

Pregnancy, Patriarchy, and Power: Gendered Experiences of Non-Status Migrants in Canada

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A plethora of promises associated with immigration – higher wages, better education, greater access to social networks, reasonable work conditions, and a higher standard of living– have led to a growing popularity in immigration in recent years. Canada is considered a favourable country for immigration, and with the country's inclination to outsource the otherwise declining population and workforce, it is likely to reciprocate a demand for migrants well into the future.¹ Between 2017 - 2018, the migrant population accounted for 80 percent of Canada's total population increase and is likely to remain around this number as Canada continues to welcome migrants.²

It is important to consider that not all migrants have a permanent legal status within the country, due to expiring documentation or inability to meet or maintain the requirements of permanent legal status. Canada's humanitarian laws, for example, let those seeking asylum enter the country temporarily for safety, but if they do not manage to gain status or find alternative living situations, migrants risk losing asylum-seeking status and become "illegal."³ The lack of documentation for non-status migrants restricts access within Canadian society and the conditionality of their presence is enforced through the social rejection of their identity. However, limited research has been conducted regarding the gendered experiences of non-status migrants in Canada. There is the additional pressure for non-status gendered migrants of not only being in a culturally unfamiliar country but also being under the restrictions of patriarchal values from both home and landing country due to longstanding ideas of women's inferiority on the world stage.

Speaking in a binary framework of gender due to the limited research on gender diversity within Canadian immigration, the effects of conditionality and "othering" within Canadian society may influence women in different ways than their male counterparts. The way in which non-status migrant women are regarded during the process of gaining citizenship in Canada, as well as their sense

of belonging, is much stricter than migrant men. The patriarchal domination of women is exacerbated and institutionalized through the ways in which governments and larger society choose to navigate issues of gender-based discrimination. This essay examines both the effects of institutionalized patriarchy and racism for non-status migrant women through situations of gender-based violence and reproductive care, in particular obstetric care in Canada.

Gaining Legal Entry into Canada

For the purpose of this essay, the labels of "non-status" and "undocumented" migrant will be used interchangeably, as the women considered in this analysis do not have temporary or permanent status in Canada. A non-status or undocumented migrant refers to an individual that "does not have a legal status of immigration in Canada on a temporary or permanent basis," and consequently do not have any legal recognition of citizen's rights in the country.⁴ The reasons migrants choose to immigrate to Canada and the ways in which non-status is established are also important to distinguish, given that these expectations are often unrealistic for non-status migrant women.

Many migrants choose to immigrate to Western countries, like Canada, enticed by a higher state of well-being, economic opportunity, or for a better life for their current or future family.⁵ To extend their residency outside of asylum-seeking status, non-status migrants can consider overstaying an international student, work, or visitor visa – all of which can also lead to non-status circumstances. However, women are also posed with other forms of migration to gain citizenship, shaped around gendered ideas of family and women's roles and values within society.

Many migrant women from non-western countries enter Canada under patriarchal family-oriented methods, such as sponsorship visas by husbands or relatives. The prevalence of this meth-

od is worth noting, given that in 2000, 87 percent of Indian female migrants in the Vancouver area fell under this category.⁶ Migration to Canada is often tied to gendered cultural practices, notably migration for marital purposes in pursuit of financial or social gain. In a qualitative analysis of the migrant Indian community in Canada, Sheel explains how migration for culturally motivated or arranged marriages enforces gender inequality as “mobility across nations may not diminish the patriarchal norms intrinsic to marriage practices but may result only in their relocation and reconfiguration.”⁷ Some women find themselves migrating as motivated by dowries, the building of social capital for her family, or to gain economic or social opportunities for herself and her husband. Migrant women that are dependent on husbands for status constantly live in a state of precarity until their status is approved to become a citizen or legal migrant. Until then, women must live under the conditions their husband designate to protect them from losing their sponsorship.⁸ The risk of losing the opportunity to gain status through partner separation also jeopardizes the future of the woman’s entire family. In some situations, women may be future sponsors for other family members’ migration – this further increases the pressure to be a complacent housewife.⁹ The conditions of subjugation and subservience pose the palpable threat of furthering male domination in the home, in addition to making migrant women feel indebted to those who helped her enter and remain the country.

