

**Atlantic Metropolis Centre ~ Working Paper Series
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**INTEGRATION OUTCOMES FOR IMMIGRANT WOMEN IN CANADA:
A REVIEW OF THE LITERATURE 2000-2007**

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2007

**Working Paper No. 8- 2007
Série de documents de recherche 8 - 2007**



**Centre Métropolis Atlantique
Atlantic Metropolis Centre**

The Atlantic Metropolis Centre's Working Papers Series
Série de documents de recherche du Centre Métropolis Atlantique

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Integration Outcomes for Immigrant Women in Canada: A Review of the Literature 2000-2007

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Abstract/Résumé:

This paper examines the integration outcomes for Canadian immigrant women as revealed in the current literature. The intent is to identify key priority areas for research, policy development and practice with respect to outcomes such as labour market integration and health and well-being of immigrant women in Canada. The literature review was conducted via government, academic and policy-oriented internet search engines. Key recommendations for future research include a multivariate complex analysis of data from the Longitudinal Survey of Immigrants to Canada (LSIC), with a specific focus on women.

Keywords/Mots-clefs: Immigrant women; Immigration outcomes; Policy priorities; Literature review; Immigrant families

This paper is based on a report prepared for the Integration Branch, Citizenship and Immigration Canada in March 2007.

Introduction

The purpose of this paper is to examine the integration outcomes for Canadian immigrant women as revealed in the current literature with the intent of identifying key priority areas for research, policy development and practice. The following information, produced by Statistics Canada, provides the demographic context for the findings in this literature review (Lindsay and Almey 2005).

In 2001:

- 19% of all women living in Canada were born outside the country
- 41% of foreign-born women were either from the United Kingdom or Europe while 36% were from Asia or the Middle East.
- 62% of immigrant women lived in Toronto, Vancouver or Montreal, compared to 27% of their Canadian born counter parts.
- 67% of immigrant women were between the ages of 25-64 compared with 52% of Canadian born women.
- 83% of eligible female immigrants were naturalized Canadian citizens.

Between 1991 and 2001:

- 1 million women arrived in Canada, constituting 34% of all foreign born females.
- 58% of the newcomer population were from Asia, including the Middle East, 7% from Africa, 5% from the Caribbean, and 6% from Latin America.
- 74% of the newcomer population were visible minorities.

Between 1994 and 2003:

- 36% of foreign-born women entering Canada were family class immigrants;
- 37% of foreign-born women came as the spouse or dependent of an economic immigrant;
- 11% of foreign-born women came as principal applicants in the economic class; and,
- 10% of foreign-born women entering Canada came as refugees.¹

Methodology

The literature review was conducted via various internet search engines. The search for academic articles took place through such portals as EBSCO Academic Research Premier, Google Scholar, Sociological Abstracts/Sage Sociology, Proquest, the Sage Political Science Abstracts, Prowler and the Working Paper Series housed at each of the five Metropolis Centres of Excellence. Government publications were retrieved from Statistics Canada, CIC, Canadian Heritage and Status of Women Canada. Other reports were found on the websites of research institutes such as the Canadian Council on Social Development, the Centre of Applied Social Research, University of Toronto, Institute for Gender Research, University of Calgary and various settlement services such as the Canadian Council of Refugees.² A keyword search was also conducted of dissertations housed at the National Library. Only those articles/reports/documents published since 2000 were included in the review.

¹ Remainder comprised of live-in caregivers and their dependents, deferred removal order and post-determination refugees, retirees, and provincial/territorial nominees.

² This list is by no means all inclusive but represents the websites we were most successful with.

The citations used to support the findings are not intended to be exhaustive. Many documents address the same outcomes and raise the same issues but with various degrees of concentration. The citations used are those which exemplify a particular research focus or integration issue.

Limitations

The literature collected for this study is restricted to that which is published in English. It does not constitute a census of all available documents on the topic area nor can it be said to be representative of the current English language literature available. In terms of the academic literature, time and access necessitated a focus on journal articles rather than books. One would also expect that book chapters in edited volumes are more likely to have been missed by our search strategies. Likewise, relevant information contained in documents that were not amenable to a search using key words would not have been captured. Any document, not linked to a website would also have been missed.

