms and procedures in her interactions with her doctor.

JANICE: Sometimes I want to ask some questions but I don't think maybe to um... I will doubt is it reasonable or not. For example... um... when I'm pregnant, when I'm early pregnant, I ask my family doctor is there any exams I should do in Canada. Uh, and they – she told me nothing because, because you look good, and just to do some blood test and I ask them blood test – which –which kind you want to check, to tell me, one, two, three. And I think maybe have four or five? Because in China, if you do some blood tests, they will give you one, two, three, four, five, six, seven! Yeah, just the one time do the blood, maybe seven or eight uh... exams. Umm... my doctor said... you don't need to do that. I... have the.. question about that. Because I... I feel some uh...crass, so I stop to ask. It's not because of language, maybe, maybe it's not, maybe some offend to the doctor, maybe they have some reason... but I still can feel the why, and after I give birth to my daughter, after one month, usually they will do some exams to make sure you – you good, and don't have any problems. But the doctor have appointment to me and just look at me, and didn't even do any exams. Said, 'You look good, so you don't need to do that.' Okay... but I think umm... are you sure... you just look at me?

GN: Sometimes, you're unsure to ask questions because you don't know if it will be appropriate or not...

JANICE: It's good or not, can I ask that, or... that offend to the doctor? I don't know the – the border, where is the border. So you know... how can... but still have questions.

Participants' experiences with the health services in Canada were very different from what they were used to in their home countries. For example, several women described how their doctors rarely gave them medication in response to their problems, but provision of medication was a common occurrence in China. This often left them feeling unsatisfied when they were not afforded or provided the same type of care in their new country. Participants felt that they could not rely on their doctor to receive adequate care. Although this may not necessarily be the case, participants' perceptions were that they could not acquire full use of the health resources they desired.

JOYCE: You know in China, sometimes when you just catch a cold, doctor will give me some medicine to get rid of uh – when you catch the high fever, and they will give you some medicine. But in Canada, doctor won't give you. Like, uh, two days ago, my son – he mm.. cough. So I bring him to see family doctor and doctor check with him, with his lungs and uh – and uh – look his throat. And – and he said nothing! Just take more rest.

GN: Oh okay, do you feel he should be offering more than just 'take a rest'?

JOYCE: Yeah, he gave some advice. But no medication.

Interestingly, Jill, a long-term immigrant, explained her viewpoint of how she got used to the norm of not receiving medication after residing several years in Canada.

Because I'm here a long time now, maybe the first year or two when I'm here, I am more like some recent immigrants who think, 'Oh, my doctor didn't give me any medicine, but I do feel sick, I do need medicine, but how come you don't give me any medicine', I could be... like I think I'm probably like that the first few years, the longer I live here, the more understanding I gain... of why they're not giving medicine right away. You just need time, you just get used to it. To understand the system better and to educate yourself better perhaps, right.

–Jill, age 35, China

Jill described that the process involved in understanding the healthcare system required time and education. She clarified that education would be important for new immigrants to understand the system, but the acceptance of differences in expectations required time and experience.

4.7.1 Long Wait Times

Participants also expressed frustration with wait times and limited convenience of seeing the doctor. In particular, making appointments with family doctors was a constant struggle for many participants.

Our family doctor, I would say he's really good, like in terms of appointment, like you have to book appointment, and he does have a walk-in time, but it's not... always there, you always every time when you want to go see him you always have to get appointment, and then when you want to get appointment, he may not be... available, right? It's – it's that kind of a dilemma thing... you have to work with, but hey, I guess that's the way it is, you just have to get used to it, accept it.

–Jill, age 35, China

Janice further expressed her feelings about the long wait times. She recounted an experience where after waiting for several hours, she wanted to tell her doctor about her issue, but was reluctant to because the doctor did not seem open to listen to her concerns.

I waiting for this doc – I – it’s very hard to get the appointment. And... when I come to the things on time, but they ask me to waiting for maybe one hour or two hours, uh... and I want to tell her my – my uncomfort. But the doctor is very busy and look umm... not very... patient.

–Janice, age 37, China

For these reasons, participants explained that they were more disinclined to see the doctor. Jackie explained that she often decides not to see the doctor for her issues and prefers to deal with issues on her own.

JACKIE: Some need it urgently, maybe, I don’t know, in China, maybe I get cold – in China, no need the appointment, go see doctor, very fast. You have to waiting here, so that’s why it’s hard to see the doctor.

GN: In China, if you get a cold, you just go see the doctor.

JACKIE: Yeah!

GN: Because its’ so easy. But here it’s hard to make an appointment...

JACKIE: Yeah, appointments, doctor out already... ahh, so that’s why – small things I take care of myself.

Every participant in this study expressed extreme dissatisfaction at the waiting times needed to see a specialist or for hospital services. Having experienced the extremely long waiting times for service, participants were more reluctant to utilize health services when needed.

When you’re sick and you call, they usually will let you have an appointment within a few days. If you’re very urgent, then they’ll probably just tell you to go to emergency. But emergency room, it’s not even an emergency room. You can’t call it emergency. When you go there, you still wait for so long. One time, my son had a fever, but he got better, but I still, I brought him to the walk-in, the doctor needed to go, it was, I think it was 5pm, but I told him, my son has a fever, he said, ‘Family doctor has to end his shift now’, they were already closing. ‘You need to go to emergency room’. But if I go to emergency room, we’d have to wait 10 plus hours! Okay, let’s not go see anyone, we’ll just go home, and buy some fever relief medicine. Buy some fever relief medicine, for children, just buy them medicine, only if the fever don’t go down, then you should be scared – but we dealt with it ourselves.

–Yu Ming, age 46, China

Well, China is more... right away. Right, you get – to see the doctor, you get to see whatever type of the doctor right away... after I give birth, I had a horrible rash and I needed to see – I went to see my doctor and then my doctor few times give me like some sort of cream that didn't help and I kept on going back, and in the end he referred me to a dermatologist, and I waited for 7 months. Mhm, I waited for 7 months. By the time I get there, I mean – and then the dermatologist spends like 5 to 10 minutes with you, it's not gonna solve the problem, right, cause sometime I think it's more like, if it's not gonna kill me then you know what, forget it.

–Jill, age 35, China

These types of stories were prominent in discussions with participants about healthcare experiences. Because the length of time needed to use services was simply not time-sensitive, practical, or responsive enough, participants developed a habit to rely on themselves to address their health issues whenever possible. Such a routine reduces the rate at which health services are utilized in the healthcare system.

4.8 Transnational Healthcare Use

The inadequacies of the services found in Canada prompted several participants to regularly use health services in their home country. The convenience and speed of health services abroad also made it easier for participants to utilize preventative health services in their home country.