Problems with Non-Citizenship

Power imbalances in gendered experiences as a non-status migrant lead to many forms of exploitation and risk for non-status women. The pursuit of legal status leaves women in a precarious state of living, faced with dependence on their partner for security. Non-status migrant women are typically situated without access to many of the opportunities afforded to men for socialization or economic independence; this is due to a lack of documentation or qualification to venture outside of the home.¹⁰ As a result, situations where support is necessary for the well-being of non-status women, whether it be through social support through personal networks or through institutions, are much riskier for these women to endure.

Gender-Based Violence

Gender-based violence is a significant example of power imbalances leading to precarious situations for non-status women. The fear of authorities stepping into family situations and risking removal from the country often reasons silence for survivors of domestic violence in many situations.¹¹ Authorities stepping into a home situation also poses the risk for women to either lose their sponsorship or for their children to lose sponsorship, both of which may not be viable or desirable options for survivors. Without legal status, migrants are often ineligible for many social services that require documentation, including women’s shelters, counseling, and medical care (to name a few), that would help women leave situations of abuse.¹² These institutions bar access through requiring documentation or through institutionalized discrimination for those who are not born in Canada; many of these services are also granted on a case-by-case basis at the discretion of individual workers, which allows bias to guide access to services.¹³

According to Bhuyan, Orborne, and Cruz, Abrego coins the term ‘legal violence’ to outline the institutionalized violence that non-status migrant women face when seeking social services required to support them through times of crisis, such as abusive relationships.¹⁴ Research regarding violence against women shelters in Toronto found that many migrant women were ineligible for certain types of “social entitlements and safety nets [like] social housing, rent supplement programs, provincial medical insurance, childcare support, [or] legal employment,” leaving them more vulnerable in some situations than non-migrant women.¹⁵ Such inaccessibility to crucial services for well-being of migrant women in vulnerable situations forces many survivors facing domestic violence to stay silent and endure the abuse. South Asian migrant women in Canada facing partner abuse, for example, have reported to delay seeking medical attention or professional help for their situations due to a variety of reasons.¹⁶ The reasons reported by the women in this study included “social stigma, rigid gender roles, marriage obligations, expected silence, loss of social support after migration and limited knowledge about available resources and myths about partner abuse.”¹⁷ Only in extreme situations of mental or physical distress did women report seeking services to help.¹⁸ These factors intersect to normalize, institutionalize, and vic-

tim-blame migrant women into continuously enduring gender-based violence.

Obstetric Care: Difficult and Dangerous to Access

Access to services for non-status migrants extends into healthcare services. Non-status individuals do not have access to Canada's universal healthcare insurance which makes it difficult to maintain physical or mental health at a sustainable level.¹⁹ The risks of being reported to authorities upon seeking healthcare, language barriers, and financial situations are also reported in migrant communities in Canada.²⁰ Non-status migrants report significantly different levels of unmet needs and health problems of their health status in comparison to legal status immigrants or Canadian-born citizens.²¹ This perpetuates a hierarchy of health statuses in the country based on perceived belonging regarding legal status.

Non-status migrants face ineligibility for health insurance and, consequently, avoid healthcare services as a cost-efficient method to avoid the intersecting economic barriers migrants also face.²² Over half of all migrants without insurance saw their health in a negative sense, whereas the same negative perceptions of health were reported in only "8.5 percent among recent immigrants, 19.8 percent among long-term immigrants, and 10.6 percent among Canadian-born" people.²³ Interestingly, Canada and the United States avoid the issue of re-evaluating migrant healthcare access through the "healthy migrant effect."²⁴ Canada's immigration policies typically accept only migrants of a good health status with no pre-existing health conditions and low risk for future conditions.²⁵ This policy, with the cultural differences of pain perception, feed into the low demands and expectation of healthcare from migrant populations.