In terms of the content of the documents, the vast majority of literature on immigrant women in Canada is based on a case study design using qualitative methods of inquiry and analysis³. These studies and their focus exhibit pan-Canadian breadth and provide rich insights into the multiple dimensions and complexities of the integration experience. However, they are limited in the extent to which the findings can be generalized across ethnic groups, jurisdictions and geographic locale. They also tend, for the most part, not to be comparative in nature, neither with other immigrant women, immigrant men nor the non-immigrant population.

³ With rare exception, most of the literature on immigrant women is written by women using qualitative approaches. The reports and articles written by male authors focus almost exclusively on quantitative analyses of labour market outcomes or census data.

A few articles, primarily those that focus on economic/labour market outcomes, and to a lesser extent health, are based on large surveys or avail themselves of the large federal databases such as the Canadian Census, the IMBD and the 2000 Canadian Community Health Survey. Again, a number of these focus on a specific geographic area or specific ethnic groups thus limiting the extent to which the results are policy informative. While some research exists on data generated by the Ethnic Diversity Survey (EDS) and the Longitudinal Survey of Immigrants in Canada (LSIC) very little includes a comprehensive gender analysis of integration outcomes. Data that could be derived from these databases is thus conspicuously absent from this report, negating a multivariate analyses of integration outcomes and seriously limiting the possibility for analytical interplay between quantitative and qualitative analysis.

Immigrant Women and Integration Outcomes

Of the 98 documents reviewed, 32 (33%) focused primarily on economic and/or labour market outcomes; 34 (35%) examined outcomes related to health and wellbeing; 15 (15%) addressed specific vulnerable populations; 4 (4%) focused on language and 3 (3%) on civic participation.⁴ The remaining addressed or raised multiple integration issues for a specific ethnic group or provided insights as to how outcomes for immigrant women could be better understood.

The discussion below centers on those two areas where the literature was sufficiently focused to allow for synthesis of outcomes and the thematic presentation of results: economic/labour market participation and health and well-being. The remaining literature has been used throughout the other sections of the report.

⁴ A number of support documents have also been included in the bibliography

Economic Outcomes

The economic/labour force research reviewed tends to be of two genres - that which focuses on the direct measurement of economic/labour force integration and that which examines the interplay between economic outcomes and other factors.

Economic/Labour Force Outcomes

The literature on economic/labour force outcomes for immigrant women focus on two areas, labour force participation and earnings, and the findings are consistent throughout:

Immigrant women's rate of participation in the labour force is considerably lower than that of immigrant men and Canadian born women (Boyd and Pikkov, 2005). In 2001 64% of all foreign born women were in the paid labour force compared to 70% of Canadian born women and 80% of immigrant men (Lindsay and Almey, 2005). Only 58% of those who arrived between 1991 and 2001 were in the paid labour force. Data from the LSIC study population indicates that during the first six months in Canada female immigrants are much less likely to find employment (34%) than their male counterparts (54%) (Statistics Canada, 2005). However, the pre-post arrival employment rate for women increased by 27% compared to 10% for men (Statistics Canada, 2003).

Immigrant women are heavily represented in jobs traditionally held by women (CIC, 2003; Lindsay and Almey, 2005) and unevenly distributed across skill levels ((Boyd and Pikkov, 2005; CIC, 2003). In 2001 46% worked in clerical, sales or service positions (compared to 49% of Canadian born women in the workforce and 22% of immigrant men). Immigrant women were also overrepresented in manufacturing (11% compared to 4% of Canadian born women) and underrepresented in professional

occupations in education, social services, government, religion, recreation and culture (Lindsay and Almey, 2005). This situation is compounded by evidence that suggests that the increase in male professionals entering the country is not met by an increase in female professionals i.e. a disproportionate number of professional men are being selected for entry (CIC, 2003). Some researchers have also noted that occupational segmentation occurs across ethnic groups (CIC, 2003; McKay, 2002). Data from the LSIC indicates that prior to arrival immigrant women were primarily employed in business, finance and administration (25% compared to 18% six months later), social science, education, government services and religion (18% compared to 6% six months later) and natural and applied sciences (17% compared to 6% six months later). Six months after arrival 37% were employed in sales and service occupations compared to 12% prior to arrival. 36% of immigrant women indicated they were looking for a different job compared to 45% of men (Statistics Canada, 2003).