Okay, yeah, and I'm going back home now, like next week. So... and then, I'm going to go see my doctors over there, and I'm going to do the Pap test there.

–Ren, age 38, Taiwan

For me, I usually go see – I go back to Taiwan during summer, when I go back during summer, that's the time I see my doctor -- where I do the checkup. Because it only takes like – you make appointment on the Internet, then you see the doctor, and then usually they will have the exam for you that day or they will make appointment within that week to make the exam, and then the results comes out, like the latest two weeks, or usually the next week you come back and they will tell you what's wrong- and that's like, x-ray or ultrasound all this stuff – but over here I know it takes half a year – to get to the next step for the – for the next checkup – so, it takes too long.

–Phoebe, age 49, Taiwan

Phoebe goes on to explain that some of her friends had difficulties finding a family doctor, and would go back to Taiwan for health services instead.

PHOEBE: Even two of my friends, I referred my doctor to them, right, uh I think about before Christmas, they went to my family doctor, and he become their family doctor. They been here 3 years – they never get any family doctor.

GN: Because they don't know or can't find one?

PHOEBE: They cannot find one. And they said, well, anyway, nothing severe, and it takes too long, they say may as well, just take our own medication or go back to Taiwan... yeah during summer or winter and they will see their doctor.

Other participants who did not directly use health services in their home country also spoke of others who would participate in transnational health service utilization. It appeared to be a common phenomenon among Asian immigrants.

Yeah, and sometimes.. is uh... so Chinese people, my friends Chinese people, and uh, they all think maybe it's just small things you can just go to family doctor, but if you have chronic disease or some serious disease, you head back to China. Got the medical support and (unintelligible). Don't wait because wait is not good for you.

–Janice, age 37, China

But I do hear from... little community, or my friends, if they have big issues, the... slow response and appointment system, which makes the system worse, for example cancer, they prefer to go back to China to see the doctor. And they got the doctor appointment, not the appointment – if they went to hospital, they would be able to see the doctor right away and they could have the choice of different... um different physicians, it's not – it's by referral, but it's right away.

–Joanne, age 43, China

It seemed that regular transnational health service use was more common among immigrants from Taiwan. Most participants from Taiwan in this study mentioned they had traveled abroad back to Taiwan to use health services there recently. Li Fen explains what her friends from Taiwan typically do when they have a family member with chronic health issues.

Yeah 'cause all my friends, they – they, whenever, you know it's very many Taiwanese immigrate to Canada, but once there's a family member who has the, you know, need to consistently take – they move back right away. The whole family will move back just for the health. Yeah, a lot of them. They will criticize, 'Oh we wait until you dead and then your doctor...' and then blah blah blah.

–Li Fen, age 47, China

The frustrations associated with waiting too long formed the basis for participants' decisions to use health services abroad. Urgency was important in addressing healthcare problems, and the Canadian healthcare system did not offer the immediacy that participants desired.

4.9 Acquiring Health Information

Another common challenge faced by participants was locating relevant health information in order to use health services. Many women explained that although information was available, they had trouble finding pertinent and relevant health information, especially during their early years in Canada.

Maybe there is support, but they don't give you the information right away, oh we have information in... health centre, but who will go to the ...health centre to do this? They should be giving out the information as soon as you receive the health card, and say what's going on, what's covered and stuff like that.

–Ren, age 38, Taiwan

For some, like Li Fen, finding information continues to be a challenge. Li Fen explained that she still does not know quite how the system or services really work in Canada.

So they [immigrant centres] tell that information they tell the health card, but they don't talking about hospital or doctor, so I don't really – so far I still don't know (laughs). How or what to...

–Li Fen, age 47, China

Immigration centres were highlighted as an important information hub for immigrants.

However, some participants mentioned that immigrants may not know these centres exist.

I know, they have the newcomer centre, I think. Immigration centre. Yeah, but most people, they come here, they don't know they have centre there, that's important.

–Jackie, age 45, China

Go to... there is immigration that open, that help you... there is Chinese, especially help Chinese people, including Mandarin or Cantonese, there's office there.

–Li Fen, age 47, China

While some participants mentioned they knew that websites had information available online, these sources were particularly unhelpful for new immigrants with language difficulties.

I know there's a lot of the websites, but those websites is – is still have no any Chinese translation... so to... it's not only for me, to the immigrant, to immigrant, they just doesn't, and exit. For example, you look at French, all French, that says nothing for me, I can't tell any information about that.

–Janice, age 37, China

Location also proved to be a consideration that several participants acknowledged to be influential on their ability to acquire information. Various comparisons were made between the Southwestern Ontario city that they lived in and Toronto. Participants felt that information about health services in Toronto were easier to locate and access.

Yeah, maybe they wouldn't know where to go... Like in Toronto, they have information centres, to help Chinese immigrants, they help them.

–Yu Ming, age 46, China

'Cause I do have – find Toronto adults who don't speak a word of English, they're in the Chinese community, but they want to move... but they're scared of – if they come here, they don't speak English, how can they go to the doctor, how can they... get a bank, you know, the – it's, the language is the biggest barrier, I would say.

–Jill, age 35, China

Some participants even mentioned that they had no knowledge of needing to find a family doctor upon arrival to Canada.

Who tell me – nobody tell me. We just hear about that from friends... from other – maybe from the – we go ESL, uh... LINC class, maybe ... classmates, maybe they talk some – yeah, nobody just taught - tell me, 'Oh you have to find family doctor', or 'blah blah', no.

–Jackie, age 45, China

No, no, nothing. They didn't tell me you have to find a family doctor. No, nothing, you just go, have certain times, you go take a picture, that's it. Then they mail it [health card] to you.

–Phoebe, age 49, Taiwan

Although, participants explained that they eventually understood that they needed to find a family doctor, it was a difficult process for them. Most women acknowledged that they

were fortunate enough to have a family doctor and thus, could more easily access preventative health services such as cervical cancer screening. Many recounted stories where they, or others around them, continue to have difficulty finding a family doctor.

Right, if she [family doctor] hadn't said that to me, I wouldn't know, right? And I wouldn't know the policy... the government benefit etc., I wouldn't know [about cervical cancer screening]. I'm lucky, I have a family doctor. But... someone who don't have a family doctor, they might not know from the walk-in clinic, and I think that's another feature again, in Canada, all through Canada, especially for new immigrants, it's so hard for them to find a family doctor.

–Joanne, age 43, China

Well, to me, because I'm lucky, I found him like probably when I'm here like maybe a half year – but my other friends they've been here 2 to 3 years, they haven't found one. Yeah, they didn't find anyone. Because usually you need someone to refer right, but they don't know any – and – or the doctors are full, they don't accept any new patients.