One area of healthcare that is not considered, let alone researched with a focus on non-status women, is obstetric healthcare access in Canada. Many people migrate to countries like Canada to provide better opportunities for their children; however, non-migrant women face the difficulty of accessing equal obstetric healthcare to that of non-migrant women.²⁶ Again, without legal status and documentation, women face multiple barriers in accessing quality health care. In addition, some research posits lack of incentives for clinics to accommodate non-status migrants add to the lack of

support and understanding.²⁷ Indeed, women face threats to their security in accessing healthcare as non-status; however, pregnancy often outweighs these risks for expectant mothers. These women often opt for accessing healthcare services, for the safety of themselves and of their child. Still, many mothers opt out, or do not utilize the full number of appointments for a variety of structural reasons, causing long-term issues stemming from evaluation of health problems before, during, and after pregnancy.²⁸

Western countries have continuously reported that racialized migrants and asylum seekers have higher mortality rates than non-migrant and white birth givers.²⁹ Even immigration-progressive countries like Sweden, who implement integrative immigration resources to help integrate migrants into society, have reported "outcome differences between migrants and the native population... [with] a greater incidence of low-birth-weight babies, preterm delivery, perinatal mortality and congenital malformations."³⁰ Obstetric care inequalities within Canada vary, depending on social status, predominantly between non-status versus status women and white versus non-white women.

Migrants without legal status, especially racialized migrants, who do access reproductive services deal with poor perinatal care and high-risk pregnancies, such as ectopic pregnancies, eclampsia, and a higher likelihood for C-sections.³¹ A meta-analysis conducted by Gagnon et al. found that "Asian, North African and sub-Saharan African migrants were at greater risk of foeto-infant mortality than 'majority' receiving populations, and Asian and sub-Saharan African migrants at greater risk of preterm birth."³² Racialized migrant women were also found to experience increased complications during birth, where caesarean sections were reported at higher numbers; the babies of Somali women were also more likely to face health risks and stillbirths than non-migrant women giving birth.³³ The risks these women face in Canada are not found in their home countries' statistics on obstetric complications, indicating that this issue is exclusive to Canadian healthcare systems.³⁴ Overall, the infection rates, congenital anomalies and infant morbidity, prenatal care, maternal health, foeto-infant mortality, and modes of delivery are all significantly worse in rates or conditions for migrant women than Canadian women, and racialized migrant women face even higher risk of adverse experiences.

Conclusion

The perceived freedom that migration into Western countries, like Canada, are short-lived for many women without status because of the experiences of exacerbated gender inequalities and structural violence.³⁵ The increased level of danger associated with inaccessibility to both gender-based violence and obstetric care signify dangerous gaps in gender equality during the immigration process and path to gaining legal status in Canada. Areas where women find themselves most vulnerable, such as situations of domestic violence and when meeting obstetric care, have been proven to be especially dangerous for migrant women in the country, despite Canada's seemingly promising migration practices. Conflicting views on the role of patriarchal domination of a family, particularly with the economic control over and domestication of women, render the services protecting survivors from domestic abuse somewhat inaccessible, perpetuating a dependence on abusers and a fear of institutional authorities.³⁶ The lack of documentation that non-status women navigate, especially non-status racialized women, continues to threaten the health and safety of pregnancy and birth for both themselves and their baby. The unequal power relations concerning women's agency in economic and domestic sectors demonstrate a continued male domination rather than liberation of women's equality in Canada. These power relations derive from ideas of patriarchal and white supremacist domination both within Canadian society and within a migrant's own culture, both of which can negatively impact the experiences of women during their time as a non-status migrant in the country. Though limited research on these topics exists, it is apparent that major issues threaten the short- and long-term experiences of migrant women in Canada and will remain a risk until they are addressed by Canadian immigration institutions.

Study Limitations

There was limited research on the topic of these issues, particularly the issue of reproductive health-care access inequalities. Further research must investigate the cultural norms and perpetuations of gender inequality, as well as the ways that these inequalities are perpetuated due to an insensitivity to multiculturalism within Western migration practices.³⁷ Reproductive care of migrant women,

especially non-status migrant women, is also necessary to understand the implications of intergenerational health problems caused by racism, sexism, classism, and other forms of social stratification in the future.

Endnotes

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