In 2000 foreign-born women who worked full-time full year earned almost as much as Canadian born women (Lindsay and Almey, 2005). However, recent immigrant women (1991-2001) in general earned 20% less than all immigrant and non-immigrant women (Lindsay and Almey, 2005) and 30% less than their male counterparts. This finding tended to hold true for studies focusing on specific ethnic groups (Wang and Lo, 2004; Man, 2004) and regions (Tastsoglou, Neumann and MacFadyen, 2004). Recent immigrant women were also paid 45% less than Canadian born women of similar ages and educational attainment (Lindsay and Almey, 2005) and their earnings are not improving at same rate as non-immigrant women (Anisef, Sweet and Frempong, 2003; Statistics Canada 2003). Wilkinson, Peter and Chaturvedi (2006) found that it is only

after 10 years that immigrant women's incomes begin to converge with their Canadian counterparts. Of considerable interest is Hiebert's (2006) finding that women entering as skilled worker principal applicants (30% of all skilled workers in 2005 (CIC, 2006)) achieve earning parity with average Canadian incomes within two years of entry, compared to five years for men.

In 2000 23% of foreign-born women lived in a low income situation compared to 16% of Canadian-born women. The rate was 35% for those who immigrated more recently (1991-2001) (Lindsay and Almey, 2005).

The Interplay Between Economic Outcomes and Other Factors

Integration outcomes do not occur in isolation of each other or in absence of contributing factors. Given its dominance in the literature this section looks at a number of variables that are related to the economic outcomes of immigrant women.

Level of education in and of itself is not a strong predictor of economic outcomes for immigrant women (Salaff and Greve, 2006). In 2001 - 18% of foreign born women had university degrees compared to 14% Canadian born, for recently arrived women the rate was 26%.⁵ They are however, less likely to have a degree than their male counterparts (24%). 33% of immigrant women have never completed high school compared to 31% of Canadian born women (Lindsay and Almey, 2005). Returns on education only begin to increase after ten years but is never as great as it is for Canadian born women (Wilkinson, Peter and Chaturvedi, 2006).

⁵ Women from West Asia, South Asia, East India and China (which when combined constitute the largest group of recent immigrants) are much more likely to have a university degree than the rest of the female population (Lindsay, 2006). While this data includes those born in Canada it has interesting implications for further analysis of integration outcomes.

Despite their comparatively high levels of education, immigrant women are still more likely to be under or unemployed (Boyd and Pikkov, 2005). The literature suggests a number of reasons. First, immigrant women's credentials are often discounted and their career ladders misunderstood (Khan and Watson, 2005; Salaff and Greve, 2003; Smith, 2001; Tastsoglou and Preston, 2005). Salaff and Greve (2003) argue that women's education and credentials are valued differently than men. Likewise the gendered, cultural norms that dictate the work lives of women may not translate readily into appropriate "Canadian" experience (Man 2004; Salaff and Greve, 2003). For example, Chinese women are not as likely to be in contact with western firms as are Chinese men (Man, 2004).

Language, whether its an inability to speak in English or French or having a strong accent is a significant barrier to seeking employment (CLMcCraken Consulting, 2006; Creese and Kambere, 2002)⁶. Refugee women in particular are less likely to be fluent in English, have fewer opportunities than men to learn English during the post-migration period and are more likely to remain non-English speaking. (Beiser and Hou, 2000). Some women cannot get better jobs because of an inability to speak English and consequently get stuck in jobs that do not require them to speak English and hence deny them access to ESL (Donkor, 2005). Some researchers have argued that simple access to ESL is not enough, that women need professional, trade, business specific ESL to improve their chances in the labour market. (Tastsoglou, Neumann and MacFadyen,

⁶ It's interesting to note that while language fluency is recognized as a significant barrier throughout the literature, in 2001, only 8% of immigrant women could not conduct a conversation in either official language compared to 5% of immigrant men, 12% of women who arrived between 1991-2001 were unable to speak French or English compared to 8% of men who arrived during this decade (Lindsay and Almey, 2005). LSIC data reveals that 23% of the immigrant women who arrived between October 2000 and September 2001 could not converse in either French or English compared to 13% of men (Statistics Canada, 2003).

2004). Interestingly, Beiser and Hou (2000) found that women benefit more from ESL than men in terms of staying in the labour market.