–Phoebe, age 49, Taiwan

Yeah, I haven't have family doctor until 4th... or 5th year. I couldn't find one. One reason was I've been lazy and by that time, I don't have... car, so I don't really want to – when they – when I see one available, but it's so far from me and by that time, I don't have any concerns so... if I need to see doctor... I just go to walk-in clinic. But, when I... pregnant, I feel I need to find one, and... yeah.

–Cecilia, age 37, Taiwan

In particular, participants discussed how new immigrants face increased challenges in the beginning of their residency in Canada. Because new immigrants are busy adjusting and transitioning into a new country, the priority to seek health services and acquire health information was of lower importance.

Yeah... I – I guess if you Google you probably can find it but you just – you don't know, like when you know, when you first move here, there's a lot of things you need to do, so that's probably another... depends on your situation.

–Cecilia, age 37, Taiwan

I think yeah, it's uh, at that time, because the immigrants are actually, it's very challenging. So, people when they first come... I do remember when I first time, it's challenging for life, looking for job, settle down, all that stuff. They may haven't... even think about health yet. But maybe because it's stressful that time, maybe... very important for them to – to know that health services in Canada, how they run or something, yeah. I think we need more information for them, yeah.

–Li Fen, age 47, China

4.9.1 Friends and Family

Friends and family were crucial sources of information for participants. These contacts were especially important if participants had specific preferences or were seeking particular services. Joyce explained that she was able to locate a Mandarin speaking doctor through her friends.

JOYCE: Uh... mm... it's not difficult to find *any* family doctor, but if you want to find like my family doctor, he can speak Mandarin, it's very difficult.

GN: Okay, so how did you find your doctor?

JOYCE: My friends told me. Yeah, I always ask my friends. And uh, mm... one day, my friend told me there's a new doctor here, and he can speak Mandarin.

Numerous stories were shared by participants where they acknowledged the support of their friends and family in helping them find the health services they needed. Without these key contacts, many of them would not have known what to do or where to go for health information or services. Participants anticipated that individuals who did not have close contacts would have had much more difficulty acquiring the health resources.

When I came here, uh... I didn't have too many problems, and I had a husband who was here. But some people who are new here will sometimes have problems, but for me, didn't have any problems because I had someone here. He was like, 'I'll take you to my family doctor, I'll help bring you there.' But for those who do not have relatives or close family members here, they would probably have some problems.

–Yu Ming, age 46, China

All participants in this study highlighted the importance of social networks in the distribution and attainment of health information. Having friends or family that they could talk to meant that they could more easily acquire information that they might find difficult to locate on their own. Many participants shared their thoughts on whether or not they felt immigrants receive the support and information they need when they first arrive.

Do they? I don't know, because my family already here before me, and so I get help from my family. But whoever came here, and then without... maybe there's help... I don't know.

–Diep, age 44, Vietnam

My husband live in Canada for many years, so everything he understands He is my... (laughs) teacher. He let me know what I should do and what not to do. Don't ask question about this, just follow this, appointments... err... I think, it's not everyone has the teacher husband.

–Janice, age 37, China

Yeah, yeah, when first time when I come here, because I don't understand anything... for anywhere, nothing, and... my friend take me to the walk-in for... uh my finger? My finger is uh... has some broken, the finger is broken, my friend take me to the walk-in.

–Sandra, age 44, China

When we first got – when we landed in Canada. Actually, we don't know that much. But luckily we live with my husband's cousin, yeah, they told us something about where to apply and something like that, they let us know.

–Lois, age 43, Taiwan

Wang Li specifically stated that her first resource was to ask friends for help.

Friends. Ask friends, friends help me.

–Wang Li, age 45, China

Recent immigrants who had fewer years of residency in Canada needed to rely on contacts to help them establish themselves. All participants in this study mentioned that when they first arrived, it was reliance on their friends and family that helped them gain the knowledge they needed.

Participants shared their sentiments about the importance of friends when trying to acquire information.

Yeah, definitely, otherwise you don't know all this information!

–Phoebe, age 49, Taiwan

I don't feel that the information is very... at least, back in my time, there wasn't that many information. But I was lucky because I had my boyfriend, now is my husband, if I have any... question, I ask him you know, how do I, and his family would tell me something. So I guess, I didn't feel that hard, but if you know, you're alone and you... you might feel it's difficult to... to get, yeah.

–Cecilia, age 37, Taiwan

Because I think my husband, he is um, he was here for a long time so I get information from him. So my family doctor is his family doctor. So I don't really have to look at that information.

–Li Fen, age 47, China

Throughout discussions with participants, it became clear that friends and family were crucial in offering guidance that helped them acclimate to a new country. They provided social support that assisted them in navigating a new system, allowing participants to feel more easily integrated, and better able to acquire the information they needed to use services in the healthcare system.

4.9.2 Technology

In addition to friends and family, online resources were consulted and used as a strategy to acquire health information. In particular, social media was explained by several participants to be a popular tool for new immigrants to find information. WeChat and QQ, popular Chinese social media apps provided a platform for immigrants to discuss their questions and concerns.

JANICE: How can they get information? Hm, I know a lot of them ask this medical information from maybe Chinese WeChat, do you know WeChat? Just like Facebook. Very famous in China. And um... some of them, first question is, 'Do you know which doctors speak Mandarin?' 'Do you know which Canada doctors speak Chinese?'... yeah, it's just like Facebook group, you can join some group in your WeChat, so there's lots of Chinese WeChat – uh Chinese groups in WeChat. Yeah, they'll ask uh... information or questions, and some people will give them answers or other suggestions.

GN: About living in Canada?

JANICE: Yeah, yeah. 'Where can I um... uh, get a good, which doctor do you suggest or, what's – what's the, what's the... how can I... wash my car... in the group you know? (laughs) That's very funny, but they communicate in that. But the communicate from that is helpful I think. But it's only depends on personal experience. It's not a professional, professional suggestion. It's only personal opinion.

JOYCE: Um, uh... yeah, before I came to Canada, because I... uh got the information from my friends, they told me the beginning, 3 months at beginning we haven't the... card.

GN: Oh, so that was good, so you knew before you came here, you were ready. So I guess it makes a big difference that you have friends here. Did that help you in the beginning?

JOYCE: Actually, the... friends, I – I didn't know, I didn't even meet them. That was from the internet. We have a group.

GN: Oh, was it WeChat?

JOYCE: No, like WeChat, QQ, you know?

GN: Oh, yes, so you would go online and you would ask?

JOYCE: Yeah, we have a group because we are the same immigration. We have a group on QQ.

GN: Okay, so the group was the same people immigrating that year?

JOYCE: Uh... almost, the recent years.

GN: So people would just ask questions in that group?

JOYCE: Yeah, and they share the information.

