Newcomer Research Library

Understanding Immigrant Women's Health in Canada

Introduction

As Canada continues to welcome an increasing number of immigrants, who now make up the largest share of the population in over 150 years[1], it is ever important to recognize that the successful integration of these individuals is inextricably linked to their health and wellbeing. In 2018, immigration was identified by the Public Health Agency of Canada as a key contributor to health inequities in Canada.[2] Migration itself is widely recognized as a social determinant of health given its potential to shape the physical, mental, and emotional wellbeing through pre-migration experiences, settlement conditions, and long-term integration journeys.[3]

This learning note adopts an intersectional social determinants of health framework to examine immigrant women's health in Canada. Intersectionality highlights how overlapping systems of inequality, such as gender, race, socio-economic position, and immigration status, interact to produce distinct health outcomes.[4] Immigrant women experience migration differently than men and Canadian-born women due to gendered expectations, caregiving responsibilities, labour market inequities, and policy structures that shape access to resources and services. As a result, immigrant women's health cannot be adequately understood without attention to both structural conditions and lived experience. Research over the past several decades consistently demonstrates that immigrant women face unique and persistent health disparities linked to these intersecting factors.

1. Whole-Family Approach to Health

For immigrant women, health is often understood and enacted through a relational and family-centered lens. A 2024 research study with immigrant and refugee mothers in Canada found that women perceive their own wellbeing as intrinsically linked to that of their children and partners.[5]

This relational understanding of health is deeply gendered. Immigrant women often assume primary responsibility for caregiving, emotional labour, and household management, both during and after the settlement process. These roles are further intensified by structural barriers such as limited access to affordable childcare, delayed family reunification, and economic precarity. As a result, immigrant women may deprioritize their own health needs, including preventive care, in favour of meeting family obligations.[6]

Despite this reality, many health and social services in Canada remain organized around individual users and siloed service models, failing to account for the interconnected nature of family wellbeing.

Policies and programs that do not reflect a whole-family approach risk overlooking key determinants of immigrant women's health and reinforcing inequities rooted in unpaid care labour and time poverty.

2. Sexual and Reproductive Health

The World Health Organization (WHO) defines sexual and reproductive health (SRH) as a variety of services that encompass access to information on healthy relationships, fertility / infertility treatments, contraceptives, maternal and perinatal wellbeing, the prevention and treatment of sexually transmitted infections (STI), and safety from gender-based violence.[7] Ensuring equitable access to SHR services that are not only affordable and timely, but also culturally, linguistically, and gender responsive, is essential to improving newcomer women's wellbeing.

Research shows that when newcomer women have access to family planning, they are better positioned to pursue education and maintain stable employment.[8]

Yet, many newcomer women in Canada face persistent barriers in accessing sexual and reproductive healthcare, such as:

- **Lack of Information**
- **Language Barriers**
- **Lack of Social and Cultural Support**
- **Bias and Discrimination of System and Healthcare Providers**

3. Mental Health

Mental health and wellbeing are shaped by a complex interaction of individual, social, and structural factors. Research consistently shows that immigrants and racialized communities in Canada experience higher exposure to social conditions that negatively affect mental health, including economic insecurity, housing instability, social isolation, and discrimination.[10] These risks are often compounded by migration-related stressors such as pre-migration trauma, settlement challenges, and ongoing experiences of exclusion.

For immigrant women, these stressors are experienced in distinctly gendered ways. Caregiving responsibilities, limited access to paid employment, and expectations around family cohesion can restrict opportunities for social connection and self-care. Community-based studies highlight the critical role of social networks in supporting immigrant women's mental wellbeing; however, cultural differences, language barriers, childcare responsibilities, and lack of extended family support can significantly limit opportunities to build and maintain these networks.[11]

At the same time, immigrant women may underutilize formal mental health services due to stigma, lack of culturally appropriate care, or mistrust of institutions. This gap between need and access reinforces the importance of community-informed, culturally responsive mental health supports that acknowledge both structural inequities and lived experience.[12]

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4. Culturally Responsive Care and Community Support

Culturally responsive care is a core component of health equity and quality healthcare, rather than an optional or supplementary service. A lack of cultural awareness and responsiveness among healthcare providers can result in miscommunication, stigma, and misdiagnosis, ultimately undermining trust and continuity of care for immigrant women. Importantly, the availability of services does not guarantee accessibility when linguistic, cultural, and systemic barriers remain unaddressed.[13]

Cultural Health Brokers (CHBs) and Community Health Ambassadors (CHAs) have demonstrated effectiveness in bridging these gaps by supporting navigation, interpretation, and culturally grounded health education. Despite this evidence, these roles remain underutilized and are most often situated within community-based organizations rather than formally integrated into health systems.

Greater policy and system-level recognition of CHBs and CHAs, including sustainable funding, formal integration into care teams, and recognition of community expertise as legitimate health labour, would strengthen culturally responsive care and improve health outcomes for immigrant women. Such approaches align with broader equity, anti-racism, and patient-centered care commitments within Canadian health policy.

5. Conclusion

Understanding immigrant women's health in Canada requires attention to the intersecting social, economic, and policy conditions that shape wellbeing across the settlement journey. A whole-family approach to health, equitable access to sexual and reproductive care, gender-responsive mental health supports, and culturally responsive systems are all critical components of an effective and inclusive health framework.

Addressing these areas through intersectional, community-informed, and policy-aligned strategies is essential to reducing health inequities and supporting the long-term wellbeing of immigrant women, their families, and the broader Canadian population.

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