Religion may also be emerging as a factor influencing the labour force experiences of immigrant women. In their study of Muslim women working in the manufacturing, sales and service sectors in Toronto, Persad and Lukas (2002) found that women who wear *hijab* faced considerable discrimination when applying for jobs. Some were denied jobs, harassed in the workplace and fired from jobs. 40.6% of those who participated in the study were told to remove the *hijab*.

Almost all the researchers argue that to fully understand immigrant women's labour market participation it must be examined within the context of the family. (Khan and Watson, 2005; Man, 2004; Nova Scotia Advisory Council on the Status of Women, 2004; McLaren, 2004; Salaff and Greve, 2004; Spitzer, et. al., 2003; Wong, 2000).

Women are more likely to seek work as a survival strategy especially if men are unemployed (Bauder, 2006).⁷ This, along with the need to access education and balance housework often forces women to take menial jobs (Donkor, 2005). This is particularly problematic in light of McKay's (2002) finding that holding a low level job upon entry is a negative predictor of economic success and social integration. The need to recognize the centrality of caregiving in the lives of immigrant women is a critical one and more fully elaborated upon in the next section.

Most researchers also agree that the dominant human capital model is too limiting in its capacity to explain immigrant women's labour market activity (Tastsoglou and Preston, 2005 and Salaff and Greve, 2006). There are multiple, mutually reinforcing

⁷ This may be one explanation for the significant increase in pre-port arrival employment status discussed earlier.

barriers that present systemic obstacles to women's labour market participation (Creese, Dyck and McLaren, 2006; Tastsoglou and Miedema, 2005) In addition, immigrant women's labour force participation is effected by structural factors such as the impact of globalization and economic restructuring on women's work. (Dossa, 2002; Man, 2004; Tastsoglou and Preston, 2005).

Economic outcomes in turn affect other outcomes. A good example is the relationship between under- and unemployment of foreign qualified and educated immigrants and their emotional and physical well being (Maritime Centre of Excellence for Women's Health, 2000). Both Wasik, (2006) and Wong (2000) argue that economic insecurity should be regarded as a form of emotional trauma with profound impacts on wellbeing.

One glaring gap in the literature is the lack of research on immigrant women living in poverty. Almost a quarter of all female immigrants (and over a third of recent female immigrants) live below the low-income line (Lindsay and Almey, 2005). The incidence of lone parenting (9%) is increasing and slightly higher than the Canadian born rate and had been shown to have a negative impact on economic well-being (Lindsay and Almey, 2005; Liu and Kerr, 2003)⁸. Consequently, one would have expected a greater interest in economic outcomes as an independent variable (Lindsay and Almey, 2005). We were however only able to find one article that addressed this issue (Institute for Gender Research, forthcoming)

Health and Well-being

⁸ The increase in lone parenting may be a result of women who find themselves heading "astronaut families" in Canada while husbands have gone back to their home countries or abroad in search of better employment (Deng, 2007; Walters, 2002)

There is relatively speaking, considerable literature on the extent to which immigrant women have access to and are able to avail themselves of appropriate health care services. Almost all of the research is based on a qualitative, case study approach and/or restricted to a specific ethnic group or geographic location. Two exemplary exceptions include the work of Vissandjee et al. (2004) and Brownridge and Halli (2002). While the literature does not allow for broad generalizations pertinent to all immigrant women living in Canada, there are insights and areas of agreement that have the potential to be policy informative. Again the literature tends to focus on two areas. The first, and largest body of literature, examines the extent to which immigrant women have access to health care. The second is the degree to which violence and abuse emerges as part of the immigration and integration experience.

Access to Health Care

Researchers generally agree, that the extent to which immigrant women are able to utilize the Canadian health care system either for themselves or on behalf of their families is not just an issue of access to information and translation services, although lack of fluency in the predominant official language is a big barrier (MCEWH, 2000b, Neufeld, 2002) .