The use of these online groups was explained by participants to be very informative and useful. Participants mentioned that those who did not have established contacts in Canada could rely on online information as a resource. Because the insights shared through these social media applications were based on other immigrants' personal experiences, participants found that they could relate and have a sense of community based on their shared experiences.

4.10 Summary

This chapter detailed the experiences of cervical cancer screening among Asian immigrant women, as well as their experiences of healthcare services in the Canadian healthcare system. It is evident that numerous barriers and obstacles exist for this group when attempting to use health services in Canada. While a variety of challenges exist, participants were also active in circumventing obstacles that limited their health service use.

Although the sample is small, it bears value to highlight some notable factors that seemed to exacerbate challenges to health service use in Canada for participants in this study. Time in Canada emerged as an important factor that impacted participants' experiences using health services. Recent immigrants themselves explained their troubles understanding a new healthcare system, and long-term participants recounted the difficulties they faced in their early years in Canada. Participants, especially long-term immigrants, were aware of the benefit of time, and several participants explained how difficulties eased over time, although some challenges do remain. Friends and family were key in mitigating the increased challenges recent immigrants faced when they first arrived in Canada.

Participants who had young children seemed to use services more frequently, however, most often for their children. Interestingly, when asked about their personal experiences in the healthcare system, participants often described the experiences of their children in the healthcare system. While participants with young children had increased interactions with the healthcare system, they seemed to have less time for personal health service use, and less of an expectation to utilize health services for themselves. Overall, the presence of children made regular health service use more difficult, mainly because of increased obligations and responsibilities, often resulting in lack of time.

Chapter 5

5 Discussion

The primary purpose of this study was to explore the preventative health behaviours of Asian immigrant women, as well as the challenges that they experience in the Canadian healthcare system. Overall, participants shared similar experiences when accessing and utilizing healthcare services. In-depth interviews revealed factors associated with cervical cancer screening behaviours, as well as barriers and difficulties that affected engagement with health services in Canada.

This study focused on the following research questions: (1) What are the challenges that Asian immigrant women encounter when accessing resources in the Canadian healthcare system? (2) How do culture and other related challenges affect Asian immigrant women's decision to participate in cervical cancer screening? (3) What are the strategies which Asian immigrant women use to navigate these challenges to maintain health in Canada?

Interviews with Asian immigrant women about their experiences provided valuable answers to these research questions. In this chapter, the results of this study will be discussed and the possible implications of these findings will be considered. First, a summary of the results documented in the previous chapter will be provided. Next, study findings will be discussed in light of the current sociological literature. Policy implications will also be considered in relation to results gathered from this study. Lastly, the limitations of this study will be acknowledged, and suggested directions for future research will be discussed.

5.1 Overview of Findings

Respondents discussed a common belief that health was a matter of importance for them in their lives. Many engaged in routines that fostered healthy living, although several participants mentioned the difficulty involved in engaging in these activities due to their responsibilities with children at home. Although maintaining health was an important priority, for many the utilization of mainstream health services to achieve this goal was seen as a last resort option, only used for serious health issues and concerns that arose.

Participants spoke of the numerous challenges and barriers that they faced in the healthcare system which affected their utilization of health services. Relationships with healthcare providers were sometimes described as poor and visits to the doctor were often unsatisfactory, where health concerns were sometimes not addressed. Several participants also mentioned uncertainty regarding the proper norms and procedures when interacting with their doctor. Some of them did not entirely trust their doctors, or their advice. Language was described by most respondents as an extremely troublesome barrier when attempting to use health services. Communication was problematic for many respondents because of their varying levels of proficiency in English. Different cultural attitudes toward health also influenced participants' health-seeking behaviours. Utilization of alternative health services, such as TCM, served as an important cultural component of their identity and reflected their distinct cultural attitudes towards health.

Adjusting to a new healthcare system was discussed as a major challenge for participants. Previous experiences in their home country, where they would be able to see their doctors immediately, left participants unhappy at the length of time it took for appointments to be made with their doctors in Canada. Detailing their experiences as immigrants, participants mentioned that very little information was provided to them upon arrival to Canada. Several participants who had immigrated many years ago mentioned that when they first arrived in Canada, there was less information available to them than there is offered now, although recent immigrants in this study still described difficulties in acquiring information.

Aside from information regarding acquiring health cards, almost no information was given regarding how to find a family doctor, or explanations as to how health services worked in Canada. New immigrants had difficulties finding a family doctor and these difficulties limited their access to health services. Recent immigrants were noted to be a distinct group that faced increased challenges, as those who arrived without contacts or individuals close around them to offer support would lack important information needed to find and use health services.

These health system barriers also shaped decisions around cervical cancer screening. All respondents reported participating in cervical cancer screening within the past three years, but emphasized that challenges still exist when using this particular resource. These challenges included discomfort with the gender of the doctor performing the procedure, as well as lack of information about alternative locations to have the screening completed. Several individuals also noted that their family doctor did not inform them that the procedure was available. Participants also felt that immigrants without family doctors would not have access to screening.

The various difficulties experienced by participants prompted many to create strategies to better navigate and use healthcare services. Among these strategies were asking healthcare providers to speak slower, bringing friends to assist in translation, or using online sources to acquire additional information. The support of husbands, friends, and acquaintances was important in offering guidance and assistance.

It is important to make several considerations specific to this sample of participants in synthesis of these findings. Firstly, the region in which this study was conducted was able to provide participants with both mainstream health services, as well as alternative forms of health services. Participants stated that they were able to locate and use Traditional Chinese Medicine (TCM) services in Southwestern Ontario. However, responses were mixed regarding the frequency with which each type of service was used. Some individuals mentioned that they used TCM services exclusively, while others mentioned they used a combination of both. The majority of participants mentioned that they used both services, depending on the health concerns that needed to be addressed. The fact that participants were able to turn to alternative health services according to their needs and preferences points to the flexibility of the health resources available in the region that they lived in. In other areas where TCM services may be less available, this alternative resource would not exist.

Furthermore, although such resources were available to participants, TCM services are not covered by OHIP. Some reimbursement may be available through supplementary insurance plans, but certain insurance providers may not have this service covered. It is

evident within this group that individuals had the economic means to use other forms of services, economic advantages which may not be available to other individuals in similar situations. TCM services may not be an available option for some, and this could be problematic for immigrants who do solely prefer and rely on such resources.

Secondly, it is important to note that the experiences discussed by the participants in this study most likely serve as a conservative estimate of the challenges that Asian immigrant women face in the healthcare system. The majority of the participants in this study had fairly high levels of educational attainment and had resided in Canada for a long period of time. Although some of their experiences are specific to immigrants, such as cultural attitudes and reliance on ethnic communities for information, some of the experiences discussed are not unique to this group, and are faced by the general population as well. Barriers to access and use of healthcare services such as locating family doctors, acquiring health information, and finding difficulty prioritizing personal health visits are issues that are not exclusive to immigrants. However, these problems can be exacerbated when experienced by immigrants, due to potential added difficulties such as language fluency or cultural preferences, adding complexity to the overall experience.

5.2 Relation to Existing Literature

Gesink et al. (2014) notes that immigrant groups are actively engaged in their own health and maintenance of well-being, even though those who use traditional, complementary, and alternative medicine are less likely to participate in cancer screening programs. Participants in this study demonstrated knowledge and understanding of their own health and well-being, and actively sought their own strategies for health maintenance.

Several factors encouraged their participation, mainly doctor recommendation and discussions with friends. Existing studies have also demonstrated the importance of physician recommendation in encouraging screening participation among patients (Crawford, Ahmad, Beaton, & Bierman, 2015; Madadi, Zhang, Yeary, & Henderson, 2014, Todd, Harvey, & Hoffman-Goetz, 2011). Specifically, Crawford, Ahmad, Beaton, and Bierman (2015) emphasize the need for physician recommendation, highlighting that

use of health resources is closely related to physician support, in the form of providing information and recommending screening.

Findings reveal that Asian immigrant women in this study had a strong preference for female providers to perform Pap tests. Existing literature points to the importance of female doctors for screening procedures, and studies document physician gender as a significant determinant of screening among Asian immigrant women (Donnelly, 2008; Hyman, Cameron, Singh, & Stewart, 2003). Lofters, Ng, and Lobb (2015) argue that “physicians, particularly primary care physicians, play a very important role in preventive care in general, and can serve as both facilitators and impeters to cancer screening” (p. 213). Although patients should have the opportunity to find a family doctor they are comfortable with, experiences revealed from interviews demonstrate that even the task of finding any family doctor is difficult, let alone a family doctor with specific characteristics.

The literature has documented that Asian immigrant women in Canada have significantly lower participation rates in cervical cancer screening (Latif, 2010; Xiong, Murphy, Matthews, Gadag, & Wang, 2010; McDonald & Kennedy, 2007; Woltman & Newbold, 2007). However, all participants in this study reported they had participated in cervical cancer screening within the past 3 years. Participants in this study expressed that it is common for women to return to their home countries to utilize health services. Several participants mentioned they had their Pap tests done in Taiwan and reported going back to utilize health services regularly. This finding suggests that current rates of health service utilization may underestimate the actual rates of preventative health screenings among immigrant women. For example, numerous studies determine cervical cancer screening rates based on data from Ontario physician services or data from provincial healthcare registries (Borkhoff et al., 2013; Lofters, Moineddin, Hwang, & Glazier, 2010; Lofters, Glazier, Agha, Creatore, & Moineddin, 2007). This study indicates that there are women who choose to seek services outside of Canada.

Transnational healthcare as a trend has been an emerging phenomenon. Transnational activities are known to be prevalent among immigrants, and on a global scale,

transnational health service use is not an exception (Lee, Kearns, & Friesen, 2010; Thomas, 2010; Messias, 2002). Research has documented that transnational activities can even have an ability to affect health status and it is important to incorporate transnational theory when investigating immigrant health experiences (Amoyaw & Abada, 2016). It is not uncommon for individuals to travel abroad to seek healthcare services that are more expensive in their resident countries, such dental care (Calvasina, Muntaner, & Quiñonez, 2015). However, studies have demonstrated that transnational health service use is also a strategy employed by immigrants to address health problems when there are barriers to accessing services in their country of residence (Gideon, 2011). Generally, literature regarding the use of transnational health services abroad among immigrants in Canada is sparse and limited.

Participants in this study, like their counterparts in some other studies, indicated that using transnational healthcare was an appealing option for their needs as it was provided in a culturally familiar context. Some participants even pointed out that it was significantly easier and more convenient to use health services in their home country given that they travel there often. Given the limited literature surrounding this topic, future research and explorations into the prevalence of this phenomenon, as well as the experiences of these individuals who engage in these activities, would be valuable in identifying the extent of this trend, including the possible implications that this phenomenon may have for health maintenance and well-being.

This study confirms that many of the factors identified in the existing literature as affecting access and utilization of health services continue to be important and relevant for immigrants in Canada. For example, language and healthcare provider preferences are commonly highlighted in existing studies examining immigrant challenges in the healthcare system. This study contributes to the literature by identifying several additional issues that have rarely been examined. For example, findings revealed that transnational healthcare utilization for preventative health services was common among several women in this study. Furthermore, insights gathered through discussions with participants showed that tensions and cultural gaps existed between participants and their healthcare providers due to their use of alternative health services. This study also found that participants

turned to social media networks to acquire information about health resources in the healthcare system.

In comparison with many of the existing studies in the literature, this study also contributes to the literature due to its inclusive examination of different factors affecting health service usage. Many studies tend to focus on single factors that do not capture how the combination of challenges can shape health experiences. From transportation, to language, to alternative health service use, this study investigated how the accumulation of these challenges affected individual experiences in the healthcare system.

5.3 Implications for Immigrant Integration

As mentioned previously, access to healthcare and utilization of healthcare services can be a critical element for enabling the integration of immigrants in Canada. There are currently not enough studies that examine the importance of healthcare access and use in the process of immigrant integration.

Overall, this study demonstrated that divergent assimilation processes do exist for members of the immigrant population. The use of alternative health resources and transnational healthcare speaks to the potential segmented assimilation processes that immigrants experience when moving to a new country of residence. For some, these divergent pathways of healthcare utilization prevailed. While some immigrants sought alternative health resources, others sought transnational healthcare resources.

Moreover, assimilation processes are much more complex than a linear progression where only the characteristics and behaviours of a minority group converge towards that of the dominant group. This study illustrates that the cultural norms of the majority and minority influence each other in reciprocating and mutual relationships. Despite the prevalence of mainstream health services, immigrants were also able to engage in alternative health services. The prevalent existence of alternative health services is indicative of the fact that cultural practices of the minority culture are also adopted by the mainstream dominant culture. The potential for adoption of cultural norms and practices can exist on both sides.

In particular, the phenomenon of transnational healthcare service use may shed light on immigrant transition experiences. For example, travelling back to home countries may serve as an indicator of the integration process. It may be possible that recent immigrants use transnational health services more often due to increased barriers that they face accessing and using health services in Canada during the early period of their arrival. Familiarity with health systems elsewhere may serve as a useful and convenient resource during this time. However, since participants also mentioned the increased stresses involved in the early settlement period, immigrants may also find it difficult to leave the country while adapting to new lifestyles in Canada. Health may be of lower importance amidst competing priorities such as finding a job or locating housing.