Immigrant women underutilize services for both conceptual and systemic reasons (MCEWH, 2000a; Mulvihill, Mailloux and Atkin, 2001). Cultural constructions of health and well-being have a profound impact on how women define their health status and the extent of which they deem it appropriate to access health care (Donnelly, 2006; Dyck, 2004; Wong and Tsang, 2004). For example, Meadows, Thurston and Melton, (2001) found that immigrant women they studied tended to define their health primarily

in terms of their ability to maintain the well being of their family. Likewise, many immigrant women are not used to formal health promotion initiatives and health services and are much more comfortable with accessing health information through informal social networks (Ahmad et. al, 2004; Stewart 2006). The extent to which access to health care impacts on the health of immigrant women is less clear (Vissandjee et al., 2004). Some female immigrant sub-groups such as refugees may have an increased mortality risk due to income, less education and less capacity to speak either French or English (Payne, et al. 2002). Likewise, Kumar (2002) argues that the relatively higher prevalence of cardiovascular disease among immigrant women may be a result of multiculturally inappropriate/inaccessible health care combined with the stress caused by gender role conflicts, racism, sexism, and paid work. Oxman-Martinez et al., (2005) argue that women who are sponsored are less likely to deal with ill health because of the financial ramifications.

While recognizing the need to study immigrants women's health at the intersections of multiple determinants of health (MCEWH, 2000) some researchers noted that the current Canadian population health model inadequately addresses this need. A number have suggested determinants that are unique to immigrant women and central to their health status. For example, Vissandjee et al (2004) and Thurston and Vissandjee (2005) argue for recognizing the impact of stage of migration on health. Dyck (2004) calls for the recognition of many immigrant women's racialized/gendered identity as a determinant of health. Moghaddam, Fathali; et. al (2002) note the relationship between discrimination and psychological stress.

With considerable variation in detail and specifics, almost all the research reviewed called for the development of culturally appropriate and accessible gender sensitive health care policies and practices; cultural sensitivity training for service providers and cultural competency at all levels of the health care system (Leung and MacDonald, 2001; MCEWH, 2000a; Mulvihill, Mailloux and Atkin, 2001).

Violence and Abuse

Violence and abuse are common features of many Canadian women's lives and immigrant women are no exception. Increasing awareness of the issue is reflected in a growing body of literature. For example, twelve dissertations housed at the National Library focus on immigrant women and violence, nine of which have been produced since 2001. Estimates of victimization rates range from 5% of immigrant women (Johnson, 2006) to 10.5% (Smith, 2004) but both authors caution that given the large number of women who cannot respond to surveys conducted only in English or French the rate could be considerably higher. Sponsored women, and live-in caregivers may be particularly vulnerable but unlikely to report because of their dependent status (Oxman-Martinez et al., 2005).

The literature provides some insight into how abuse and violence can emerge from the immigration/integration experience. While immigration is not the cause of violence and abuse the stressors put on immigrant families may exacerbate their vulnerability to conflictual relationships (Menjívar and Salcido, 2002). First, violence and abuse may erupt with the displacement of the traditional cultural norms and social scripts which govern the behavior of men and women (Brownridge and Halli, 2002; Dion and Dion, 2001; Status of Women Canada, 1998; Wong, 2000). Second, some immigrant

women may be increasingly exposed to abusive behavior because of their isolation from traditional sources of social support and control eg. extended kinship networks and informal community resources (Menjívar and Salcido, 2002; Shirwadkar, 2004). Jiwani (2005) presents an interesting example of the particular vulnerability of young immigrant women who often face the violence of racism from their peers and as well as the domestic stress caused by the need to conform within their own communities. Cottrell and VanderPlaat (2005) examine how integration stressors can lead to adolescent abuse of their parents, especially mothers.

Difficulties with language, fear of social isolation and poverty are just some of the reasons many women do not leave abusive relationships ((Menjívar and Salcido, 2002; Smith, 2004). Wong's (2000) study with Ghanaian women illustrates the dilemma these women faced in how they choose to respond to the abuse. The increased consciousness of rights and need for freedom that emerged as part of their settlement experience had to be balanced with their long term interest in and desire for the respect and care elderly women are accorded within Ghanaian family and community and which would not be accessible to them outside that community. Many immigrant women who experience violence and abuse are also reluctant to seek help (Menjívar and Salcido, 2002; Smith, 2004). Cultural norms, stigma, threats of increased violence/deportation, cultural inappropriateness of existing services, and community pressure are but a few of the reasons cited (Ahmad et al, 2004; Hyman et al, 2006; Oxman-Martinez and Lapierre Vincent, 2002; Shirwadkar, 2004; Status of Women Canada, 1998).