This study was able to identify viewpoints from both spectrums, where recent and long-term immigrants both used transnational health services, but was not able to identify whether this activity decreased or increased over time. Within the context of immigrant integration, this type of activity may be an interesting indicator of integration, and it may be a useful consideration to determine if the frequency of travelling back to a home country for healthcare services indicates an immigrant who is less integrated in Canada. However, it is useful to note that participation in transnational healthcare is likely to be dependent on social class, whereupon only immigrants who have the means and resources to travel internationally are able to utilize health resources. Participants in this study had relatively higher levels of education and had the financial resources to seek out transnational healthcare. In this case, transnational healthcare may only be an avenue to facilitate healthcare utilization among the upper social class. Specific to this study, while all participants expressed support for preventative screening, many participants reported that they relied on doctors to recommend procedures to them. Several participants expressed uneasiness at making requests to their family practitioner, unsure of whether or not requests were appropriate. Failure to communicate openly with doctors may leave health concerns unaddressed, preventing opportunities for productive health visits with healthcare practitioners. The participants in this study felt like they were not entitled to ask for resources, or that they had no authority to offer suggestions. As a result of this perceived power imbalance, many withdrew and did not consult Western medical doctors. Thus, even when immigrants have access to physicians, they may not utilize their

services, because they do not feel comfortable. Furthermore, communication was a prominent problem that emerged in interviews: finding words to describe health issues, as well as understanding medical terminology was particularly challenging. This in turn, limits immigrants' ability to participate fully in the healthcare system.

The results presented in this thesis establish that acquiring health information is difficult for this group. Although participants reported that information was available on websites or through immigration centres, the information provided was not pertinent or practical enough to truly help participants navigate the system. For example, information on how to acquire a health card was available, but more nuanced information such as how to properly use services, the workings of the Canadian health system, or the appropriate expectations one should have with a family doctor, was sorely lacking and made the process of navigating a new healthcare system much more difficult. This has implications for integration. Participants found it hard to gain knowledge about their country and how the healthcare system works, which is an integral component to Canadian life. Most of the important information that participants needed about the healthcare system in Canada was gained through friends and family.

Countless stories were shared about how friends and family guided them in their search for health services and information. Participants relied on these ethnic networks as a fundamental source of trust and solidarity. Information-seeking endeavours were supported by these contacts, and it was by using this ethnic capital that participants were able to acquire information about available health services, as well as cultural alternatives to mainstream health services. Some individuals even helped participants by physically accompanying them to health appointments. For individuals with no established contacts, integration becomes much more difficult as they face increased challenges to become familiar with the healthcare system.

The various difficulties experienced by participants prompted many to create strategies to better navigate and use healthcare services. In attempts to bridge the communication barrier between their healthcare provider and themselves, participants mentioned that they would ask healthcare providers to speak slower or explain more when they did not

understand. Other efforts to address this issue were to write down words that respondents did not understand and look them up when they got home. Various respondents also stated that they used interpretation services at hospitals and some revealed that they would occasionally bring their friends along for translation. These experiences demonstrated that participants were active in the negotiation of health resources and vigorously worked around the obstacles they encountered in order to acquire the health services they needed. However, this is a lot of work. If obtaining the full benefits of healthcare requires all these additional measures, it then becomes very difficult for immigrants to fully gain the advantages that the healthcare system has to offer.

In light of these experiences, perhaps integration not only means being able to acquire and fully use resources within the healthcare system, but integration for this group should also be seen in terms of ability to use culturally sensitive services, without loss of opportunity for preventative screening. As revealed in this study, while immigrants used alternative health services in response to structural challenges in the healthcare system, others also used these alternative health services as a result of their distinct cultural preferences and attitudes toward health. Preferences for culturally sensitive services should not lead to missed opportunities for screenings. However, given the current structure of the healthcare system, this seems to be a very real possibility for immigrants, which has consequences for the perpetuation of health disparities. Good integration should allow for differences without leading to health inequalities, and steps need to be taken to recognize the unique needs of immigrants, including the diversities that exist among immigrants in their health service use.

5.4 Policy Recommendations

Numerous policies that address health maintenance and health service delivery target the general population and may not consider the differences that exist in subgroups. Measures to carry out policy objectives and goals may fail to address the specific needs of immigrants, rendering programs and initiatives less effective for this particular population.

As revealed by participants in interviews, Asian immigrant women face a myriad of challenges, some of which have been attempted to be addressed by programs and initiatives. However, discussions with participants demonstrate the failures and inadequacies of some of these programs. Participants in this study mentioned receiving letters that informed them about opportunities for cervical cancer screening. Cancer Care Ontario, an organization that acts as the Ontario government's advisor on disease prevention, screening, and access to care services sends invitation and reminder letters to eligible women regarding cervical cancer screening. These letters are sent with the goal of encouraging Ontarians to speak to their healthcare provider about their screening options, as well as support healthcare providers in their efforts to increase screening rates (Cancer Care Ontario, 2015).

As made evident in discussions with participants, many did not find the letters they received to be particularly useful in encouraging them to contact their doctor for cervical cancer screening. Participants in this study explained that those with English as a second language experience literacy and communications barriers. Letters that remind or inform women about cervical cancer screening may be effective for the general population who are fluent in the English language. However, as letters are in English, this particular initiative is typically less useful for individuals with limited English language proficiency. This study suggests that letters might be useful as an informative measure, but further considerations are necessary to develop programs that effectively encourage screening participation among immigrant groups.

Discussions with participants established that obtaining useful health information was difficult. This study revealed that participants used online technologies, especially social media, to acquire health information. Participants joined online groups to ask questions about health topics that mattered to them, for example, asking members in the online group where they could find a doctor that speaks their language. These informal sources of information allowed them to form solidarity with others who also experienced challenges, and these methods served as an extremely useful tool for guidance. However, the use of web resources may not provide particularly reliable or accurate information. When creating efforts to improve online information distributed to immigrants, the

technologies used by practitioners should be in a medium which people will access. In this case, participants had preference for social media outlets. Practitioners should consider offering more online resources in this format in order to access and reach this population. These resources should also be available in multiple languages whenever possible.

Furthermore, knowledge made clear and simple, as well as practical, is needed for this particular population. This includes logistical information, such as how to make an appointment, and cultural understanding, such as appropriate expectations of the Canadian health system. Participants mentioned that although information was available online on websites, some did not find it useful. This type of information would be informative for immigrants, especially new immigrants, and help to mitigate dissatisfaction with health services. Tips and guidelines regarding how to navigate the healthcare system will go a long way in assisting immigrants to feel more confident and comfortable in reaching out and acquiring the services they need. If individuals have specific knowledge as to what they need to do, and how they should go about doing it, there is a higher likelihood they will be able carry out the proper procedures needed to use health resources. Also, attempts should be made whenever possible to provide resources in languages that are accessible to this group.

There was also much consensus about preferences for female practitioners among participants in this study. While it is not logistically feasible for immigrant women who have a preference for female practitioners to always acquire one, existing family doctors should be aware that attitudes surrounding modesty and comfortability may be important considerations among immigrant women. Increased training in cultural awareness would be useful in attuning healthcare practitioners to the different needs of various groups in society. Family doctors should also be routinely making clear that alternatives for screening are available if individuals are uncomfortable, even if it is not evident that discomfort exists.

Given that one of the main pathways through which participants used health services was via their children, it may be beneficial for family doctors to consider engaging in brief

discussions that focus on the well-being of the mother, in addition to addressing health concerns of children during health visits. While participants with young children in this study had increased interactions with the healthcare system, participants seemed to have less time for personal health service use, and less of an expectation to utilize health services for themselves. A simple conversation that also addresses the health of mothers during appointments made for children can serve as important reminders for screenings and checkups, as well as help to foster dialogue that encourages personal health seeking behaviours among women.

The provision of interpretation services in hospitals was highlighted as beneficial and used by numerous participants. However, language barriers were pervasive in the healthcare system, not just at the point of care. One participant mentioned that although translators would be helpful, the act of making an appointment would still be difficult because receptionists also speak English. In interactions with a regular family doctor, which is typically the most frequent interaction any individual has when using health services, interpretation services are not available. Numerous participants acknowledged that this service would be advantageous if implemented, but participants were also aware of the lack of feasibility. The implementation of additional interpretive services for family practitioner appointments may perhaps be a useful initiative to consider. Collaboration among various stakeholders in the community and in the healthcare sector will be important when addressing issues facing immigrant women. There may be resources available at the community level with various immigrant local associations and organizations that may be able to coordinate efforts with healthcare providers to offer services for those who use health services less as a result of language difficulties.

Since recommendations from doctors were key in encouraging participants to participate in cervical cancer screening, cultural preferences for TCM can have strong implications for more general health service use, which can influence regular participation in preventative screenings and tests. Regularly utilizing alternative health services limits opportunities for knowledge to be gained about preventative health screenings, as well as regular interactions with family doctors who encourage participation in such procedures. Physician support, including frequent contact with the healthcare system, increases

opportunities for healthcare providers to educate and inform women about the benefits of screening (Vahabi, Lofters, Kumar, & Glazier, 2015). Participants in this study had preferences for alternative health services and some women even mentioned that they used these services much more regularly and frequently than Western health services. For women who prefer TCM, doctor recommendation as a strategy to facilitate participation in cervical cancer screening may not be as effective.

The importance of TCM practitioners to Asian immigrant women points to several important implications for preventative health screening. Policies regarding health service delivery should consider greater collaboration between practitioners in alternative healthcare services and mainstream healthcare services. This increased coordination may prove useful and advantageous to better inform and encourage women to participate in preventative health screening procedures. Recognizing that TCM practitioners also play a role in promoting the health and well-being of their patients, it seems likely that preventative health strategies would be well-endorsed. Initiating greater understanding and engagement between these two different sectors can promote efforts to better foster immigrant women's health and well-being in Canada.

5.5 Limitations and Future Research

This thesis sought to investigate the lived experiences of Asian immigrant women in the healthcare system, including the specific challenges and difficulties they faced when utilizing preventative health services. Research was based on a small and selected sample, in order to adequately capture the intricacies and complexity involved regarding the subject matter. However, this decision also created various limitations.

Most evidently, the small sample of this study limits its generalizability. Given the difficulty in recruitment, this study was dependent on whoever was interested and wished to participate. Although this study targeted the overarching Asian ethnicity, various subgroups exist within that population. To fully capture the specific nuances within each ethnic group, prospective studies should decide to target more specific ethnic subgroups to investigate any nuances that may exist among these various populations. Different cultures and specific ethnic backgrounds of women were not able to be captured in this

thesis and the effects of culture could differ among sub-Asian groups. As a result, this study was not able to speak to the experiences of all Asian immigrant women given the narrow sample size. To more fully capture the scope of meaningful ethnic diversity among Asians, future research should endeavor to explore these differences. Several other limitations are also evident within this sample. The participants all had relatively high levels of education. Although participants in this group all described barriers to healthcare and preventative screening, perhaps barriers among participants with lower levels of educational attainment are more potent. The experiences of individuals with lower levels of education were not captured in this study. Furthermore, the participants in this sample had all participated in cervical cancer screening. Although barriers still existed for this group, participants in this study were able to, one way or another, participate in these screenings. This study was not able to explore the experiences of individuals who had not participated in screenings, which might have revealed additional insights into barriers that actually prevent the utilization of such services. Lastly, this study focused largely on the experiences of immigrant women with children. The selection of this specific group was to investigate the experiences of Asian immigrant women within a particular life stage, which also ensured that any challenges or barriers identified would more likely be informed by shared life experiences. However, due to the age and cohort of this sample, this is a select group of women with specific life experiences which, again, limits very much the ability to generalize their experiences to all Asian immigrant women.

Future research should consider focusing on an important insight revealed in this study. Several participants mentioned that they travel abroad for healthcare services as a regular routine. The importance of transnationalism in the experience of immigrant healthcare is relevant and important given the well-documented transnational ties and histories of immigrant experiences. When seeking to examine the healthcare utilization of immigrant populations, this consideration can expose important information regarding the extent to which immigrants are utilizing the full capacity of the healthcare system in Canada, which may be useful for future directions in monitoring of the health of immigrants, as well as the performance the health system.

Future studies regarding technological support networks will also be valuable as technology use becomes more widespread. Exploring the implications of social media as a tool for providing health information to groups, and its effectiveness, may be important to establish programs or initiatives targeted to aid immigrants navigate the health system.

Geographic location will also be an important consideration for future research. A number of participants in this study mentioned the differences in the availability and accessibility of health resources between the Southwestern Ontario city they lived in and Toronto. As health services are regional, larger metropolitan cities such as Toronto offer a much more diverse range of services, and immigrants may find it easier to acquire the services they need. It would be an interesting exploration for future studies to examine the differences that may be experienced by the immigrants who live in those areas.

5.6 Conclusion

Access to healthcare is a major right for individuals who live in Canada, and it is problematic if immigrants do not feel that they are being provided adequate opportunities to use health resources. An inability to fully utilize resources in the healthcare sphere affects one's ability to fully integrate in Canadian society.

The stories and narratives shared by all participants demonstrate that the intersections of immigrant status, ethnicity, and gender combine together to influence their understandings and experiences of health, including barriers that affected their utilization of health services. The culmination of these characteristics created inequalities in health resource use. While participants acknowledged the importance of their distinct perspectives on health as a result of their culture and immigrant histories, they recognized that it was also these differences that contributed to increased difficulties in the Canadian healthcare system. The healthcare system needs to be more aware of immigrant populations in Canada, which may require different considerations in the future delivery of health services.