Recommendations offered to address these issues include the provision of information on Canadian laws, rights and services to immigrants in their own language,

improved access to the criminal justice system (Status of Women Canada, 1998; Wachholz and Miedema, 2000, 2002a, 2002b; Smith, 2004), the creation of more culturally appropriate support systems for immigrant families in conflict (Sharma, 2001; Shirwadkar, 2004; Status of Women Canada, 1998; Smith, 2004; Tastsoglou, Cottrell and Jaya, 2006; Cottrell and VanderPlaat, forthcoming), and changes to immigration and settlement policies to reduce vulnerability of sponsored women and live-in-caregivers (Oxman-Martinez, et al, 2005).

Critical Analysis

Regardless of the integration outcome being examined a common thread throughout the literature is the centrality of caregiving or kin work in immigrant women's lives (Bergeron and Potter, 2006; Spitzer, 2003). The majority of women come to Canada with their spouse or family (Lindsay and Almey, 2005). Between 1994 and 2003, 72% came as family class or spouses or dependents of economic class immigrants . In 2001 86% of foreign born women over age 15 lived in a family setting. We would argue that it is from the perspective of an immigrant woman's role and relationships within the family that her settlement experience is best understood and that make her needs and barriers to integration uniquely gendered.⁹

Examining the integration outcome literature from the perspective of caregiving or kin work not only provides for a more comprehensive picture of why immigrant women's integration outcomes may be different from that of immigrant men but is also more informative for teasing out the interrelatedness of outcomes, the establishing of priorities and the promotion and development of gender sensitive programs and policies.

⁹ Including families that remain in home country.

The decision who migrates, where and when, is often a family decision made in the context of what is in the best interests of the family (Bailey and Boyle, 2004; Lewis-Watts, 2006). Women's work behavior should also be viewed in this light. While not negating the negative impact of sexism and racism on immigrant women's labour force participation it is also important to recognize that work related decisions may also be made "in the best interests of the family". For example, women may have family obligations in their home countries which may force them to take whatever immediate work they can get to meet those obligations (Donker, 2004) The same rationale may account for their remaining in unsuitable work environments (Pratt, 2003; Welsh, 2006). The deskilling of women's work and the ready availability of menial work for women also means that immigrant women are more likely to be immediately employable should husbands be unemployed or waiting for credential assessment or recertification (Bauder, 2006). Finally, decisions regarding employment may take into consideration whether there are long term plans to stay (Donker, 2004).

Women's child caring responsibilities also have a direct impact on their labour market participation and work experience. Lack of access to child care, or more importantly culturally appropriate childcare may force women into unemployment or employment in menial and more precarious work environments. This situation is compounded when women are seeking higher education while at the same time maintaining traditional norms regarding housework (Donkor, 2005; Khan and Watson, 2005). Professional immigrant women often face the burden of having to recertify and rebuild professional careers without the social capital that helped them combine childcare and career building in their home countries (Man, 2004). In their study of Chinese

professional women, Salaff and Greve (2004) found that for some families the solution was to sponsor a parent/grandparent, for others it was to send the children back to China. Access to childcare is a problem for many Canadians but the problem may be compounded for immigrant families, who in addition to reduced resources, may hold cultural norms regarding the care of children which are inconsistent with the more affordable services available eg. day care (Kouritzin, 2000; Tastsoglou, Neuman and McFadyen, 2004).

Women's kin work may also affect language acquisition. While 82% of immigrant women can converse in either English or French, 47% continue to speak another language most often in their home – the rate is 68% for recent immigrant women (Lindsay and Almey, 2005). The need to take menial jobs because of multiple family responsibilities may reduce women's access to ESL (Donkor, 2005). Likewise, the lack of appropriate daycare for children, or alternative care arrangements for the elderly, may prevent immigrant women from accessing language classes (Ahmad, et. al. 2004; Kouritzin, 2000). This in turn reduces their capacity to access other services and institutions either on their own behalf or on the behalf of other family members (Leung and MacDonald, 2001; Maritime Centre for Excellence in Women's Health, 2000; McLaren and Dyck, 2002; Neufeld et al, 2002).

While the need to speak one of the official languages is critical for successful integration, women's kin work also points to the value in retaining heritage languages. There is evidence to suggest that the retention of one's heritage language may contribute to familial cohesion and survival both of which are important integration outcomes (Cottrell and VanderPlaat, 2005, forthcoming; Kouritzin, 2000; Spitzer, et al 2003;

VanderPlaat, 2004, 2006). The transmission of heritage culture, which is often women's work, can arguably only be done through traditional language (Kouritzin, 2000).