The findings drawn from this study can help health service providers and policy makers to gain a greater understanding of the lived experiences of immigrant women, and may

guide them in future efforts to improve access and utilization of needed health services. Efforts made to ameliorate the difficulties experienced by this population will contribute to the integration of immigrants in Canadian society, consequently also fostering immigrant women's health and well-being in Canada.

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Appendices

Appendix A: Ethics Approval Form



**Western
Research**

Research Ethics

**Western University Non-Medical Research Ethics Board
NMREB Delegated Initial Approval Notice**

Principal Investigator: Dr. Tracey Adams
Department & Institution: Social Science/Sociology, Western University

NMREB File Number: 108161
Study Title: Accessing Preventative Healthcare: Influences on Utilization Among Asian Immigrant Women
Sponsor:

NMREB Initial Approval Date: July 15, 2016
NMREB Expiry Date: July 15, 2017

Documents Approved and/or Received for Information:

Document Name	Comments	Version Date
Western University Protocol	Received July 11, 2016	
Recruitment Items	Email Script to Put Up Recruitment Posters - Received July 11, 2016	
Recruitment Items	Recruitment Poster	2016/06/09
Letter of Information & Consent		2016/06/28
Letter of Information & Consent	Cantonese version	2016/07/06
Other	Signed Letter from Translator - Received for Information	2016/07/06
Other	Confidentiality agreement for translation	2016/06/09
Instruments	Interview Guide	2016/06/03

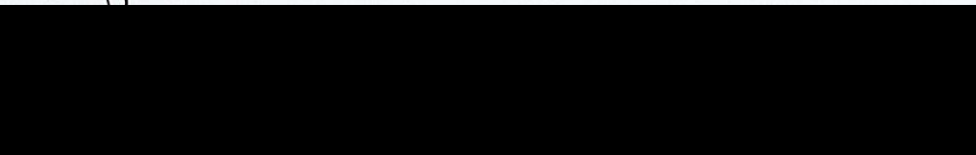
The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the above named study, as of the NMREB Initial Approval Date noted above.

NMREB approval for this study remains valid until the NMREB Expiry Date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario.

Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB.

The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 0000941.



Appendix B: Interview Guide

Thesis Project: Accessing Healthcare in Ontario: Influences on Utilization Among Asian Immigrant Women

Dr. Tracey L Adams (PhD) & Gwynne Ng (BA)

Part 1: General attitudes/Approaches to health

1. Tell me about your health in general.
 - What are some things that you do to maintain good health (stay healthy)?
2. How important is health in your life?
 - Is staying healthy important to you?
3. How often do you go to the doctor?
 - When do you go to see the doctor? (Ex: When an illness arises, when you have questions, checkups, screenings, etc.)
 - What kind of healthcare providers do you see? (Ex: Medical doctors, nurse practitioners, TCM practitioners, acupuncturists, naturopaths, others)
4. Where do you get information about health/health services?
5. How do you make decisions regarding health?
 - Do you rely on yourself? Family members? Professionals?
6. What do you do when you have illness or disease?

Part 2: Healthcare experiences

1. Have you experienced any challenges or difficulties in the healthcare system?
 - Examples?
2. Have you had any difficulties in accessing health services?
 - Examples?
3. Do you have any difficulties when communicating with a healthcare provider?
 - Examples?
4. Are you comfortable with your healthcare provider?
 - Why or why not?
5. Have you been able to get the health information/services that you need?

Part 3: Preventative healthcare

1. Have you ever used any type of preventative healthcare/service?
 - Which types?
2. Have you ever heard of cervical cancer screening (also known as a Pap test)?
 - If yes, what do you know about cervical cancer screening?
3. Is participating in this screening of any benefit to you?
 - Why or why not?
4. Are there any negative consequences from participating?

- If yes, what might they be?
5. Have you ever participated in cervical cancer screening?
 - If no, are there any particular reasons why?
 - If yes, when was the last time?
 - How did you hear about cervical cancer screening?
 - Did you experience any difficulties accessing the screening?
 - Were there any difficulties during the procedure?
 - Did anyone influence your decision to participate in cervical cancer screening?
 - Do you see yourself getting a screening in the future?
 - Do any of your cultural beliefs or values support or oppose cervical cancer screening/getting a pap smear?

Part 4: Culture

1. Do you feel that your doctor shares/respects your cultural values?
 - Why or why not?
2. Do you think other healthcare providers take your cultural beliefs into consideration?
 - Why or why not?
3. Are your experiences different in Canada, compared to your home country?
 - How so?
 - How do you feel about that?
 - Does Canadian healthcare conflict with your cultural values? If so, how?
4. Have your notions/ideas about health changed since you arrived in Canada?
 - How so?
5. Are there any cultural values or beliefs about being a woman that is related to health?
 - Women's bodies and health, etc.

Part 5: Opinions/Perceptions

1. Do you have any suggestions on how to improve the health services that you receive?
 - What do you think could be improved?
2. Do you have any suggestions for the healthcare system overall in Canada?
 - What do you think could be improved?
3. What are some things that the healthcare system is doing right?
4. Do you think immigrants are provided the support they need to access health services?
 - Why or why not?
5. Do you have anything else you would like to add or ask me?

Curriculum Vitae

GWYNNE NG

EDUCATION

- 2015-Present **Master of Arts, Sociology**
Specialization in Migration & Ethnic Relations
 University of Western Ontario, London, Ontario
- 2011-2015 **Bachelor of Arts (Hons), French Language & Linguistics,**
Criminology
 University of Western Ontario, London, Ontario

HONOURS AND AWARDS

- 2015 **University of Western Ontario Gold Medal**
French Language & Linguistics
 University of Western Ontario, London, Ontario
- 2011-2015 **Dean's Honor List**
 University of Western Ontario, London, Ontario

ACADEMIC EMPLOYMENT EXPERIENCE

- 2015-2017 **Teaching Assistant – Sociology 2206 Research Methods for**
Sociology
 University of Western Ontario, London, Ontario

CONFERENCE PRESENTATIONS

Ng, Gwynne. 2016. "Access to Preventative Healthcare: Influences on Utilization Among Asian Immigrant Women." Presented at Pathways to Prosperity 2016 National Conference – Shaping Immigration to Canada: Learning from the Past and a Vision for the Future. Ottawa, Ontario.

Ng, Gwynne. 2017. "Access to Preventative Healthcare: Influences on Utilization Among Asian Immigrant Women." Presented at the Annual Canadian Sociological Association Conference. Toronto, Ontario.