Parenting, the expressing of affection, and the ability to resolve conflicts and maintain authority is extremely difficult to do in a second language (Cottrell and VanderPlaat, forthcoming).

Immigrant women's social integration, in terms of their participation in social networks and their civic engagement often emerges from their kin work and caregiving activities (Bergeron and Potter, 2006). It is often through their identities and concerns as wives and mothers that they serve their communities as citizens (Norquay, 2004).

Finally, the violence and abuse in the lives of immigrant women can also be best understood in terms of familial roles and relationships. As noted earlier, considerable domestic stress can occur when the cultural norms surrounding familial roles are disrupted. Immigrant women suffer abuse not because they are female but because they are wives, daughters and mothers (Cottrell and VanderPlaat, 2005; Jiwani, 2005; Shirwadkar, 2004; Status of Women Canada, 1998; Wong, 2000).

Establishing Priorities

Looking at integration outcomes from the perspective of immigrant women's familial roles highlights the need to focus on the family unit, rather than the individual to fully understand and properly address issues related to the integration of immigrant women. (Creese, Dyck and McLaren, 2006; McLaren, 2004; VanderPlaat, 2006). It also calls into question the extent to which the current operationalization and measurement of what constitutes an integration outcome is particularly useful for understanding the integration experiences and needs of immigrant women.

With these concerns in mind and based on the existing literature we suggest the following priorities:

- *Policies and programming practices that better reflect the centrality of caregiving in immigrant women's lives.*
- *Culturally appropriate, gender sensitive service delivery in health care, justice, and education which recognize immigrant women's need to access services both for themselves and on behalf of their families.*
- *Programs that build capacity in community level formal and informal support systems for families*

However, we would also argue that the existing literature is quite limited in its capacity to be policy informative and as such we strongly recommend:

- A multivariate, complex analysis of data from the Longitudinal Survey of Immigrants in Canada (LSIC) with a specific focus on women.

We would argue that prior to the development of any new policies and funding priorities, the LSIC be exploited to its full potential. As far as can be determined, there has been very little analysis conducted from the perspective of immigrant women, there are no studies which look at the behaviors and outcomes for women (or men) within the context of the data available on their families and there have been no attempts to explore the relationship between integration outcomes. The capacity for LSIC to produce this information over time should greatly enhance the understanding of the immigrant experience and provide a solid background from which to develop evidenced based gender sensitive policies and programs.

In addition, we would suggest:

- Continued examination of current immigration policies that may serve to increase the vulnerability of women to economic dependency, poverty, violence, isolation and lack of access to services.¹⁰

Just as integration outcomes are expected to differ across ethnic groups, jurisdictions and geographic locale they can also differ for women by virtue of their precarious status (Oxman-Martinez, Hanley, and Gomez, 2005). These include trafficked women (CIC, 2000; McDonald et al, 2000; Oxman-Martinez, Hanley, and Gomez, 2005), many of whom are sex workers; sponsored wives, a number of whom have never (or barely) met their husbands and who are unsure of their legal standing (Côté, Kérisit, and Côté, 2001; Merali, 2006; Rossiter, 2005, Status of Women 1998); women employed in the Live-in Caregiver Program who are socially and legally marginalized (Oxman-Martinez et. al, 2004; Pratt , 2003, Pratt, 2006). Researchers who work in this field collectively call for a review of the policies which produce these vulnerabilities.

¹⁰ As per the Strategic Framework for Gender-based Analysis (CIC, 2006).

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• Ces textes peuvent-ils être considérés comme une publication finale et officielle?

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Les éditeurs de la série (Robert Nathan et les directeurs du Centre) étudieront ensuite les demandes de publication afin de s'assurer que leurs propos correspondent aux objectifs de recherche du CMA; qu'elles sont correctement documentées et que les sources bibliographiques y soient complètes et clairement indiquées. Si le texte soumis répond alors aux normes de la série, l'article sera envoyé pour évaluation au directeur du domaine de recherche correspondant.

Le résultat de ce processus d'évaluation sera communiqué aux auteurs de manuscrits. Il est alors possible que certains articles soient acceptés avec révision seulement, en quel cas, les auteurs devront soumettre une version finale du manuscrit au CMA, encore une fois sous format papier et électronique.

*****Pour toute question relative à la *Série de documents de recherche*, vous êtes priés de vous adresser à:**

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